

INTERPROVIDER TRANSFER REQUEST INSTRUCTIONS

CITY OF PORTLAND GOVERNMENTAL 457(b) PLAN

Voya Retirement Insurance and Annuity Company
200 SW Market Street, Suite 1700
Portland, OR 97201
Phone: 503-937-0378



Voya Retirement Insurance and Annuity Company will be defined as "Voya," "we," or "our" and Advantis Credit Union will be defined as "Advantis" in this document. Together Voya and Advantis Credit Union will be referred to as "the investment providers."

PURPOSE OF FORM

This form is used by the Account Holder to elect to transfer current assets between the investment providers within your account under the City of Portland Governmental 457(b) Plan.

INSTRUCTIONS

1. Verify or complete the Plan and Account Holder Information.
2. Complete the Transfer Election, Wire Instructions, Fund Allocation, and Alternate Investment Instructions sections.
3. Sign and date the form in the Account Holder Certification section. Make a copy for your records.
4. If you have any questions about this form or the transfer options available to you, please contact your local Voya representative.
5. **Mail pages 3 & 4** of this form to Voya at the address shown above.

GOOD ORDER

Good order is receipt at Voya and the City of Portland Human Resources Deferred Compensation Administrator of this form accurately and entirely completed, and includes the signature of you, the Account Holder. If this form is not received in good order, it may be returned to you for correction and processed upon re-submission in good order.

IMPORTANT INFORMATION

An interprovider transfer under the City of Portland Governmental 457(b) Plan is not subject to federal or state tax withholding or reporting.

Voya is not responsible for the application of transferred amounts from Voya to Advantis. If your transfer is returned by Advantis, Voya will credit your Plan account on the date such amount is received.

Advantis is not responsible for the application of transferred amounts from Advantis to Voya. If your transfer is returned by Voya, Advantis will credit your Plan account on the date such amount is received.

Please make all necessary arrangements with Voya and Advantis before requesting this transfer (*this includes enrollment and opening an account*). The investment providers are not responsible for any lost investment opportunities that may result from failed transfers.

Advantis Credit Union is an independent agency and not a corporate affiliate of any Voya entity. Any securities or insurance products offered to you are: 1) not a deposit; 2) not FDIC/NCUSIF insured; 3) not insured by any federal government agency; 4) not guaranteed by the bank/credit union; and 5) may involve investment risk and may go down in value.

PAYMENT INFORMATION

Transfers between the investment providers will be made by wire. Wires will only be made payable to the investment provider receiving the transfer, for the benefit of the Account Holder. **Any request to pay any other party will not be honored.** Once the paperwork is received in good order and processed, the transfer will be made within seven (7) calendar days. The transaction will be confirmed on your next account statement from Voya and Advantis.

MAILING INFORMATION

After the paperwork is complete, the Account Holder is encouraged to make a copy for his/her records. The completed, original form is to be returned to the Voya office shown above.

PROCESSING INFORMATION

Following review of your election, the Voya local office will fax a copy of your request to the City of Portland Human Resources Deferred Compensation Administrator. If your request is not accompanied by a new Participation Agreement (*to change investment provider*), the City's Deferred Compensation Administrator will fax a copy of your request within one business day to Customer Service and Advantis for processing.

If your request is accompanied by a new Participation Agreement (*to change investment provider*), the City's Deferred Compensation Administrator will hold your request until such date that your last contribution to the existing investment provider has been applied to your account. After such time, the City's Deferred Compensation Administrator will fax a copy of your request to the Customer Service and Advantis for processing.

Requests faxed by the City of Portland Deferred Compensation Administrator and received by Voya before the close of the New York Stock Exchange (NYSE), generally 1 p.m. Pacific Time, will be processed using the investment prices as of the close of the NYSE that day. Requests received after the close of the NYSE will be processed using the investment prices of the close of the next day the NYSE is open.

