

Transfer on Death (TOD)

Account Holder Name: _____ Joint Account Holder: _____ (if applicable)

Account number: _____

I hereby request that Voya Investment Management transfer the above referenced account into a TOD registration with the following beneficiaries. If you would like to list additional beneficiaries please attach the required information to this form.

Beneficiary Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Percentage: _____%

Beneficiary Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Percentage: _____%

Note: If Beneficiary is a minor, please provide custodial information:

Custodian Name: _____ Social Security Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Birthdate: _____

Account Holder Signature _____ Date _____

Signature of Joint Account Holder (if applicable) _____ Date _____

_____ Affix medallion signature guarantee stamp here

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Return completed form to: **Voya Investment Management**
P.O. Box 9772
Providence, RI 02940-9772

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.