

# Forms

### **Tips for completing your enrollment form:**

- Print legibly using a pen and complete the entire form. If you do make an error, correct the mistake and initial your correction.
- When selecting your investment strategy, please choose only one option listed on the form. Then, be sure to fully complete the elections within that option. Please note: the “I want to be in control” option requires whole numbers (no fractions) and your elections must equal 100%.
- Prior to completing your enrollment form, please refer to the important information contained in the Plan Highlights and Investment Information section to learn more about your plan and the investment options available to you.
- Please be sure to sign and date your form. It must be received within 90 days of the date signed or it will not be accepted.

**ENROLLMENT FORM**

**Platinum Control Technologies  
401(k) Plan**

**Plan Number:** 813549

**Participant Information:** Tell us who you are, and how we can reach you.

Name (first, middle initial, last)		Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (number & street)		Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)
		Home Phone	Work Phone & Extension
City/Town	State	Zip Code	
Email Address		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

**Contribution Information:** Tell us how much you would like to save per pay period.

**PRE-TAX CONTRIBUTIONS**     Yes, I want to contribute \_\_\_\_\_ % of my compensation per pay period on a pre-tax basis.

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**CATCH-UP CONTRIBUTIONS**    The IRS allows participants age 50 or older to contribute up to an additional \$6,500.00 per year, as increased based on the Cost of Living Adjustment. Catch-Up contributions will be made on a pre-tax basis.  
 Yes, I want to make a Catch-Up contribution of \_\_\_\_% of my compensation under the catch-up provision.

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**WAIVE PARTICIPATION**     No, thank you. I do not want to participate in my employer's retirement plan at this time. I am choosing not to save any compensation.

**Investment Selection:** We'll tell you about your investment choices; you decide what's right for you.

**OPTION ONE: I DON'T WANT TO GO IT ALONE**

**Managed Accounts (Managed by Morningstar)**

I WANT INVESTMENT EXPERTS TO MANAGE MY PLAN INVESTMENTS.

Your plan offers Managed by Morningstar, a professional investment management service available through Morningstar Retirement Manager. The services and related fees are described in the Morningstar section of your enrollment materials.

Once you have enrolled, you can update your personal information through Voya's participant Web site. After you log on, click on Get Advice.

Yes, I want to participate in the Managed by Morningstar program to receive professional investment management and ongoing oversight of my retirement account.

Morningstar Investment Management LLC can personalize your retirement strategy even further if you wish to provide salary information:

Annual Salary \$ \_\_\_\_\_

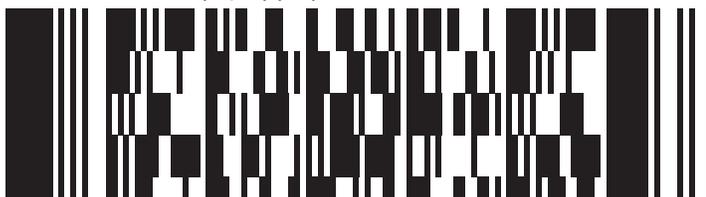
**OPTION TWO: I LIKE TO KEEP IT SIMPLE**

**TARGET DATE FUNDS**

I WANT TO INVEST IN PROFESSIONALLY MANAGED FUNDS THAT PROVIDE DIVERSIFICATION.

**To select a target date fund go to option four and enter 100% in the fund that tracks most closely with the year you plan to retire. The target date options are listed under Asset Allocation.**

Form No. E001 (05/14) (TX)



**>>> Complete entire form.  
Signature required on last page of form.**

**Voya Retirement Insurance  
and Annuity Company**

P.O. Box 990063  
Hartford, CT 06199-0063



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Name (first, middle initial, last)	Social Security Number	Plan Number: 813549
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**Investment Selection (continued):** We'll tell you about your investment choices; you decide what's right for you.

**OPTION THREE: I'VE GOT THE BASICS COVERED**

**RISK-BASED FUNDS**

I WANT TO INVEST IN PROFESSIONALLY MANAGED FUNDS THAT PROVIDE DIVERSIFICATION.

**To select a risk-based fund go to option four and enter 100% in the fund that best suits your investment risk tolerance. The risk-based options are listed under Asset Allocation.**

**OPTION FOUR: I WANT TO BE IN CONTROL**

I WANT CONTROL. I WILL CHOOSE MY OWN INVESTMENT MIX.

Yes, I want to invest my contributions according to the allocations designated below. A maximum of 25 investment options may be selected.

