

CORONAVIRUS-RELATED WITHDRAWAL REQUEST

Voya Retirement Insurance and Annuity Company ("VRIAC")
A member of the Voya® family of companies
PO Box 990063, Hartford, CT 06199-0063
Fax: 800-643-8143



As used on this form, the term "Voya," "Company," "we," "us" or "our" refers to your plan's funding agent and/or services provider. That entity is Voya Retirement Insurance and Annuity Company. Contact us for more information.

GOOD ORDER

Good order is receipt at our designated location of this form accurately and entirely completed, including all necessary signatures. If we determine that this form is not received in good order, it may be returned to you for correction and processed upon re-submission in good order at our designated location, at the address above.

TERMS AND CONDITIONS

The withdrawal effective date will be the date our designated location has received the request and any other required documentation or forms in good order. For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the final close of business of the New York Stock Exchange (NYSE) on the date the form is determined to be in good order. A valuation date is any normal business day, Monday through Friday, that the NYSE is open.

All withdrawals may be subject to one or more of the following: Voya contractual fees, deferred sales charges, or market value adjustments. There may be withdrawal restrictions on certain funds (please refer to your prospectus). Any fees will be deducted from the remaining account balance. Any tax withholding you elect in Section 4, Tax Withholding, below will be deducted from the amount you request. Amounts will be withdrawn from each investment option in the same proportion as its value is to the total value.

The participant must represent that at least one of the eligibility criteria is met described in the **Eligibility Disclosure** section below.

ELIGIBILITY DISCLOSURE

Coronavirus Related Distribution from Certain Retirement Plans

A plan participant or IRA owner may take a coronavirus related distribution from a 401(a), 401(k), 403(b), or governmental 457(b) plan or from a traditional IRA beginning March 27, 2020 and before December 31, 2020 due to:

- that individual being diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention;
- the individual's spouse or dependent (as defined in section 152 of the Internal Revenue Code of 1986) being diagnosed with such virus or disease by such a test; or
- the individual experiencing adverse financial consequences as a result of:
 - being quarantined, furloughed or laid off or having work hours reduced due to such virus or disease;
 - being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease; or
 - meeting such other factors as may be issued in Treasury guidance.

IMPORTANT TAX INFORMATION

General Rules

- You will receive an IRS Form 1099-R, "Distributions from Pensions, Annuities, IRA,..."

Rules specific to pre-tax and non-Roth, after-tax contributions:

- Your payment is taxable and income tax will be due.

Rules specific to Roth after-tax contributions:

- The earnings portion of your payment may be taxable, and income tax will be due.

KEEP FOR YOUR RECORDS

Instructions

Order #211613 04/16/2020
TM: HARDSHIP

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1. PLAN INFORMATION *(Please print.)*

Employer Name _____ Plan # _____
(Can be found on your quarterly statement.)

2. ACCOUNT HOLDER INFORMATION

Name *(last, first, middle initial)* _____

SSN *(Required)* _____

Street Address/PO Box _____

City _____ State _____ ZIP _____

Daytime Phone _____

3. WITHDRAWAL AMOUNT

\$_____ The aggregate amount of all coronavirus related distributions, from all retirement accounts, including IRAs, may not exceed \$100,000 in a taxable year.

4. TAX WITHHOLDING

Federal Income Tax Treatment of Coronavirus Related Distribution

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding. In this case, if you choose no withholding, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

A coronavirus related distribution is not subject to mandatory federal 20% withholding. However, it is subject to a flat 10% withholding rate unless you choose not to have federal income tax withheld. You can choose not to have withholding applied to your distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

Waiver of the IRS 10% Premature Distribution Penalty Tax

A plan participant or IRA owner who takes a coronavirus related distribution up to an aggregate amount of \$100,000 in a taxable year is not subject to the Internal Revenue Code (IRC) 10% premature distribution penalty tax.

Consult With Your Tax Advisor

Prior to taking this distribution you should consult with your Tax Advisor.

