

ENROLLMENT FORM

Voya Custom Choice

457 Deferred Compensation Plan

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

Participant Information (please type or print clearly)

Employer Name TOWN OF LINCOLN		Billing Group Number VK0513
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 Group channel.*

Annual Household Income
 <\$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999 >\$100,000

Net Worth (excluding primary residence)
 <\$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$250,000 >\$250,000

What is your level of investment experience?
 Low Medium High

How would you categorize yourself as an investor?
 Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative

What are your life insurance and investment holdings?
 Face Amount of Life Insurance
 <\$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$250,000 >\$250,000
 Securities
 <\$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$250,000 >\$250,000
 Cash
 <\$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$250,000 >\$250,000
 Other investments
 <\$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$250,000 >\$250,000

When will you begin using your retirement account?
 >20 Years >10 Years >5 Years <5 Years

Estimated percent of retirement income from this investment?
 <25% 25-50% 50-75% >75%

Account Investment Objective(s)
 Capital Preservation Income Growth & Income
 Growth Aggressive Growth Speculative

Why is an annuity or funding agreement being purchased? (Check all that apply.)
 Primary retirement income Supplementary retirement income
 Annuitization feature Payroll deduct asset accumulation

Please complete this form and return it to your Agent.

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83411 (01/14)
VK0513

Voya Retirement Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing group number
VK0513

Financial Information(Cont.)

Why is this particular annuity or funding agreement being purchased instead of another investment? (Check all that apply.)

- This is the only investment available through my employer's defined contribution plan
- Guaranteed minimum interest rate
- Income options
- Systematic withdrawals
- Competitive interest rates, fees and/or charges
- Ongoing service in connection with the annuity or funding agreement and its features
- Benefits and riders
- Other - Note required

After purchasing this product, will you have sufficient liquidity to meet current financial needs?

- Yes
- No

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 or replace any existing Life Insurance or Annuity Contracts? Yes No

If yes, provide carrier name and account number:

Carrier _____ Account No. _____

If this is a transfer or rollover from an eligible retirement plan (i.e., 401(k), 401(a), 403(b), governmental 457 or an IRA), which of the following are true (check all that apply).

- Will benefit from product enhancements and improvements.
- Will be subject to a new surrender period.¹
- Will lose existing benefits.¹
- Will be subject to increased fees or charges.¹
- Will incur a surrender charge on the existing contract/account.¹
- Will be subject to decreased fees or charges.
- Has had another deferred variable annuity exchange within the past 36 months.¹
- New contributions only, current provider no longer available.

¹Agent is required to explain why the replacement is for the benefit of the participant.

Financial Industry Regulatory Authority (FINRA) Affiliation

Are you associated with a Financial Industry Regulatory Authority member? Yes No

If yes, list the affiliation _____

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Investment Options

Investment options are alphabetically grouped in their respective asset classes as determined by the Company. A maximum of 25 investment options may be used at any one time; however certain additional restrictions may apply. 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.

	Employer	Employee
Stability of Principal		
Voya Fixed Account	(002) _____ %	_____ %
Voya Fixed Plus Account	(019) _____ %	_____ %
Voya Money Market Portfolio I	(003) _____ %	_____ %
Voya Short-Term GAA	(005) _____ %	_____ %
Voya Long-Term GAA	(006) _____ %	_____ %
Bonds		
American Funds Bond Fd Am R4	(1003) _____ %	_____ %
PIMCO VIT Real Return Portfolio Adm	(833) _____ %	_____ %
Pioneer High Yield VCT Portfolio I	(834) _____ %	_____ %
Templeton Global Bond Fund A	(178) _____ %	_____ %
Voya Global Bond Port I	(422) _____ %	_____ %
Voya High Yield Portfolio Srv	(787) _____ %	_____ %
Voya Intermediate Bond Port I	(004) _____ %	_____ %
Voya U.S. Bond Index Portfolio I	(1554) _____ %	_____ %
VY Pioneer High Yield Portfolio I	(1220) _____ %	_____ %
Asset Allocation		
Voya Solution 2025 Portfolio Srv	(759) _____ %	_____ %
Voya Solution 2035 Portfolio Srv	(762) _____ %	_____ %
Voya Solution 2045 Portfolio Srv	(765) _____ %	_____ %
Voya Solution 2055 Portfolio Srv	(1167) _____ %	_____ %
Voya Solution Balanced Prt Srv	(1602) _____ %	_____ %
Voya Solution Income Prt Srv	(768) _____ %	_____ %
Voya Solution Mod Conserv Prt Srv	(1601) _____ %	_____ %
Voya Strategic Alloc Conserv Port I	(033) _____ %	_____ %
Voya Strategic Alloc Growth Port I	(031) _____ %	_____ %
Voya Strategic Alloc Moderate Port I	(032) _____ %	_____ %
Balanced		
Calvert VP SR! Balanced Portfolio	(101) _____ %	_____ %