Use this section to select a percentage other than 100% for options previously listed.

	Fund#		Fund#
<b>Stability of Principal</b>		<b>Balanced</b>	
Voya Fixed Account (4062)	(xxxx) ___%	American Funds Am Balanced R6	(7027) ___%
<b>Bonds</b>		<b>Large Cap Value/Blend</b>	
DFA Inflat-Prot Securities Port Inst	(3223) ___%	American Funds Wash Mutual Inv R6	(1990) ___%
Loomis Sayles Bond Fund N	(3870) ___%	JPMorgan Equity Income Fund R6	(3507) ___%
PGIM High Yield Fund R6	(6589) ___%	JPMorgan U.S. Equity Fund R6	(3168) ___%
Voya Intermediate Bond Fund R6	(6431) ___%	Vanguard 500 Index Fund Adm	(899) ___%
<b>Asset Allocation</b>		<b>Large Cap Growth</b>	
Vangrd Trgt Retire 2020 Fd	(1296) ___%	American Funds Growth Fnd R6	(1724) ___%
Vangrd Trgt Retire 2025 Fd	(926) ___%	Voya Large Cap Growth Fund 8	(3566) ___%
Vangrd Trgt Retire 2030 Fd	(1297) ___%	<b>Small/Mid/Specialty</b>	
Vangrd Trgt Retire 2035 Fd	(793) ___%	Amer Cent Mid Cap Value Fund R6	(6305) ___%
Vangrd Trgt Retire 2040 Fd	(1298) ___%	ClrBrg Sm Cp Growth Fnd IS	(3497) ___%
Vangrd Trgt Retire 2045 Fd	(794) ___%	DFA Real Estate Securities Port Inst	(1438) ___%
Vangrd Trgt Retire 2050 Fd	(1299) ___%	DFA U.S. Targeted Value Port Inst	(2566) ___%
Vangrd Trgt Retire 2055 Fd	(2473) ___%	Vanguard Mid-Cap Index Fund Adm	(756) ___%
Vangrd Trgt Retire 2060 Fd	(3447) ___%	Vanguard Small-Cap Index Fund Adm	(757) ___%
Vangrd Trgt Retire 2065 Fd	(8995) ___%	Voya Mid-Cap Growth Equity Fund 8	(3568) ___%
Vanguard Target Retire 2070 Fund	(F690) ___%	<b>Global / International</b>	
Vangrd Trgt Retire Inc Fd	(795) ___%	American Funds EuroPacific Grw R6	(1723) ___%
		American Funds New Perspective R6	(1899) ___%
		Vanguard Intl Explorer Fund Inv	(3368) ___%
<b>Total</b>		<b>100%</b>	

All contributions should be made in whole percentages, totaling 100%. **Please initial any erasures, strikeouts or corrections.**

**Rollover**

Do you want to learn more about rolling over and consolidating your retirement investments? Contact a Customer Service Associate today by calling 1-800-584-6001.

Name (first, middle initial, last)	Social Security Number	Plan Number: 813549
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**Acknowledgements and Signature**

Voya Financial reserves the right to cancel your access to the Managed by Morningstar service at any time without prior notice, including, but not limited to, as a result of any excessive trading restrictions imposed by Voya Financial or a Fund Company. Please refer to your contract prospectus, prospectus summary, or disclosure book for further information on the Voya Financial Excessive Trading Policy. A copy of this policy can also be found on the Internet at www.voyaretirementplans.com. For additional information on a fund's excessive trading policy please refer to the fund's prospectus.

If I elect to participate in the Managed by Morningstar program, I hereby acknowledge that I have received and read the Managed by Morningstar program description and the Morningstar Overview, including the Morningstar Investment Advisory Agreement, and that I understand the Managed by Morningstar program description and the Agreement and agree to be bound by its terms. I understand that the applicable fees will be deducted periodically from my account.

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.**

**One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a funding agreement issued by Voya Retirement Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral of taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.**

I have received, read and understood the Voya participant information booklet, prospectuses and/or investment option summaries describing the investment options.

All payments and values provided by the Contract, when based on the investment experience of the Separate Account, are variable and are not guaranteed as to fixed dollar amount. Amounts allocated to the Guaranteed Accumulation Account, if withdrawn before a guaranteed term maturity date, may be subject to a market value adjustment. The market value adjustment may result in an increase, or decrease, in the Contract Value.

I understand that my employer's plan offers multiple investment options under a funding agreement issued by Voya Retirement Insurance and Annuity Company.

