Transfer on Death (TOD)

Account Holder Name:		_ Joint Account Holder:(If applicable)			
Account number:		_		(-)	,
I hereby request that Voya Investment Management beneficiary.	nt transfer the abo	ove referenced	d account into a TOI	D registration with	the following
Beneficiary Name:		_ Social Security Number:			
Address:					
City:		_ State:			
Birthdate:		_			
Note : If Beneficiary is a minor, please provide custo	dial information:				
Custodian Name:		_ Social Security Number:			
Address:		_ City:			
State:		_ Zip:		Birthdate:	
Account Holder Signature	Date	Signature of J	Joint Account Holder (if ap	pplicable)	Date
Affix medallion signature guarantee stamp here			Affix medallion signa	ature guarantee stamp he	ere
Return completed form to	: Voya Investi	ment Managei	ment		

All account owners must sign this form exactly as the account is registered. A Medallion Signature Guarantee is required for each signature. The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee. The Medallion Signature Guarantee stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED" and otherwise comply with the medallion program requirements.

Pittsburgh, PA 15253-4480

P.O. Box 534480