Federal Withholding Instructions:

DO NOT withhold any federal income tax unless mandated by law

DO withhold federal taxes

Additional amount you want withheld from your payment(s) \$ _____ or _____% *(Note: This amount is in addition to the standard 10% withholding rate.)*

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4. TAX WITHHOLDING (Continued)

State Withholding Instructions (state withholding may apply):

Resident state for tax purposes: _____ (If your current physical and/or mailing address is outside of your state of legal residence for tax purposes, please enter your tax state here. If no U.S. state or territory is on record and one is not specified, we will presume this income is not reportable to any U.S. state or territory.)

- DO NOT** withhold any state income tax unless mandated by law.
- DO** withhold state taxes in the amount of \$_____ or _____% (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to the attached State Income Tax Withholding Notification and/or your State Department of Taxation for details.

5. DELIVERY OPTIONS FOR CASH DISTRIBUTIONS

- Withdrawal will be deposited directly into my bank account. (Complete the bank information below.)
- Withdrawal check will be mailed to me through regular U.S. Mail.

If you decide to have a withdrawal deposited directly into your bank account you need to complete the information below, and by doing so you authorize Voya to initiate an electronic funds transfer (EFT). The electronic deposit is immediately available for use once the transfer is completed. The Company does not charge you for this service; the payment is typically completed within 3-4 business days.

Please verify the correct ABA routing number with your bank. If the electronic deposit cannot be completed using the information provided below, we will issue and mail a check to the Account Holder.

The EFT information must be clear and complete. If we are unable to read the instructions, in order to expedite the request, the payment will be made by check.

- EFT will not deposit to a third party account.
- EFT cannot be made outside of the U.S.

Account Type Checking or Savings Account

Bank Account # _____

ABA Routing # (9 digits, verify with your bank) _____

Default: If no election is made, your check will be mailed through regular U.S. Mail.

6. ACCOUNT HOLDER AUTHORIZED SIGNATURE AND TAX WITHHOLDING CERTIFICATION

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

I, the Account Holder, certify that I have read the Terms and Conditions section as it appears on the cover page of this request and agree to its provisions. I also agree with any information that has been pre-filled.

Those signing the form may rely conclusively on all information, including this certification, in processing this Withdrawal Request. In the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.

I have obtained, or will make reasonable effort to obtain, a completed spousal consent form and will submit it to my employer/plan sponsor as soon as it is practicable, if required by my Plan.

I, the Account Holder, certify that I have read the Eligibility Disclosure section as it appears on the cover page of this request and I attest to meeting at least one of the required eligibility criteria as follows.

A plan participant or IRA owner may take a coronavirus related distribution from a 401(a), 401(k), 403(b), or governmental 457(b) plan or from a traditional IRA beginning March 27, 2020 and before December 31, 2020 due to:

- that individual being diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention;
- the individual's spouse or dependent (as defined in section 152 of the Internal Revenue Code of 1986) being diagnosed with such virus or disease by such a test; or
- the individual experiencing adverse financial consequences as a result of:
 - being quarantined, furloughed or laid off or having work hours reduced due to such virus or disease;
 - being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease; or
 - meeting such other factors as may be issued in Treasury guidance.

U.S. TAXPAYER CERTIFICATIONS

Under penalties of perjury, I certify that:

- 1. The Taxpayer Identification Number that appears on this form is correct,**
- 2. I am not subject to backup withholding due to failure to report interest and dividend income¹, and**
- 3. I am a U.S. person**

¹If you are subject to back-up withholding, you must strike through statement number 2.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, please check the box and provide your country of residence below.

Under penalties of perjury, I certify that I am a Non-Resident Alien and my country of residence is _____ .

The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable U.S. tax treaty.

Note: If you are a Non-Resident Alien with a U.S. address claiming treaty benefits on your Form W-8, please include a letter of explanation for the reason you have a U.S. address along with supporting documentation such as a copy of a passport or other government ID issued by your foreign country of residence.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications (in bold above) required to avoid backup withholding.

