

**ENROLLMENT FORM**  
**City of Portland Governmental 457(b) Plan**  
**Voya Retirement Choice II**  
 Plan Number: VFZ943

Voya Retirement Insurance and Annuity Company  
 200 SW Market Street, Suite 1700  
 Portland, OR 97201  
 Telephone: 503-937-0378  
 Toll Free: 800-238-6281  
 Fax: 503-241-6060



Health & Financial Benefits  
 HEALTHY LIVING. HEALTHY FUTURE.

In this form, Voya Retirement Insurance and Annuity Company may also be referred to as the Company.

**Participant Information (Please type or print clearly.)**

Department Name		Department Location	Portland Development Commission? (Loc. 0002) <input type="checkbox"/> Yes <input type="checkbox"/> No	Location Code
Name (first, middle initial, last)		Social Security Number	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address (No. & Street)		Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /	
City/Town	State	Zip Code	Number of Dependents	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Email Address		Estimated Annual Income \$ _____	Expected Retirement Age	
Home Telephone No. ( )	Work Telephone No. ( )	Occupation /Job Title		

**Financial Information** *This section must be completed by Voya Financial Advisors, Inc. Registered Representatives in the Retirement Advisory Distribution channel.*

Annual Household Income <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> >\$100,000	
Net Worth (excluding primary residence) <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000	
How would you categorize yourself as an investor? <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Conservative	
When will you begin using your retirement account? <input type="checkbox"/> >20 Years <input type="checkbox"/> >10 Years <input type="checkbox"/> >5 Years <input type="checkbox"/> <5 Years	Estimated percent of retirement income from this investment: <input type="checkbox"/> <25% <input type="checkbox"/> 25 - 50% <input type="checkbox"/> 50 - 75% <input type="checkbox"/> >75%
Account Investment Objective(s) <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Growth & Income <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Speculative	

**Agent Note** (Please attach separate page for additional comments.)

**Replacement Information**

Do you have existing individual annuity contracts or individual life insurance policies?  Yes  No  
 Will this Contract change, replace or discontinue any existing Life Insurance or Annuity Contracts or Policies?  Yes  No  
 If yes, to both questions, provide carrier name and account number:  
 Carrier \_\_\_\_\_ Account No. \_\_\_\_\_

**Financial Industry Regulatory Authority (FINRA) Affiliation**

Are you associated with a Financial Industry Regulatory Authority member?  Yes  No  
 If yes, list the affiliation \_\_\_\_\_

*This program is intended to be a long term investment for retirement purposes. Account values fluctuate with market conditions and when surrendered the principal may be more or less than the amount originally invested.*

Please complete this form and return to your Agent.

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number VFZ943
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**Another way to save through your employer's retirement plan.**

Consider whether a rollover of your eligible retirement plan assets might be appropriate for you.

Yes! Let's discuss the options for my retirement investments. The best time to reach me is \_\_\_\_\_ a.m. or \_\_\_\_\_ p.m. at \_\_\_\_\_.

My estimated retirement balance is \$ \_\_\_\_\_. If I want to learn more about my rollover options, I will call Voya Financial® at 800-238-6281.

Please note, you are authorizing a Voya representative/insurance agent to contact you at your home telephone number, even if you have listed it on the National Do Not Call registry. Voya is committed to protecting you from unsolicited telephone calls in compliance with the Federal Communication Commission Telemarketing Sales Rule.

**Investment Options**

Investment options are alphabetically grouped in their respective asset classes as determined by the Company. The Voya Fixed Plus Account III is a fixed account option available under a group fixed annuity contract offered by the Company. All other investment options are mutual funds offered under a trust agreement. Changes to investment selections must be initialed by the Participant. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

**Stability of Principal**

Voya Fixed Plus III - 457/401	(4300)	_____ %
Vanguard® Federal Money Market Fund - Investor Shares	(2573)	_____ %

**Bonds**

Metropolitan West Total Return Bond Fund - Plan Class Shares	(3058)	_____ %
PIMCO Real Return Fund - Institutional Class	(2695)	_____ %
TIAA-CREF High-Yield Fund - Institutional Class	(6334)	_____ %
Vanguard® Total Bond Market Index Fund - Institutional	(799)	_____ %

