

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____
 ADDRESS: _____ APT: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 DAY PHONE: _____ EVENING PHONE: _____
 EMAIL: _____ DATE OF BIRTH: ____/____/____

MARITAL STATUS:

☐ **I am married.** If my spouse is not the sole Primary Beneficiary, my spouse has signed the spousal consent. If my spouse does not sign such consent, I understand that any death benefits under the Plan will automatically be payable in full to my surviving spouse.

INSTRUCTIONS

1. Use this form **ONLY** if you are married and designating someone other than, or in addition to, your spouse as your primary beneficiary.
2. If you are single, or if married and naming your spouse as your sole primary beneficiary, you must make or change your beneficiary designations by going online at <https://adptotalsource.voya.com> or speaking with a Customer Service Associate at 1-855-646-7549 (TTY/TTD users call 1-855-646-7550).
3. You may also access the online participant webunder Personal Information to elect your beneficiary(ies).
4. If you designate a trust as a beneficiary, please include the trust name and trust date.
5. If you are married, please note that your sole Primary Beneficiary must be your spouse unless you complete the Spousal Consent section of this form.
6. If you list more than one beneficiary, the total of all Primary and/or Contingent Beneficiaries must be in whole increments and equal 100%. If you need to add additional names, please use the back of this form clearly labeling Primary or Contingent Beneficiaries.
7. If your Primary Beneficiary(ies) die(s) before you, then Plan benefits will be distributed to Contingent Beneficiary(ies).

PRIMARY BENEFICIARY(IES)

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __ .00%
2 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __ .00%
3 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __ .00%
4 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __ .00%
* If you list more than one beneficiary, the total of all Primary Beneficiaries must be in whole increments and equal 100%. If your elections do not equal 100%, your form will be rejected.				100%

SPOUSAL CONSENT (If spouse is not the sole Primary Beneficiary)

Your spouse must consent and acknowledge by signing below if he/she is not the sole Primary Beneficiary.

I hereby consent to the foregoing election by my spouse, to have his/her benefits paid to a person other than me. I understand **(1)** that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; **(2)** that each beneficiary designated is not valid unless I consent to it; and **(3)** that my consent is irrevocable unless my spouse revokes the beneficiary designation.

I hereby acknowledge that I have had the opportunity to consult with an attorney or other professional concerning this waiver, if I had so desired.

Executed this _____ day of _____ 20 _____

Spouse's Signature _____

Print Name _____

WITNESSED BY (only ONE required):

Plan Representative Signature _____

Print Name _____

Notary Signature _____

Print Name _____

CONTINGENT BENEFICIARY(IES)

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		____.00%
2 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		____.00%
3 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		____.00%
4 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		____.00%
*If you list more than one beneficiary, the total of all Contingent Beneficiaries must be in whole increments and equal 100%. If your elections do not equal 100%, your form will be rejected.				100%

AUTHORIZATION

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Company and that by doing so, I revoke all prior designations.

I understand that if none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the official plan document.

I hereby certify under the pains and penalties of perjury that the information I furnished is true, accurate and complete.

PARTICIPANT SIGNATURE _____ DATE _____

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- ☐ Read the required instructions.
- ☐ Provided complete personal information including name, Social Security number, and marital status.
- ☐ Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- ☐ Had the Spousal Consent section signed and notarized (with an official notary stamp or seal) if you are married and do not name your spouse as your sole Primary Beneficiary.
- ☐ Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.
- ☐ Listed the name, address, Social Security number, birth date and relationship of all Beneficiaries.
- ☐ Signed and dated your Beneficiary Designation (Authorized Signature). Must be dated in the last 90 days.
- ☐ Made a copy for your records and send the original to Voya Financial.

You will receive a confirmation statement on your beneficiary elections. If you have any questions or need to obtain additional plan or account information, please go online at <https://adptotalsource.voya.com> or call the ADP TotalSource® Retirement Savings Plan Service Center at 1-855-646-7549 (TTY/TTD users call 1-855-646-7550). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Time (excluding stock market holidays).

If your application is complete, please mail or fax the application and any additional documents to:

VIA FAX

Voya Financial
Attn: ADP TotalSource® Retirement Savings Plan
1-888-814-5861

VIA MAIL

Voya Financial
Attn: ADP TotalSource® Retirement Savings Plan
P.O. Box 24747
Jacksonville, FL 32241-4747

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: ADP TotalSource® Retirement Savings Plan
8900 Freedom Commerce Parkway
Jacksonville, FL 32256-8264