

Forms

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
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.

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.

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: HAND ME TO A PROFESSIONAL

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 \$ _____

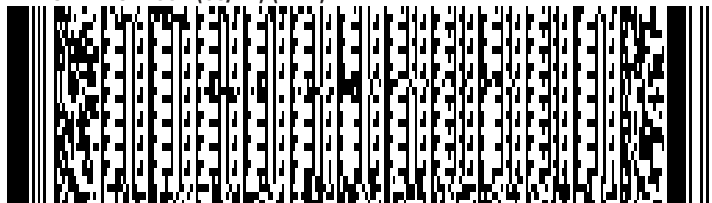
OPTION TWO: I LIKE TO KEEP IT SIMPLE; GIVE ME A HANDY SOLUTION

TARGET DATE FUNDS

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

To select a target date fund go to option three 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

VOYA
FINANCIAL™

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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 WANT TO BE IN CONTROL; I'LL KEEP IT IN MY HANDS

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#
Stability of Principal		Balanced	
Voya Fixed Account (4062)	(xxxx) ____%	American Funds Am Balanced R6	(7027) ____%
Bonds		Large Cap Value	
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) ____%
Asset Allocation		Large Cap Growth	
Vanguard Trgt Retire 2015 Fnd Inv	(791) ____%	American Funds Growth Fnd R6	(1724) ____%
Vanguard Trgt Retire 2020 Fnd Inv	(1296) ____%	Voya Large Cap Growth Fund 8	(3566) ____%
Vanguard Trgt Retire 2025 Fnd Inv	(926) ____%	Small/Mid/Specialty	
Vanguard Trgt Retire 2030 Fnd Inv	(1297) ____%	Amer Cent Mid Cap Value Fund R6	(6305) ____%
Vanguard Trgt Retire 2035 Fnd Inv	(793) ____%	DFA Real Estate Securities Port Inst	(1438) ____%
Vanguard Trgt Retire 2040 Fnd Inv	(1298) ____%	DFA U.S. Targeted Value Port Inst	(2566) ____%
Vanguard Trgt Retire 2045 Fnd Inv	(794) ____%	Vanguard Mid-Cap Index Fund Adm	(756) ____%
Vanguard Trgt Retire 2050 Fnd Inv	(1299) ____%	Vanguard Small-Cap Index Fund Adm	(757) ____%
Vanguard Trgt Retire 2055 Fnd Inv	(2473) ____%	Voya Mid-Cap Growth Equity Fund 8	(3568) ____%
Vanguard Trgt Retire 2060 Fnd Inv	(3447) ____%	Voya Small-Cap Growth Equity Fund 8	(3569) ____%
Vanguard Trgt Retire 2065 Fnd Inv	(8995) ____%	Global / International	
Vanguard Trgt Retire Income Fnd Inv	(795) ____%	American Funds EuroPacific Grw R6	(1723) ____%
		American Funds New Perspective R6	(1899) ____%
		Vanguard Intl Explorer Fund Inv	(3368) ____%
Total		100%	

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.

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

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 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

Married

Single

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.)

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.

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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.

INCOMING DIRECT ROLLOVER TO A 401 PLAN

Voya Retirement Insurance and Annuity Company ("VRIAC")
Voya Institutional Plan Services, LLC ("VIPS")
Members of the Voya® family of companies
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-584-6001 Fax: 800-643-8143



As used on this form, the term "Voya," "Company," "we," "us" or "our" refer to your plan's funding agent and/or administrative services provider. That entity is either VRIAC or VIPS. Contact us for more information.

INSTRUCTIONS

Please contact your Plan Administrator prior to completing this form to determine if assets under an existing plan or traditional IRA can be rolled over into this Plan. If yes, complete this form and forward it to the former investment provider/record keeper along with a request for a distribution. Mail or fax a copy to the address or phone number above. Please make a photocopy if you wish to retain a copy for your records. If you are not previously enrolled in the Plan, your Plan Administrator must submit a completed Enrollment Form before requesting a transfer or rollover to Voya. If you intend to accomplish an indirect rollover (i.e., where you remit a personal check to Voya), we must receive backup from your prior record keeper to support the amounts indirectly rolled over.

Funds will be applied to the account the same day they are received from the former investment provider/record keeper if received in good order before the close of the New York Stock Exchange (NYSE) on any day it is open for trading. All requests received in good order after the close of the NYSE (usually 4 p.m. ET) will be processed the next day the NYSE is open.

GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location. Beneficiaries and QDRO Alternate Payees are prohibited by the IRS from rolling over money from other qualified retirement plans or IRAs into their 401(a), 401(k), 403(b) accounts unless they are also an employee of the company.

Rollover from a Roth Account - If you are directly rolling over Roth money, we must receive cost basis and the Designated Roth Account's start date directly from your prior record keeper.

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1. PLAN INFORMATION

Plan Name PLATINUM CONTROLTECHNOLOGIES 401(K) PLAN

Plan Number 813549

2. PARTICIPANT INFORMATION

Name (last, first, middle initial) _____

SSN/TIN (Required) _____ Date of Birth _____

Resident Street Address or PO Box _____

City _____ State _____ ZIP _____

Work Phone (include extension) _____ Home Phone _____

3. FORMER INVESTMENT PROVIDER/RECORD KEEPER

Former Investment Provider/Record keeper Name _____

Former Investment Account # _____ Phone # _____

4. ROLLOVER AMOUNT (Check all applicable boxes. Rollovers from Roth IRA accounts are not permitted.)

Please indicate source: 403(b) plan 401 plan Governmental 457 Traditional IRA

Pre-Tax Rollover Amount.....\$ _____ Rollover of Designated Roth Amount..... \$ _____
 Rollover of Non-Roth After-Tax Amount \$ _____ Start Date _____ Roth Contributions \$ _____
Employee Non-Roth After-Tax Contributions \$ _____ Rollover of In Plan Roth Rollover Amount \$ _____
Start Date _____ In Plan Roth Basis..... \$ _____

5. INVESTMENT INSTRUCTIONS (Use whole percentages (e.g. 33%, not 33 1/3%). Must total 100%.)

Unless otherwise indicated below, your Direct Rollover assets will be invested according to your current investment elections for ongoing contributions of the Plan indicated on page one.

If you choose to invest your Direct Rollover assets differently, enter the percentage of the Direct Rollover amount to be split among Plan investment options as specified below. Obtain the fund names/numbers from your most recent quarterly statement package or enrollment kit.

Fund Number/Name	Percentage	Fund Number/Name	Percentage

6. ROLLOVER TO VOYA (Please choose only one option.)

Mail Check Directly to Voya

Mail check payable to Voya Institutional Trust Co. F/B/O Participant Name, Social Security Number, and Plan # 813549 to the address below.

Regular Mail:

Voya Institutional Trust Company
PO Box 3015
New York, NY 10116-3015

Overnight/Express Mail:

JP Morgan Chase C/O
Payee: Voya Institutional Trust Company
Attn: Lock Box 3015
4 Chase Metrotech Center, 7th Floor East
Brooklyn, NY 11245

(Six digit plan number must be referenced on the check.)

Wire Transfer Directly to Voya

Wire Funds to:

Wells Fargo Bank, N.A.
ABA Number: 121000248
Voya Institutional Trust Company/Prem Collection
Bank Account Number: 2087350311363
Beneficiary References:
Include Participant Name, Social Security Number (9 digit numeric), Plan #813549 (6 digit numeric) and Payroll location (if any) (4 digit numeric).
Example: John J. Jones 999-99-9999 888123-0001

7. PARTICIPANT SIGNATURE AND ACKNOWLEDGEMENT

I understand that the Direct Rollover amounts will be subject to the applicable Internal Revenue Service and Plan withdrawal restrictions. I understand that the Direct Rollover will be invested using my current investment allocation under this plan to the extent on file unless I submit this form to indicate alternate investment selections for this Direct Rollover. I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

Participant Signature _____ Date _____

8. PLAN ADMINISTRATOR SIGNATURE AND CERTIFICATION

As the Plan Administrator, I hereby accept this rollover in and Plan investment direction, and have reviewed the form to ensure all necessary information is completed.

Plan Administrator Name (Please print.) _____

Plan Administrator Signature _____ Date _____

9. LETTER OF ACCEPTANCE

- Letter of Acceptance Required – Check this box if the Prior Plan/IRA Service Provider requires a Letter of Acceptance from Voya to complete your rollover or transfer request. **A Letter of Acceptance will not be issued unless this box is checked.**
 - Fax the Letter of Acceptance to (_____) _____ - _____ Attention _____
 - Mail the Letter of Acceptance to me at the Participant address indicated on this form.
 - Mail the Letter of Acceptance to the Prior Plan / IRA Service Provider at the address indicated below.

Company Name _____ Attention _____
Address _____
City _____ State _____ ZIP _____