Requests faxed by the City of Portland Deferred Compensation Administrator and received by Advantis before 2:30 p.m. Pacific Time, will be processed using the investment prices as of the close of business that day. Requests received after 2:30 p.m. Pacific Time will be processed using the investment prices of the close of the next day Advantis is open.

There will be no charge to the Account Holder's account in connection with an interprovider transfer request.

INTERPROVIDER TRANSFER REQUEST AUTHORIZATION CITY OF PORTLAND GOVERNMENTAL 457(b) PLAN

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1. ACCOUNT HOLDER INFORMATION

Name (last, first, middle initial) _____ SSN (Required) _____
Address (# & Street) _____ Daytime Phone _____
City/Town _____ State _____ ZIP _____
Voya Plan # **666943** Advantis Credit Union Account # _____

2. TRANSFER ELECTION (Complete percent *or* dollar amount to be transferred.)

Transfer Request (Check applicable option.)

- Advantis Credit Union to Voya
 Voya to Advantis Credit Union

Transfer Amount

_____ % OR \$ _____

Start/Stop

Are you also submitting a new Participation Agreement to direct your future contributions to a different investment provider? Yes No

This transfer contains Roth

Roth Cost Basis \$ _____ Approximate amount \$ _____ Designated Roth Account Start Date _____

3. WIRE INSTRUCTIONS (Complete Account Holder SSN and name.)

Wire To Voya:

Wells Fargo Bank, N.A.
ABA #: 121000248
Bank Account #: 2087300443964
Voya Institutional Trust Company - TEM
Reference #: **666943/**

(Account Holder SSN & Name)

Wire To Advantis:

Advantis Credit Union
ABA #: 323075181
Bank Account # (Participant Account #) _____
OBI Line 1: Name on Account: _____
(Account Holder Name)

OBI Line 2: **Deferred Comp Account for** _____
(Account Holder SSN)

Wire Transfer Customer Service: 888-384-8400

4. FUND ALLOCATION OF TRANSFER OR WITHDRAWAL

- Transfers from Advantis Credit Union to Voya:** If an election is not indicated below, your transferred assets will be invested according to your investment allocations for future contributions on the date of the transfer.
- Apply my transfer amount according to my investment allocations for future contributions on the date of the transfer.
 - Apply my transfer amount to the Voya Fixed Account 457/401 only.
 - Apply my transfer amount according to the Alternate Investment Instructions below.
- Transfers from Voya to Advantis Credit Union:** If an election is not indicated below, your transferred assets will be withdrawn pro rata from all of your current investment options based on the allocation of existing assets on the date of the transfer.
- Withdraw my transfer amount on a pro rata basis from all of my investment options based on the allocation of existing assets on the date of the transfer.
 - Withdraw my transfer amount from the Voya Fixed Account 457/401 only.
 - Withdraw my transfer amount according to the Alternate Investment Instructions below.

KEEP A COPY FOR YOUR RECORDS

5. ALTERNATE INVESTMENT INSTRUCTIONS

6. ACCOUNT HOLDER CERTIFICATION *(To be completed by Account Holder.)*

I hereby request to transfer my benefits per the above instructions. I declare that, to the best of my belief, the information on this form is true, correct and complete.

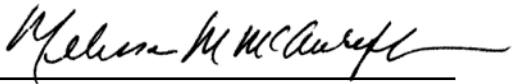
I acknowledge that the information on the Instructions attached to this form have been either read by me or explained to me by an Voya Registered Representative and that I fully understand this information.

It is understood that the furnishing of this form by Voya does not constitute an admission that there is any benefit due me.

Account Holder Signature _____ Date _____

7. ACCEPTANCE OF FUNDS

Voya Retirement Insurance and Annuity Company hereby agrees to accept funds from the current Trustee/Custodian/Carrier and deposit them into the above referenced Plan on behalf of the Account Holder executing this form in accordance with the applicable provisions of the Internal Revenue Code.



Melissa M. McAuliffe, Vice President

KEEP A COPY FOR YOUR RECORDS