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Participant Name (first, middle initial, last)

Social Security Number

Billing Group Number VK0513

	Employer	Employee
Pax World Balanced Fund Ind Inv	(193) ----- %	----- %
Voya Balanced Portfolio I	(008) ----- %	----- %
VY Invesco Eqty & Inc Port I	(452) ----- %	----- %
VY TRowePrice Captl Apprec Pt Srv	(788) ----- %	----- %
Large Cap Value		
American Funds Fdmntl Inv R4	(1208) ----- %	----- %
American Funds Wash Mtual R4	(819) ----- %	----- %
Columbia Diversified Eqty Inc Fnd K	(1377) ----- %	----- %
FidelityVIP Eqty-Income Port I	(108) ----- %	----- %
Invesco V.I. Core Equity Fund SI	(079) ----- %	----- %
Voya Growth and Income Port I	(001) ----- %	----- %
Voya Index Plus LargeCap Portfolio I	(035) ----- %	----- %
Voya Large Cap Value Port Inst	(1213) ----- %	----- %
Voya Multi-Manager Lg Cp Cr Pt Inst	(772) ----- %	----- %
Voya Russell Lrg Cap Index Port I	(1557) ----- %	----- %
Voya Russell Lrg Cp Val Ind Prt S	(2711) ----- %	----- %
VY Columbia Contrarian Core Pt Srv	(264) ----- %	----- %
VY Invesco Comstock Port Srv	(437) ----- %	----- %
VY Invesco Grw & Inc Port Srv	(789) ----- %	----- %
VY TRowePrice Eqty Income Pt Srv	(617) ----- %	----- %
Large Cap Growth		
American Funds Growth Fnd R4	(572) ----- %	----- %
FidelityVIP Contrafund Port I	(133) ----- %	----- %
FidelityVIP Growth Portfolio I	(109) ----- %	----- %
Invesco V.I. American Franchise Fd I	(3384) ----- %	----- %
Neuberger Berman Socially Resp Trst	(1120) ----- %	----- %
Voya Large Cap Growth Port Inst	(742) ----- %	----- %
Voya Russell Lrg Cp Grw Ind Port I	(2713) ----- %	----- %
VY TRowePrice Grwth Eqty Port I	(111) ----- %	----- %
Small/Mid/Specialty		
Columbia Mid Cap Value Fund A	(1008) ----- %	----- %
Franklin Small Cap Value VIP Fd 2	(073) ----- %	----- %
Lazard U.S. Mid Cap Equity Port Opn	(1315) ----- %	----- %
Loomis Sayles Sm Cp Value Fnd Ret	(1117) ----- %	----- %

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VK0513Voya Retirement Insurance
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Hartford, CT 06199-0063**VOYA**
FINANCIAL