**Asset Allocation**

JPMCB SmartRetirement® Passive Blend 2020 Fund - CF Class CIT	(3032)	_____ %
JPMCB SmartRetirement® Passive Blend 2025 Fund - CF Class CIT	(3033)	_____ %
JPMCB SmartRetirement® Passive Blend 2030 Fund - CF Class CIT	(3034)	_____ %
JPMCB SmartRetirement® Passive Blend 2035 Fund - CF Class CIT	(3035)	_____ %
JPMCB SmartRetirement® Passive Blend 2040 Fund - CF Class CIT	(3036)	_____ %
JPMCB SmartRetirement® Passive Blend 2045 Fund - CF Class CIT	(3037)	_____ %
JPMCB SmartRetirement® Passive Blend 2050 Fund - CF Class CIT	(3038)	_____ %
JPMCB SmartRetirement® Passive Blend 2055 Fund - CF Class CIT	(3039)	_____ %
JPMCB SmartRetirement® Passive Blend 2060 Fund - CF Class CIT	(8210)	_____ %
JPMCB SmartRetirement® Passive Blend Income Fund - CF Class CIT	(3040)	_____ %

**Large Cap Value**

Becker Value Equity Fund - Institutional Class	(6324)	_____ %
Vanguard® FTSE Social Index Fund - Institutional Shares	(1215)	_____ %
Vanguard® Institutional Index Fund - Institutional Shares	(566)	_____ %

**Large Cap Growth**

JPMorgan Large Cap Growth Fund - Class R6 Shares	(3494)	_____ %
Vanguard® Growth Index Fund - Institutional Shares	(7593)	_____ %

**Small/Mid/Specialty**

DFA U.S. Targeted Value Portfolio - Institutional Class	(2566)	_____ %
MFS® Mid Cap Growth Fund - Class R6	(8133)	_____ %
Vanguard® Mid-Cap Index Fund - Institutional Shares	(1197)	_____ %
Vanguard® Real Estate Index Fund - Institutional Shares	(1225)	_____ %
Vanguard® Selected Value Fund - Investor Shares	(9321)	_____ %
Vanguard® Small-Cap Growth Index Fund - Institutional Shares	(1619)	_____ %
Vanguard® Small-Cap Index Fund - Institutional Shares	(1198)	_____ %

**Global International**

American Funds® EuroPacific Growth Fund® - Class R-6	(1723)	_____ %
MFS® International Value Fund - Class R6	(3669)	_____ %
Oppenheimer Global Fund - Class I	(3505)	_____ %
TIAA-CREF International Equity Index Fund - Institutional Class	(798)	_____ %

**Total** **100%**

Complete the contribution percentages, in whole numbers, to total 100%.

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number VFZ943
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**Registered Representative Information**

The following individual(s)/organization(s) will receive compensation from this Contract.

Representative/Entity name (print)	Office Code	Rep No.	% Participation

**Anti-Fraud Statement**

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.

**Participant Certification**

I acknowledge receipt of the current participant information booklet as well as current fund prospectuses or investment option summaries for all available investment options under the Plan.

I understand that my employer's plan offers multiple investment options. 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.

My representative may be paid a commission or other compensation on transferred assets into the plan. An additional commission or other compensation may be paid to the representative as an additional sales incentive in connection with this transaction if the representative attains a certain threshold of sales of Company contracts.

By signing this form, I acknowledge that to the best of my knowledge and belief, the information provided is complete and accurate and that any changes have been initialed by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

**Participant Authorized Signature**

Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy) / /
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**Registered Representative's Certification and Signature**

Broker/Dealer Affiliation: If not registered with Voya Financial Advisors, Inc., please indicate name of Broker/Dealer.

Other Broker/Dealer Name \_\_\_\_\_

Does the participant have any existing individual Annuity or individual Life Insurance Contracts or Policies?  Yes  No  
(If "yes", a replacement form must be completed.)

Do you have any reason to believe any existing Life Insurance or Annuity Contracts or Policies will be modified, discontinued or replaced as a result of this enrollment?  Yes  No

I certify that the information on this form is true, complete and accurate to the best of my knowledge.

Registered Representative (print name)	Registered Representative Signature	Date (mm/dd/yyyy) / /
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