I have received, read and understood the Voya Financial participant information booklet, prospectuses and/or investment option summaries describing the investment options.

**SIGN me up!** Please sign and date below.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete this form and return it to your Employer.



# Beneficiary Designation Form

Platinum Control Technologies  
 401(k) Plan  
 Plan Number: 813549

## Request Type

Initial Designation

Change to Designation

## Participant Information

Name (first, middle initial, last)	Social Security Number _ _ - _ _ _	<input type="checkbox"/> Married <input type="checkbox"/> Single
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## Beneficiary Information

Subject to the terms of my Employer's Plan, I request that any sum becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under my Employer's Plan. *(All designations must be in whole percentages. Total percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary, if designated.)*

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1. Beneficiary Name (complete legal name required)	Relationship <input checked="" type="checkbox"/> Primary Beneficiary	Percentage
Address and Phone #	Social Security Number/TIN	Date of Birth (mm/dd/yyyy)
2. Beneficiary Name (complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address and Phone #	Social Security Number/TIN	Date of Birth (mm/dd/yyyy)
3. Beneficiary Name (complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address and Phone #	Social Security Number/TIN	Date of Birth (mm/dd/yyyy)
4. Beneficiary Name (complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address and Phone #	Social Security Number/TIN	Date of Birth (mm/dd/yyyy)
5. Beneficiary Name (complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address and Phone #	Social Security Number/TIN	Date of Birth (mm/dd/yyyy)
6. Beneficiary Name (complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address and Phone #	Social Security Number/TIN	Date of Birth (mm/dd/yyyy)

Unless otherwise requested:

1. If more than one beneficiary is designated, payment will be made in equal shares to the primary beneficiaries who survive the participant or annuitant or, if none survives the participant or annuitant, in equal shares to the contingent beneficiaries who survive the participant or annuitant.
2. If no beneficiary survives the participant or annuitant, payment will be made to the executors or administrators of the estate of the participant or annuitant.

**Please complete this form and return it to your Plan Administrator.**

# Beneficiary Designation Form (continued)

Platinum Control Technologies  
401(k) Plan

Plan Number: 813549

Name (first, middle initial, last)

Social Security Number  
- -

## Certification

- I am not married at the time I am making this beneficiary designation. I understand that if I later marry, I must submit a new designation naming my spouse as beneficiary, unless he or she agrees in writing to a different beneficiary.
- I am married and have named my spouse as sole/primary beneficiary.
- I am married and have named someone other than my spouse as sole/primary beneficiary and my spouse agrees to such designation (spouse must also sign below in the presence of a Notary Public or Plan Representative).

## Trust Certification

By signing below, I certify that:

A. Name of Trust or Trust instrument \_\_\_\_\_  
B. The Trust or Trust instrument identified above, is in full force and effect and is a valid Trust or Trust instrument under the laws of the State or Commonwealth \_\_\_\_\_ of

C. The Trust is irrevocable, or will become irrevocable, upon my death.

D. All beneficiaries are individuals and are identifiable from the terms of the Trust.

In the event that any of the information provided above changes, I will provide Voya Financial® with the changes, within a reasonable period of time.

By designating a Trust, additional documentation and/or certification may be required.

## Signatures

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

Participant's Signature	Signed in City/Town and State	Date (mm/dd/yyyy)
Witness' Name	Witness' Signature	

*(Account Holder's signature must be witnessed. Witness must be a person of legal age, and someone other than spouse or designated beneficiary.)*

Please complete this form and return it to your Plan Administrator.

**Beneficiary Designation Form** (continued)

Platinum Control Technologies  
401(k) Plan  
Plan Number: 813549

**Spousal Consent**

This is to certify that I am the spouse of the above named participant and agree with the beneficiary designation. I understand that the above designation specifies the only person(s) who will receive any death benefits payable in the event of death of the participant.

Spouse's Name	Social Security Number - -
Spouse's Signature	Date (mm/dd/yyyy)

On this the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ before me, \_\_\_\_\_ (Notary) the undersigned officer, personally appeared \_\_\_\_\_ (spouse) known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

**In Witness Whereof, I hereunto set my hand**

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

(SEAL)

**OR**

**AUTHORIZED PLAN REPRESENTATIVE**

The above spousal consent was signed by the Spouse in my presence.

Authorized Plan Representative Name (Please print.) \_\_\_\_\_

Authorized Plan Representative Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**Please complete this form and return it to your Plan Administrator.**