

ENROLLMENT FORM

CU Employment, Inc.

Plan Number: 819035

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 _____ % or \$_____ of my compensation per pay period on a pre-tax basis.

ROTH CONTRIBUTIONS Your plan offers an After-Tax Roth 401(k) savings option. You may make a Roth contribution in addition to, or instead of, the other contribution options shown above, subject to IRS limits.
 Yes, I want to make a Roth contribution of _____ % or \$_____ of my compensation per pay period on an after-tax basis.

CATCH-UP CONTRIBUTIONS The IRS allows participants age 50 or older to contribute up to an additional \$6,000.00 per year, as increased based on the Cost of Living Adjustment. Catch-Up contributions will be made on a pre-tax basis unless you indicate you want to contribute on a Roth basis by checking here: Roth.
 Yes, I want to make a Catch-Up contribution of _____ % or \$_____ of my compensation under the catch-up provision.

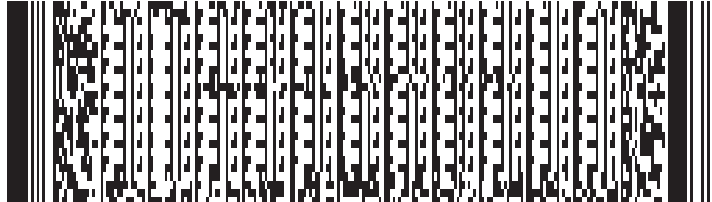
WAIVE PARTICIPATION No, thank you. I do not want to participate in my employer's retirement plan at this time. I am choosing not to save any compensation.

Investment Selection: We'll tell you about your investment choices; you decide what's right for you.

OPTION ONE: I LIKE TO KEEP IT SIMPLE; GIVE ME A HANDY SOLUTION
VOYA INDEX SOLUTION PORTFOLIOSSM
I WANT TO INVEST IN PROFESSIONALLY MANAGED PORTFOLIOS THAT PROVIDE DIVERSIFICATION.
 Yes! I want to invest 100% of my contributions in the selected Voya Index Solution Portfolio.

- Select the Voya Index Solution Portfolio that tracks most closely with the year you plan to retire.**
- | | |
|---|---|
| <input type="checkbox"/> VOYA INDEX SOLUTION 2060 PORTFOLIO | <input type="checkbox"/> VOYA INDEX SOLUTION 2055 PORTFOLIO |
| <input type="checkbox"/> VOYA INDEX SOLUTION 2050 PORTFOLIO | <input type="checkbox"/> VOYA INDEX SOLUTION 2045 PORTFOLIO |
| <input type="checkbox"/> VOYA INDEX SOLUTION 2040 PORTFOLIO | <input type="checkbox"/> VOYA INDEX SOLUTION 2035 PORTFOLIO |
| <input type="checkbox"/> VOYA INDEX SOLUTION 2030 PORTFOLIO | <input type="checkbox"/> VOYA INDEX SOLUTION 2025 PORTFOLIO |
| <input type="checkbox"/> VOYA INDEX SOLUTION 2020 PORTFOLIO | <input type="checkbox"/> VOYA INDEX SOLUTION INCOME PORT Z |

Form No. E001 (05/14)



>>> 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™

Fold and tear on perforation

Name (first, middle initial, last)	Social Security Number	Plan Number: 819035
------------------------------------	------------------------	---------------------

Investment Selection (continued): We'll tell you about your investment choices; you decide what's right for you.

OPTION TWO: 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		Voya Index Solution 2020 Portfolio Z	(6998) ____%
Voya Fixed Account (4062)	(xxxx) ____%	Voya Index Solution Income Port Z	(3215) ____%
Bonds		Balanced	
AB High Income Fund Z	(6346) ____%	VY TRowePrice Captl Apprec Pt R6	(9256) ____%
Amer Cent ShortDurInflProBd Fd R6	(6308) ____%	Large Cap Value	
PIMCO Income Fund Inst	(3524) ____%	MFS Value Fund R6	(9857) ____%
Pioneer Bond Fund K	(3791) ____%	Vanguard 500 Index Fund Adm	(899) ____%
Templeton Global Bond Fund R6	(6457) ____%	Large Cap Growth	
Asset Allocation		AB Large Cap Growth Fund Z	(4717) ____%
Voya Solution Aggressive Prt R6	(9113) ____%	Small/Mid/Specialty	
Voya Solution Balanced Prt R6	(9116) ____%	Amer Bcn Small Cap Value Fund Inst	(2676) ____%
Voya Solution Conservative Prt R6	(9117) ____%	DFA Global Real Estate Sec Port Inst	(3484) ____%
Voya Solution Mod Aggress Prt R6	(9114) ____%	Eagle Small Cap Growth Fund R6	(3489) ____%
Voya Solution Mod Conserv Prt R6	(9115) ____%	Eaton Vance-Atlanta Cap SMID-Cp F R6	(6724) ____%
Voya Index Solution 2060 Portfolio Z	(3214) ____%	VY JPMorgan Sm Cp Core Eq Prt R6	(7495) ____%
Voya Index Solution 2055 Portfolio Z	(3209) ____%	Vanguard Mid-Cap Index Fund Adm	(756) ____%
Voya Index Solution 2050 Portfolio Z	(3208) ____%	Virtus Crdx Md-Cp Val Eqty Fd R6	(6975) ____%
Voya Index Solution 2045 Portfolio Z	(3207) ____%	Global / International	
Voya Index Solution 2040 Portfolio Z	(3206) ____%	American Funds EuroPacific R6	(1723) ____%
Voya Index Solution 2035 Portfolio Z	(3205) ____%	American Funds New World R6	(3491) ____%
Voya Index Solution 2030 Portfolio Z	(7005) ____%	Oppenheimer Global Fund I	(3505) ____%
Voya Index Solution 2025 Portfolio Z	(6999) ____%		
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: 819035

Acknowledgements and Signature

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.

One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or 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 or 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 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

CU Employment, Inc.

Plan Number: 819035

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.

Fold and tear on perforation

Beneficiary Designation Form (continued)

CU Employment, Inc.

Plan Number: 819035

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)

CU Employment, Inc.

Plan Number: 819035



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.