

Delaware Public Employees Retirement System

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Dover, DE 19904
<http://www.delawarepensions.com>

Phone: (302)739-4208
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This form is for the use of individuals in the Delaware Public Employees Retirement System (**DPERS**) seeking an In-service Trustee-to-Trustee Transfer for the Purchase of Prior Service or Repayment of Withdrawn Contributions.

DPERS is a qualified 401(a) Defined Benefit Plan and is permitted to accept rollovers/transfers from qualified 401(a), 457(b), 403(b) and IRA plans for the purchase/conversion of permissive service credit.

Member Certification

This letter is sent to request rollover/transfer of \$ from the plan type indicated below. I understand the rollover/transfer may not be for more than the maximum amount required to purchase the permissible service credits or the repayment of previously withdrawn contributions and interest. I understand that if any additional funds are submitted, the additional funds will be returned to the transferring plan. Conversely, if the transfer does not contain enough money, I understand that I will be notified by letter and will have 30 days to ensure payment in full before the original funds are returned to the transferring plan on my behalf.

Name of Member _____ SSN of Member _____

Signature of Member _____ Date _____

State Treasure's Office Certification

I hereby certify the above member was a participant in our:

403(b) Deferred Compensation Plan 457(b) Deferred Compensation Plan 401(a) Match Plan
and the monies being transferred are:

Pre-tax Post tax

In addition, I certify our plan has adopted provisions to allow in-Service Trustee-to-Trustee Transfers for the purpose of purchasing permissive service credits to a 401(a) Defined Benefit Plan. I further certify the funds being transferred are from the plan indicated above and eligible to be transferred to a 401(a) Defined Benefit Plan.

Name of authorized representative _____

Signature of authorized representative _____ Date _____

If submitting by check please mail along with this form to: State of Delaware
P.O. Box 755585
Philadelphia, PA 19175-5585

If wiring the funds, please send to: Mellon Financial Corporation
ABA: #031-000-037
Account: # 8-173-569
Credit: State of Delaware Pension Account

Mail a copy of Voya Trustee-to-Trustee Transfer Form to: Voya Financial:
P.O. Box 990063
Hartford, CT 06199-0063

Please call or fax the Office of Pensions Investment & Accounting Section a notice of intent to wire by 3:00 p.m. the day before the wire. Phone 800-722-7300 or fax 302-739-7946.

WITHDRAWAL AND TRANSFER REQUEST FOR PURCHASE OF GOVERNMENTAL DEFINED BENEFIT PLAN SERVICE CREDIT

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 VRIAC or VIPS as your plan's funding agent and/or administrative services provider. Contact us for more information.

GOOD ORDER

Good order is receipt by Voya of your request accurately and entirely completed, including any required supporting documentation, to validate your eligibility for this withdrawal. If your request is approved, it will be processed and payment will be sent within seven (7) calendar days of the receipt of the completed withdrawal request in good order. A corresponding transaction confirmation will be generated. Paperwork not received in good order, as determined by Voya, the Plan Sponsor, and/or an authorized representative of the Plan may be returned to you for correction and will be processed upon resubmission in good order at our designated locations.

INSTRUCTIONS

This form is used to elect a withdrawal from a Account Holder's employer-sponsored retirement plan account under any of the following plan types for purposes of purchasing service credit under a government Defined Benefit Plan.

- Section 457(b) governmental Deferred Compensation plan; or
- Section 401(a) (including 401(k)) Defined Contribution plan; or
- Section 403(b) Tax Deferred Arrangement.

If you have any questions about this form or the transfer options available to you, please contact a Customer Service Associate at the number listed above, or our local Representative before proceeding.

IMPORTANT INFORMATION

Trustee to Trustee transfers to purchase governmental Defined Benefit Plan service credit are only available to the extent authorized by your employer-sponsored retirement plan. Sections 457(b) governmental, 403(b) and 401(a) Plans are permitted, but not required, to provide for such transfers. We will be unable to process your transfer request unless we have received prior instruction from an authorized Plan Sponsor representative of your employer-sponsored retirement plan. Such transfers, if permitted, are not subject to Federal or State taxes or reporting.

