

ENROLLMENT FORM

Wake County Public School System 403b Plan

403(b)(1) Group Fixed Annuity Contract

403(b)(7) Custodial Account

Plan Number: VFZ257

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 |
| Email Address | | Estimated Annual Income \$ _____ | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single |
| Home Telephone No. () | Work Telephone No. () | Occupation /Job Title | |

Financial Information - Completion of this section is required in accordance with the North Carolina Administrative Code. This section must be completed by Voya Financial Advisors, Inc. Registered Representatives in the Retirement Advisory Distribution 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, replace or discontinue any existing Life Insurance or Annuity Contracts or Policies? Yes No
If yes, to both questions, 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 _____

This program is intended to be a long term investment for retirement purposes. Account values fluctuate with market conditions and when surrendered the principal may be more or less than the amount originally invested.

Please complete this form and return to your Agent.

Order# 152158 Form# 83253 Wake County NC (04/08/2016)

Page 1 of 5 - Incomplete without all pages.

TM: ENROLLHEG

83411 NC (05/15)

Voya Retirement Insurance
and Annuity Company

P.O. Box 990063
Hartford, CT 06199-0063

VOYA
FINANCIAL

| | | |
|--|------------------------|-----------------------|
| Participant Name (first, middle initial, last) | Social Security Number | Plan Number VFZ257 |
|--|------------------------|-----------------------|

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"/> | | | | | |

Fund Selection

Managed by Morningstar

I WANT INVESTMENT EXPERTS TO MANAGE MY PLAN INVESTMENTS.

- Voya Financial® and Morningstar Investment Management LLC have teamed up to offer Morningstar Retirement Manager, a suite of investment advisory services designed to make it easier to manage your retirement account. Your plan offers Managed by Morningstar, a professional investment management service available through Morningstar® Retirement ManagerSM. The services and related fees are described in the Morningstar section of your enrollment materials.
- Once you have enrolled you can update your personal information through Voya's participant website. Visit www.voyaretirementplans.com, and click on Get Advice.

Yes, I want to participate in the Managed by Morningstar program to receive professional investment management and ongoing oversight of my retirement account.

Morningstar can personalize your retirement strategy even further if you wish to provide salary information:

Annual Salary \$ _____

Pending receipt of Morningstar's investment instructions, please proceed to Investment Options below to select the fund or funds you wish to allocate any balances or contributions that may be applied between the time you enroll and when Voya receives and processes Morningstar's instructions.

Please complete this form and return to your Agent.

Order# 152158 Form# 83253 Wake County NC (04/08/2016)

Page 2 of 5 - Incomplete without all pages.

TM: ENROLLHEG

| | | |
|--|------------------------|-----------------------|
| Participant Name (first, middle initial, last) | Social Security Number | Plan Number VFZ257 |
|--|------------------------|-----------------------|

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. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions. 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. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

403(b)(1) Annuity Contract

Stability of Principal

Voya Fixed Plus Account III (697) _____%

403(b)(7) Custodial Account

Stability of Principal

BlackRock Liquidity Federal Trust Fund Institutional Shares (2574) _____%

Bonds

Metropolitan West Total Return Bond Fund - Class I Shares (2287) _____%

PIMCO Real Return Portfolio - Class A (1035) _____%

Asset Allocation

T. Rowe Price Retirement 2010 - Advisor Class (2179) _____%

T. Rowe Price Retirement 2015 - Advisor Class (2180) _____%

T. Rowe Price Retirement 2020 - Advisor Class (2181) _____%

T. Rowe Price Retirement 2025 - Advisor Class (2182) _____%

T. Rowe Price Retirement 2030 - Advisor Class (2186) _____%

T. Rowe Price Retirement 2035 - Advisor Class (2184) _____%

T. Rowe Price Retirement 2040 - Advisor Class (2185) _____%

T. Rowe Price Retirement 2045 - Advisor Class (2183) _____%

T. Rowe Price Retirement 2050 - Advisor Class (2187) _____%

T. Rowe Price Retirement 2055 - Advisor Class (2188) _____%

T. Rowe Price Retirement Balanced Fund - Advisor Class (2178) _____%

Large Cap Value

MFS® Value Fund - Class R3 (2876) _____%

Neuberger Berman Socially Responsive Fund -Trust Class Shares (1120) _____%

Vanguard® 500 Index Fund - Admiral™ Shares (899) _____%

Large Cap Growth

MainStay Large Cap Growth Fund - Class R2 (1100) _____%

Small/Mid/Specialty

AllianzGI NFJ Small-Cap Value Fund - Class A (275) _____%

Eagle Mid Cap Growth Fund - Class A (2497) _____%

Goldman Sachs Small Cap Value Fund - Class A Shares (1247) _____%

Invesco Real Estate Fund - Class A (2198) _____%

Invesco Small Cap Discovery Fund - Class A (2197) _____%

JPMorgan Mid Cap Value Fund - Class A Shares (2192) _____%

Vanguard Mid Cap Index - Institutional Shares (1197) _____%

Vanguard Small Cap Index - Institutional Shares (1198) _____%

Global / International

American Funds EuroPacific Growth Fund® - Class R-3 (496) _____%

Vanguard® Total International Stock Index Fund - Admiral™ Shares (9889) _____%

Total 100%

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

Please complete this form and return to your Agent.

Order# 152158 Form# 83253 Wake County NC (04/08/2016)

Page 3 of 5 - Incomplete without all pages.

TM: ENROLLHEG

| | | |
|--|------------------------|-----------------------|
| Participant Name (first, middle initial, last) | Social Security Number | Plan Number VFZ257 |
|--|------------------------|-----------------------|

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.

