

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

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(last 4 digits only)

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONS**

1. Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check. You will need to provide the correct payee information for your rollover. The rollover check should be mailed directly to you and payable as follows:
  - Voya Institutional Trust Company for the benefit of (F.B.O.) (Your Name)
2. Obtain required documentation. Your former employer or financial institution should provide you with proof of plan qualification and taxability. Proof of plan qualification status is typically documented in a copy of the plan's IRS Letter of Determination, a signed letter from your employer or prior Plan Administrator and/or your rollover distribution statement. Proof of taxability is typically documented in your rollover distribution statement.
3. Write the last four digits of your Social Security Number on the rollover check.
4. Personal checks will not be accepted and will be returned to you.

**PLEASE NOTE: AN INCOMPLETE APPLICATION, INSUFFICIENT DOCUMENTATION, A MISSING CHECK OR A CHECK WITH INCORRECT PAYEE INFORMATION MAY RESULT IN A DELAY IN POSTING FUNDS TO YOUR ACCOUNT OR THE RETURN OF YOUR APPLICATION AND/OR CHECK.**

**PROOF OF PLAN QUALIFICATION AND TAXABILITY**

**Plan qualification:** Your rollover contribution to the Commonwealth of Virginia 457 Deferred Compensation Plan must be from another qualified plan or IRA. The Commonwealth of Virginia 457 Deferred Compensation Plan accepts rollover contributions from a 401(a) plan, 401(k) plan, 403(b) plan, 457(b) governmental Federal Thrift Savings Plan or Traditional IRA. If you choose to roll over an eligible plan payment that was paid to you, it will be treated as an indirect rollover which must be completed within 60 days after you received the payment.

**Important note regarding the 60-day rollovers:** If a portion of the rollover is attributable to a qualified plan loan offset amount, then the deadline for rolling over that loan offset amount is the due date (including extensions) for filing the Federal income tax return for the tax year in which the plan loan offset occurs. A "qualified plan loan offset amount" is the amount by which an employee's account balance under the plan is reduced to repay a loan from the plan, and is treated as distributed from a 401(a)-qualified plan, a 403(b) plan, or a governmental 457(b) plan solely by reason of a) the termination of the plan, or b) failure to meet the repayment terms of the loan because of the employee's separation from service (whether due to layoff, cessation of business, termination of employment, or otherwise).

**Note:** If you are directly rolling over Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Please include a copy of your rollover distribution statement from your former plan PLUS documentation providing the start date and total amount of your Roth contributions.

**Taxability:** You must provide documentation that details the taxability of the funds to be rolled over indicating: pre-tax, Roth- 457 plan only.

**You may need to contact your former employer, plan administrator, or financial institution to provide you with this information which must accompany this application and rollover check.**

**VRS Defined Contribution Plans  
Commonwealth of Virginia 457 Deferred Compensation Plan  
ROLLOVER CONTRIBUTION FORM**

**INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)**

I elect to make a rollover contribution to the Commonwealth of Virginia 457 Deferred Compensation Plan in the amount of: \$ \_\_\_\_\_

I elect to have my funds allocated to the current investment elections I have on record with the Commonwealth of Virginia 457 Deferred Compensation Plan.

If you do not designate fund elections or elections do not total 100%, your rollover contribution allocation will default to the one appropriate Target Date Fund based on your date of birth.

<b>Retirement Portfolio</b>	_____	.00%	<b>Money Market Fund</b>	_____	.00%
<b>Target Date 2030 Portfolio</b>	_____	.00%	<b>Stable Value Fund</b>	_____	.00%
<b>Target Date 2035 Portfolio</b>	_____	.00%	<b>Bond Fund</b>	_____	.00%
<b>Target Date 2040 Portfolio</b>	_____	.00%	<b>Inflation-Protected Bond Fund</b>	_____	.00%
<b>Target Date 2045 Portfolio</b>	_____	.00%	<b>High-Yield Bond Fund</b>	_____	.00%
<b>Target Date 2050 Portfolio</b>	_____	.00%	<b>Stock Fund</b>	_____	.00%
<b>Target Date 2055 Portfolio</b>	_____	.00%	<b>Small/Mid-Cap Stock Fund</b>	_____	.00%
<b>Target Date 2060 Portfolio</b>	_____	.00%	<b>International Stock Fund</b>	_____	.00%
<b>Target Date 2065 Portfolio</b>	_____	.00%	<b>Global Real Estate Fund</b>	_____	.00%
<b>Target Date 2070 Portfolio</b>	_____	.00%	<b>Pending Account VRSIP</b>	_____	.00%
			<b>TOTAL</b>		<b>100%</b>

**AUTHORIZATION**

*I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into the Commonwealth of Virginia 457 Deferred Compensation Plan. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.*

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**If you have any questions, please go online at [dcp.varetire.org](http://dcp.varetire.org) or call the VRS Defined Contribution Plans Service Center at 1-877-327-5261 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 9:00 P.M. Eastern Time (excluding stock market holidays).**

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Completed the Personal Information section, **and**
- Contacted your former employer or financial institution, **and**
- Completed the Investment Fund Elections section, **and**
- Included your rollover check (made payable to Voya Institutional Trust Company F.B.O. ( your name)), **and**
- Included proof of plan qualification documenting the source of your rollover contribution such as: 401(k), 403(b), 457 or IRA (IRS Letter of Determination, letter from plan's prior record keeper, or distribution statement), **and**
- Included proof of taxability detailing the taxability of funds to be rolled over such as: pre-tax, non-Roth, after-tax, designated Roth. (Letter from plan's prior record keeper, and/or rollover distribution statement), **and**
- Signed and dated the Rollover Contribution form

**If your rollover check or any of the above required information or documentation is missing from your application, there will be a delay in processing your rollover contribution and your application and/or check may be returned to you.**

**If your application is complete, please mail the application and any required documentation to:**

**VIA MAIL**

Voya Financial  
Attn:VRS Defined Contribution Plans  
PO Box 990071  
Hartford, CT 06199

**VIA OVERNIGHT DELIVERY**

Voya Financial  
Attn: VRS Defined Contribution Plans  
One Orange Way  
Windsor, CT 06095