We are not responsible for the application of transferred amounts by the receiving governmental Defined Benefit Plan. **Please make all necessary arrangements with the Defined Benefit Plan, including the completion of service credit purchase paperwork before requesting this transfer.** If your transfer is returned to us by the Defined Benefit Plan, we will credit your Plan account on the date such amount is received. We are not responsible for any lost investment opportunities that may result from failed transfers.

Withdrawals may be subject to a deferred sales charge. For additional information, please refer to your contract prospectus or disclosure booklet.

Withdrawals may be subject to a market value adjustment. For additional information, please refer to your contract prospectus or disclosure booklet.

PAYMENT INFORMATION

Checks will only be made payable to an investment provider or fiduciary of the governmental Defined Benefit plan receiving the transfer, for the benefit of the Account Holder. **We will not honor a request to pay any other party.** Once the paperwork is received in good order and processed, the transfer will be made within seven (7) calendar days or sooner. A corresponding transaction confirmation will be generated and mailed to the Account Holder.

OVERPAYMENT RECOVERY

Voya Retirement Insurance and Annuity Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which you are entitled under the terms of the contract, regardless of the method of payment.

MAILING INFORMATION

After the paperwork is complete and all required signatures are obtained, the completed paperwork is to be mailed or faxed to the address or number shown on the form.

KEEP FOR YOUR RECORDS

Instructions

Order #144337 Form #83319 Voya 08/07/2015
TM: DISTRIB

WITHDRAWAL AND TRANSFER REQUEST FOR PURCHASE OF GOVERNMENTAL DEFINED BENEFIT PLAN SERVICE CREDIT

Voya Retirement Insurance and Annuity Company
A member of the Voya® family of companies
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-584-6001 Fax: 800-643-8143



1. PLAN INFORMATION *(Please print.)*

Plan Name _____

Plan # _____ Division/Location Code _____

2. PLAN TYPE

457(b) Governmental Defined Compensation 401(a) or 401(k) Defined Contribution 403(b) Tax Deferred Arrangement

3. ACCOUNT HOLDER INFORMATION

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

Date of Birth _____ SSN *(Required)* _____

Resident Street Address or PO Box _____

City _____ State _____ ZIP _____

Work Phone *(Include extension.)* _____ Home Phone _____

4. DISTRIBUTION ELECTIONS *(Complete Percent to Transfer OR Dollar to Transfer.)*

Service Buy Back Withdrawal and Transfer to Governmental Defined Benefit Plan

Percent to Transfer _____ % Dollar to Transfer \$ _____

Special Instructions _____

5. TRANSFER INSTRUCTIONS *(This section is used to identify the Governmental Defined Benefit Plan that will receive the benefit transfer.)*

Contract # _____ Plan # *(if applicable)* _____

Check will be made payable to _____
(Indicate name of investment provider or fiduciary of the Governmental Defined Benefit Plan receiving the transfer.)

For the Benefit of *(Indicate Account Holder name.)* _____

6. MAILING INFORMATION

Attention of _____ Account # _____

Address *(# & street/PO box)* _____

City _____ State _____ ZIP _____

Additional Instructions _____

7. ACCOUNT HOLDER AUTHORIZED SIGNATURE *(To be completed by the Account Holder.)*

I hereby authorize the Company to transfer my benefits to the fiduciary (or its designated party) of the recipient government defined benefit plan per the above instructions. Under penalties of perjury I declare that, to the best of my belief, the information on this form is true, correct and complete and any supporting documentation from my employer or the recipient government defined benefit plan has been attached. It is understood that the furnishing of this form by the Company does not constitute an admission that there is any policy in force.

Account Holder Signature _____ Date _____

Account Holder SSN _____

**Your form will NOT be processed without
Signature, Date and SSN completed.**

KEEP A COPY FOR YOUR RECORDS