Account Holder Signature _____ Date (mm/dd/yyyy) _____

Account Holder SSN (Required) _____ **Your form will NOT be processed without Account Holder SSN completed.**

APPROVAL IS REQUIRED FOR THIS DISTRIBUTION

To obtain approval for this request, please contact: your Benefits Manager

7. VESTING OVERRIDE (To be completed by the Third Party Administrator or Plan Sponsor Representative.) *Voya will process the distribution using the vesting percentage indicated below. This section should also be completed for a participant who qualifies for full vesting due to retirement or disability.*

Override Account Holder's Vested % to: _____ % Match
_____ % Profit Sharing
_____ % Other _____
_____ % Other _____

8. EMPLOYER, PLAN SPONSOR OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION

This section is only applicable to Sponsor-approved requests. If this section is not signed, your Participant will not receive their distribution if Sponsor approval is required by your Plan.

This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.

I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Account Holder's eligibility for such withdrawal;
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Account Holder to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me; and
- I agree to amend my Plan document to add coronavirus related withdrawals if the provision does not currently exist in my Plan by the applicable deadline.

Authorized Signer Name *(Please print.)* _____

Signature _____ Date *(mm/dd/yyyy)* _____

Mail or Fax the authorized Withdrawal Request to:

Voya
PO Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143

STATE INCOME TAX WITHHOLDING NOTIFICATION

401, 403(b), 408 and Governmental 457 Plan Distribution



NOTIFICATION

If you are a resident of Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Michigan, Nebraska², North Carolina³, Oklahoma, Oregon, Vermont, or Virginia¹, your state requires state income tax withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This state income tax withholding is in addition to the mandatory 20% (or, in some cases, 10%) federal income tax withholding. Please note, when a state cost basis differs from federal, the federal cost basis will be used in determining taxability for state income tax withholding purposes.

- If you are a resident of **California** or **Oregon** state income tax withholding will be calculated **unless** you elect “out” of state income tax withholding.
- If you are a resident of **Arkansas**, **North Carolina**³ or **Vermont**, state withholding will be automatically calculated when federal income tax withholding applies. If you do not elect “out” of 10% federal income tax withholding, you can still choose to elect out of state withholding. Requesting North Carolina withholding over mandatory amounts requires their Form NC-4P, Withholding Certificate for Pension or Annuity Payments.
- If you are a resident of **Iowa**, **Maine**, **Massachusetts**, **Nebraska**², or **Oklahoma**, state income tax withholding will be automatically calculated as these states do not allow an election “out” of state income tax withholding when federal income tax withholding applies.
- If you are a resident of **Delaware**, **Kansas** or **Maryland**¹ and are subject to mandatory 20% federal income tax withholding, state income tax withholding will be automatically calculated. State withholding is not required when 10% federal income tax withholding applies.
- If you are a resident of **Virginia**¹ or **Michigan**, state income tax withholding will be calculated automatically **unless** you meet certain criteria and claim an exemption from withholding. To claim an exemption or to request withholding over mandatory amounts, complete Form VA-4P for Virginia or Form MI-W4P for Michigan, and return the appropriate form to us with, and to the same designated location as, your Withdrawal Request.
- If you are a resident of the **District of Columbia** and are receiving a total distribution of your account balance, state income tax withholding will be automatically calculated. State withholding is not required for partial distributions.
- If you are a resident of **Georgia** and are receiving periodic payments, state income tax withholding will be automatically calculated unless you elect out.
- If you are a resident of **Connecticut** and are receiving partial non-periodic payments, state income tax withholding will be taken at the highest marginal rate unless you claim exemption from withholding and/or request additional withholding by completing Form CT-W4P. If you are receiving a total payment of your account balance, state income tax withholding will be taken at the highest marginal rate unless you request additional withholding by completing Form CT-W4P. You cannot claim exemption from withholding for a total payment. If you are receiving a periodic payment, state income tax withholding will be taken at the highest marginal rate unless you complete Form CT-W4P. Form CT-W4P must be returned to us with, and to the same designated location as, your Withdrawal Request.

¹Maryland and Virginia state income tax withholding is not required for distributions from 408 Plans.

²Nebraska state income tax withholding is not required for premature distributions from 408 Plans.

³North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.

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