

Enrollment Form

403(b) Plan of the Regional University System of Oklahoma

403(b)(1) Annuity Contract / 403(b)(7) Custodial Account

Plan Number: VFZ431

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

Participant Information (Please type or print clearly.)

Department Name		Department Location	Location Code	
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 <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> >\$100,000				
Net Worth (excluding primary residence) <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000				
How would you categorize yourself as an investor? <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Conservative				
When will you begin using your retirement account? <input type="checkbox"/> >20 Years <input type="checkbox"/> >10 Years <input type="checkbox"/> >5 Years <input type="checkbox"/> <5 Years			Estimated percent of retirement income from this investment: <input type="checkbox"/> <25% <input type="checkbox"/> 25 - 50% <input type="checkbox"/> 50 - 75% <input type="checkbox"/> >75%	
Account Investment Objective(s) <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Growth & Income <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Speculative				

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. _____

Financial Industry Regulatory Authority (FINRA) Affiliation

Are you associated with a Financial Industry Regulatory Authority member? Yes No
If yes, list the affiliation _____

Plan Beneficiary Information

Primary	Contingent	Complete Legal Name, Address and Phone #	Relationship	%	SSN	Date of Birth (mm/dd/yyyy)
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

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Page 1 of 4 - Incomplete without all pages.

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number
	- -	VFZ431

Investment Options

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company under the 403(b)(1) Annuity Contract and the 403(b)(7) Custodial Account respectively. The Voya Fixed Plus Account III is a fixed account option available under a group fixed annuity contract offered by the Company. All other investment options are mutual funds offered under a custodial account agreement. Changes to investment selections must be initiated by the Participant. Enter the percentage (in whole percentages) of your payment to be allocated to each investment option.

Annuity Contract

Stability of Principal

Voya Fixed Plus Account III	(4020)	_____ %
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Custodial/Trust Account

Bonds

Dodge & Cox Income Fund	(2683)	_____ %
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Loomis Sayles Inflation Protected Securities I	(6507)	_____ %
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Asset Allocation

Vanguard® Target Retirement 2020 Fund - Investor Shares	(1296)	_____ %
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Vanguard® Target Retirement 2025 Fund - Investor Shares	(926)	_____ %
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Vanguard® Target Retirement 2030 Fund - Investor Shares	(1297)	_____ %
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Vanguard® Target Retirement 2035 Fund - Investor Shares	(793)	_____ %
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Vanguard® Target Retirement 2040 Fund - Investor Shares	(1298)	_____ %
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Vanguard® Target Retirement 2045 Fund - Investor Shares	(794)	_____ %
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Vanguard® Target Retirement 2050 Fund - Investor Shares	(1299)	_____ %
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Vanguard® Target Retirement 2055 Fund - Investor Shares	(2473)	_____ %
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Vanguard® Target Retirement 2060 Fund - Investor Shares	(3447)	_____ %
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Vanguard® Target Retirement Income Fund - Investor Shares	(795)	_____ %
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Large Cap Value

TIAA-CREF Social Choice Equity Fund - Institutional Class	(1224)	_____ %
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Vanguard® Total Stock Market Index Fund - Admiral™ Shares	(1122)	_____ %
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Vanguard® Windsor Fund - Admiral Shares	(1227)	_____ %
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Large Cap Growth

American Funds AMCAP Fund® – Class R-6	(1949)	_____ %
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Small/Mid/Specialty

DFA U.S. Targeted Value Portfolio - Institutional Class	(2566)	_____ %
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TIAA-CREF Mid-Cap Growth Fund - Institutional Class	(2963)	_____ %
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Vanguard® Explorer Fund - Admiral Shares	(828)	_____ %
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Vanguard® Mid-Cap Index Fund - Admiral Shares	(756)	_____ %
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Vanguard® Mid-Cap Value Index Fund - Investor Shares	(1970)	_____ %
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Vanguard® REIT Index Fund - Admiral™ Shares	(802)	_____ %
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Vanguard® Small-Cap Index Fund - Admiral Shares	(757)	_____ %
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Global International

Dodge & Cox International Stock Fund	(735)	_____ %
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Oppenheimer International Growth Fund - Class Y	(3333)	_____ %
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Total		100%
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Complete the contribution percentages, in whole numbers, to total 100%

Participant Name (first, middle initial, last)	Social Security Number	Plan Number VFZ431
	- -	

Account Information

Employee Deferral Contribution	\$ _____	OR	_____ %
Employee Roth Contribution	\$ _____	OR	_____ %

If you have elected a Roth 403(b), please indicate the first year of any contribution made or directly rolled over to any previously established Roth 403(b) account in your current employer's plan: _____. If no year is provided, we will use the year your initial Roth 403(b) contribution is applied to this contract.

Registered Representative Information

The following individual(s) is/are our salaried enrollers and will not receive any commissions in connection with this Contract.

Representative/Entity name (print)	Office Code	Rep No.	% Participation

Anti-Fraud Statement

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Participant Certification

I acknowledge receipt of the current participant information booklet, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

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.

For 403(b) annuity contracts only: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b)(1) tax-deferred variable annuity and a 403(b)(7) mutual fund account, which generally prohibit withdrawals prior to my death, disability, attainment of age 59 ½, severance from employment or financial hardship. More specific information about these restrictions can be found in the prospectuses/information booklets. I understand that these restrictions do not include contract exchanges to other investment alternatives under my Employer's 403(b) plan, transfers made to another employer's 403(b) plan or to transfers made to a governmental defined benefit plan to purchase service credits unless further restricted by my Employer's 403(b) written plan. However, if I transfer 403(b)(7) assets to investment alternatives under a 403(b)(1) annuity contract, the 403(b)(7) restrictions will continue to apply to withdrawals from that contract.

Employee Appointment of Employer as Agent under an Annuity Contract – For Plans under Section 403(b), 401, or 403(a) of the Internal Revenue Code (except voluntary Non-ERISA Section 403(b) Plans): I appoint my Employer, who is the Contract Holder, as my agent for all purposes under the Group Annuity Contract issued to my Employer in accordance with the terms of the Plan. I agree to be bound by my Employer's interpretation of the Plan provisions and its written direction to the Company in accordance with the terms of the Plan.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes made 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)

Participant Name (first, middle initial, last)	Social Security Number - -	Plan Number VFZ431
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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?
(If "yes", a replacement form must be completed only for 403(b)
plans where Voya Financial™ is not the exclusive provider.) Yes No

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

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 Signature	Date (mm/dd/yyyy)
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