	Employer	Employee
Lord Abbett Ser Fd Md Cp Stk Prt VC	(075) ----- %	----- %
Oppenheimer Main St Sm Cap F/VA	(832) ----- %	----- %
Voya Index Plus MidCap Portfolio I	(053) ----- %	----- %
Voya Index Plus SmallCap Portfolio I	(052) ----- %	----- %
Voya MidCap Opportunities Port I	(081) ----- %	----- %
Voya Russell Md Cp Grw Ind Port S	(2718) ----- %	----- %
Voya Russell Mid Cap Index Port I	(1560) ----- %	----- %
Voya Russell Sm Cp Index Port I	(1563) ----- %	----- %
Voya Small Company Portfolio I	(042) ----- %	----- %
Voya SmallCap Opportunities Prt I	(080) ----- %	----- %
VY AmCen Sm-Md Cp Val Port Srv	(440) ----- %	----- %
VY Baron Growth Port Srv	(436) ----- %	----- %
VY Clarion Global RI Est Prt Inst	(1613) ----- %	----- %
VY Clarion Real Estate Port Srv	(1019) ----- %	----- %
VY Columbia Sm Cap Val II Pt Srv	(1218) ----- %	----- %
VY FMR Diversified Md Cp Port Srv	(778) ----- %	----- %
VY JPMorgan Mid Cap Val Port Srv	(435) ----- %	----- %
VY JPMorgan Sm Cp Core Eq Prt Srv	(752) ----- %	----- %
VY TRowePrice Divr MdCp Gr Pt I	(449) ----- %	----- %
Wanger Select	(820) ----- %	----- %
Wanger USA	(821) ----- %	----- %
Global / International		
American Funds EuroPacific R4	(573) ----- %	----- %
American Funds Nw Prspctv R4	(818) ----- %	----- %
American Funds SMALLCAP R4	(1445) ----- %	----- %
Artisan International Fund Inv	(1252) ----- %	----- %
Fidelity VIP Overseas Portfolio I	(107) ----- %	----- %
Oppenheimer Developing Markets Fnd A	(190) ----- %	----- %
Pioneer Emerging Markets VCT Port I	(1331) ----- %	----- %
Voya Global Value Advantage Port I	(3056) ----- %	----- %
Voya International Index Port I	(1551) ----- %	----- %
VY JPMorgan Emrg Mkts Eq Port Srv	(779) ----- %	----- %
VY Oppenhmr Global Port I	(432) ----- %	----- %
VY TRowePrice Intl Stk Port Srv	(770) ----- %	----- %

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Participant Name (first, middle initial, last)	Social Security Number	Billing Group Number VK0513
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	Employer	Employee
VY Templeton Foreign Eqty Port I	(1586) ----- %	----- %
VY Templeton Gbl Growth Port Srv	(1232) ----- %	----- %
Wanger International	(1348) ----- %	----- %
Total	100%	100%
	Employer	Employee

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

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Account Information

Frequency ER EE	Contribution ER \$ EE \$	Effective Date ER / / EE / /
Single Contribution	No. of skips	Skip 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.

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Participant Certification

I acknowledge receipt of the current contract prospectus or contract prospectus summary, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

Check here to receive a Statement of Additional Information.

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.

I understand that with this form, I am selecting the investment options for my Employee Salary Deferrals and/or Employer Contributions under my Employer's 403(b) Plan and 401(a) Plan. I acknowledge that I have been informed about various features of deferred variable annuities or funding agreements, including: the potential surrender period; any applicable surrender charges; tax penalties applicable to surrender before age 59 1/2; mortality and expense fees and/or daily asset charges; investment advisory fees; charges for and features of riders; insurance and investment components; and market risk.

By signing this form, I acknowledge that, to the best of my knowledge, 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's Authorized Signature

Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy) / /
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Participant Name (first, middle initial, last)

Social Security Number
- -

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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 an existing Annuity or Life Insurance Contract? Yes No
(If "yes", a replacement form must be completed only for 403(b) plans where Voya Financial™ is not the exclusive provider.)

Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? Yes No

Does this employee benefit plan offer multiple annuities? Yes No

Does this employee benefit plan offer mutual funds? Yes No

Based on the information set forth above, I have a reasonable basis to believe that: the customer has been informed about the various features of deferred variable annuities; this purchase is suitable for the customer; the customer would benefit from certain features of deferred variable annuities; and the variable annuity being purchased, the underlying subaccount allocations, and selected riders (if any) are suitable for the customer. If this transaction involves the exchange of a deferred variable annuity, I have a reasonable basis to believe that the exchange is suitable for the customer.

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's Signature	Date (mm/dd/yyyy)
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