



Oklahoma Municipal Retirement Fund ROLLOVER CONTRIBUTION FORM

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____ DATE OF BIRTH: ____/____/____

EMPLOYER NAME: _____

INSTRUCTIONS

1. Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check. Personal checks will not be accepted. You will need to provide the correct payee information for your rollover. The rollover check should be mailed directly to you and payable as follows:

- Voya Institutional Trust for the benefit of (f.b.o.) (Your Name)

2. Obtain required documentation. Your former employer or financial institution should provide you with proof of plan qualification and taxability. Proof of plan qualification status is typically documented in a copy of the plan's IRS Letter of Determination, a signed letter from your employer or prior Plan Administrator and/or your rollover distribution statement. Proof of taxability is typically documented in your rollover distribution statement.

3. Write the last four digits of your Social Security Number on the rollover check.

PLEASE NOTE: AN INCOMPLETE APPLICATION, INSUFFICIENT DOCUMENTATION, A MISSING CHECK OR A CHECK WITH INCORRECT PAYEE INFORMATION MAY RESULT IN A DELAY IN POSTING FUNDS TO YOUR ACCOUNT OR THE RETURN OF YOUR APPLICATION AND/OR CHECK.

PROOF OF PLAN QUALIFICATION AND TAXABILITY

Plan qualification: Your rollover contribution to the Oklahoma Municipal Retirement Fund must be from another qualified plan or IRA under section 401(a) of the Internal Revenue Code. The Oklahoma Municipal Retirement Fund accepts rollover contributions from a 401(a) plan, a 401(k) plan, a 403(b) plan, a 457(b) governmental plan, a profit sharing plan, a defined benefit plan or Rollover IRA, etc. If you choose to rollover an eligible plan payment that was paid to you, it will be treated as an indirect rollover which must be completed within 60 days after you received the payment.

Taxability: You must provide documentation that details the taxability of the funds to be rolled over indicating: pre-tax or after-tax if applicable.

You may need to contact your former employer, plan administrator, or financial institution to provide you with this information which must accompany this application and rollover check.

INVESTMENT FUND ELECTIONS

I elect to make a rollover contribution to the Oklahoma Municipal Retirement Fund in the amount of: \$ _____. Your rollover contribution will be allocated to your current investment elections on file.

Please indicate Employer Name: _____

If you do not have investment elections on file, your rollover contribution allocation will default to the appropriate Target Date Fund.

PARTICIPANT AUTHORIZATION

As the participant, I certify, under penalty of perjury, that to the best of my knowledge and belief the information provided on this form, including the Taxpayer Identification Number (social security number), is accurate and complete.

I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into the Oklahoma Municipal Retirement Fund. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

If you have any questions, you may call the Oklahoma Municipal Retirement Fund Service Center at 1-844-466-5673 or to obtain additional plan or account information, please access your account at <http://okmrforg.voya.com>. Customer Service Representatives are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Central Time (excluding stock market holidays).

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- Completed the Personal Information section, **and**
- Contacted your former employer or financial institution, **and**
- Included your Rollover check (made payable to Voya Institutional Trust f.b.o your name), **and**
- Included proof of plan qualification documenting the source of your rollover contribution such as: 401(a), 401(k), 403(b), or 457 (IRS Letter of Determination, letter from plan's prior record keeper, or distribution statement), **and**
- Included proof of taxability detailing the taxability of funds to be rolled over such as: Pre-Tax, non-Roth, After- Tax. (Letter from plan's prior record keeper, and/or rollover distribution statement), **and**
- Signed and dated the Rollover Contribution form

If your rollover check or any of the above required information or documentation is missing from your application, there will be a delay in processing your rollover contribution and your application and/or check may be returned to you.

If your application is complete, please mail the application and any required documentation to:

VIA MAIL

Voya Financial
Attn: Oklahoma Municipal Retirement Fund
P.O. Box 55772
Boston, MA 02205-5772

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: Oklahoma Municipal Retirement Fund
30 Braintree Hill Office Park
Braintree, MA 02184