Participant Certification

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

Voya reserves the right to cancel your access to the Managed by Morningstar service at any time without prior notice, including, but not limited to, as a result of any excessive trading restrictions imposed by Voya or a Fund Company. Please refer to your contract prospectus, prospectus summary, or disclosure book for further information on the Voya Excessive Trading Policy. A copy of this policy can also be found on the Internet at www.voyaretirementplans.com. For additional information on a fund's excessive trading policy please refer to the fund's prospectus.

If I elect to participate in the Managed by Morningstar program, I hereby acknowledge that I have received and read the Managed by Morningstar program description and the Morningstar Overview, including the Morningstar Investment Advisory Agreement, and that I understand the Managed by Morningstar program description and the Agreement and agree to be bound by its terms. I understand that the applicable fees will be deducted periodically from my account.

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.

Authorization of Asset Based Fee or Per Participant Charge: I acknowledge that an annual asset based fee of .15% will be deducted from my account, pro rata from all investment options under the Retirement Choice product. In addition to the 0.15% fee, a 0.50% fee will be applied to the Vanguard family of funds.

My representative may be paid a commission or other compensation on transferred assets into the plan. An additional commission or other compensation may be paid to the representative as an additional sales incentive in connection with this transaction if the representative attains a certain threshold of sales of Company contracts.

By signing this form, I acknowledge that to the best of my knowledge and belief, 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) |
|-------------------------|-----------------------------|-------------------|

Please complete this form and return to your Agent.

Order# 152158 Form# 83253 Wake County NC (04/08/2016)

Page 4 of 5 - Incomplete without all pages.

TM: ENROLLHEG

| | | |
|--|-------------------------------|-----------------------|
| Participant Name (first, middle initial, last) | Social Security Number - - | Plan Number VFZ257 |
|--|-------------------------------|-----------------------|

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 any existing individual Annuity or individual Life Insurance Contracts or Policies?
(If "yes", a replacement form must be completed.) Yes No

Do you have any reason to believe any existing Life Insurance or Annuity Contracts or Policies will be modified,
discontinued or replaced as a result of this enrollment? 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) |
|--|-------------------------------------|-------------------|

Please complete this form and return to your Agent.

Order# 152158 Form# 83253 Wake County NC (04/08/2016)

Page 5 of 5 - Incomplete without all pages.

TM: ENROLLHEG

Wake County Public School System 403(b) Retirement Plan

403(b) Salary Reduction Agreement (Please Check One)

- Initial 403(b) Salary Reduction Agreement
- Change In Contribution Amount and/or Money Source (Pretax or Roth) (supersedes any prior agreement)
- Terminate Agreement (Stop/Cancel)

| | |
|--|--|
| Employee and Employer Information | <p>Employee Name (first, middle initial, last) _____ Social Security Number or Employee ID _____</p> <p>Employee Address (Street, City, State, Zip Code)</p> <p>Plan Number: VFZ257 Employer Name: Wake County Public Schools</p> |
| 403(b) Pretax Salary Reduction Allocation Election (check one) | <p><input type="radio"/> Initial Salary Reduction Agreement Effective Date: _____ (allow for at least one pay cycle to be effective)</p> <p>I elect to reduce my salary by \$_____ each pay period on a pre-tax basis and have those amount contributed to my Employer's 403(b) program.</p> <p><input type="radio"/> Change Salary Reduction Agreement Effective Date: _____ (allow for at least one pay cycle to be effective)</p> <p>I elect to change my salary deduction to \$_____ each pay period on a pre-tax basis and have those amounts contributed to my Employers 403(b) program.</p> |
| 403(b) Roth Reduction Allocation Election | <p><input type="radio"/> Initial Salary Reduction Agreement Effective Date: _____ (allow for at least one pay cycle to be effective)</p> <p>I elect to reduce my salary by \$_____ each pay period on a post-tax basis and have those amount contributed to my Employer's 403(b) program.</p> <p><input type="radio"/> Change Salary Reduction Agreement Effective Date: _____ (allow for at least one pay cycle to be effective)</p> <p>I elect to change my salary deduction to \$_____ each pay period on a post-tax basis and have those amounts contributed to my Employers 403(b) program.</p> |
| Authorized Signatures | <p>This Agreement is intended to meet the requirements of, and qualify under, Section 403(b) of the Internal Revenue Code of 1986, as amended, and of the plan adopted by Employer. The Employer and Employee agree that the employment agreement between Employer and Employee is being initiated or amended as stated above. This amendment is incorporated and made a part of the agreement as of the effective date above.</p> <p>The terms of this Agreement are as follows: (1) The Agreement is a legal and binding contract and is irrevocable with respect to amount earned while it is in effect, and applies only to amounts earned while it is in effect; (2) It shall automatically apply to the employment agreement between Employer and Employee for each succeeding year unless amended or terminated by a written notice to Employer; (3) It is terminable at any time for amounts not earned; (4) A termination request remains in effect unless or until a new Agreement is submitted; (5) It replaces any previous Agreement and therefore includes all applicable contribution choices; (6) Employee irrevocably releases all present and/or future rights to receive payment of said sum/total earned from Employer while this agreement is in effect in exchange for the release of the money as pay it is being diverted to the employee account with Voya.</p> <p>The maximum amount of salary reduction may not exceed the limits of IRC 401 (a)(30), 402(g)(1), 403(b)(1)(E), 415(c)and any other applicable IRC provisions.</p> <p>In witness whereof, this Agreement has been executed by and on behalf of the parties this _____ Day of _____.</p> |
| Employee Signature: | Employer Signature & Title (if required) |

| | |
|--|--|
| | |
|--|--|