

ENROLLMENT FORM
Mississippi Optional Retirement Plan
401(a) Defined Contribution Plan
Voya Retirement Choice
Plan Number: VFZ314

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	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
Email Address		Estimated Annual Income \$ _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
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.

Order# 162022 Form# 83344 MS ORP MS (01/22/2016)

Page 1 of 3 - Incomplete without all pages.



Participant Name (first, middle initial, last)	Social Security Number	Plan Number VFZ314
--	------------------------	-----------------------

Plan Beneficiary Information

Primary	Contingent	Complete Legal Name, Address and Phone #	Relationship	%	SSN	Date of Birth (mm/dd/yyyy)
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

Investment Options

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company. Investment options are available through a trust agreement. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

Stability of Principal

BlackRock Liquidity Federal Trust Fund - Inst Shares (2574) _____ %
 Voya Fixed Plus Account III (4060) _____ %

Bonds

Metropolitan West Total Return Bond Fund - Class I Shares (2287) _____ %
 PIMCO Real Return Fund - Institutional Class (2695) _____ %

Asset Allocation

T. Rowe Price Retirement 2015 Fund (1685) _____ %
 T. Rowe Price Retirement 2020 Fund (1686) _____ %
 T. Rowe Price Retirement 2025 Fund (1687) _____ %
 T. Rowe Price Retirement 2030 Fund (1688) _____ %
 T. Rowe Price Retirement 2035 Fund (1689) _____ %
 T. Rowe Price Retirement 2040 Fund (1690) _____ %
 T. Rowe Price Retirement 2045 Fund (1691) _____ %
 T. Rowe Price Retirement 2050 Fund (1692) _____ %
 T. Rowe Price Retirement 2055 Fund (1693) _____ %
 T. Rowe Price Retirement 2060 Fund (6980) _____ %

Balanced

Vanguard® Wellington™ Fund - Admiral™ Shares (8759) _____ %

Large Cap Value

American Funds Fundamental InvestorsSM - Class R-6 (2323) _____ %
 Vanguard® Equity Income Fund - Admiral™ Shares (7926) _____ %
 Vanguard® Total Stock Market Index Fund - Institutional (2208) _____ %

Large Cap Growth

American Funds The New Economy Fund® - Class R-6 (1965) _____ %

Small/Mid/Specialty

Vanguard® Mid-Cap Index Fund - Institutional Shares (1197) _____ %
 Vanguard® REIT Index Fund - Admiral™ Shares (802) _____ %
 Vanguard® Small-Cap Index Fund - Institutional Shares (1198) _____ %

Global / International

DFA Emerging Markets Core Equity Portfolio - Inst Class (1913) _____ %
 First Eagle Global Fund - Class I (1156) _____ %
 Vanguard® International Growth Fund - Admiral™ Shares (2190) _____ %

Total 100%

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

Please complete this form and return to your Agent.

Order# 162022 Form# 83344 MS ORP MS (01/22/2016)

Page 2 of 3 - Incomplete without all pages.

TM: ENROLLHEG

Participant Name (first, middle initial, last)	Social Security Number	Plan Number VFZ314
--	------------------------	-----------------------

Account Information

Frequency	Contribution	Effective Date
-----------	--------------	----------------

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 fund fact sheets 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.

Employee Appointment of Employer as Agent under an Annuity Contract – For Plans under Section 403(b), 401, or 403(a) of the Internal Revenue Code (except voluntary Non-ERISA Section 403(b) Plans) – I appoint my Employer, who is the Contract Holder, as my agent for all purposes under the Group Annuity Contract issued to my Employer in accordance with the terms of the Plan. I agree to be bound by my Employer's interpretation of the Plan provisions and its written direction to the Company in accordance with the terms of the Plan. I understand that the Company will pay any death benefit as directed by my Employer, based on the Beneficiary named under my Employer's Plan.

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, or pre-filled information, as applicable, have been initialed by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

Participant's Authorized Signature

Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy)
-------------------------	-----------------------------	-------------------

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)
--	-------------------------------------	-------------------

Please complete this form and return to your Agent.

Order# 162022 Form# 83344 MS ORP MS (01/22/2016)

Page 3 of 3 - Incomplete without all pages.

