

Rollover Instructions

You can type on the form when you open it up on your desktop.

You only need to complete pages 1-5 ONLY.

- 1) Employer Name: **Wellesley** Plan # **VFG678**
- 2) Fill in your info
- 3) Check first box down: **"Withdraw 100%.."**
- 4) Check fourth box down: **"Non-Voya Rollover"** Fill in requested info
- 5) Skip
- 6) Skip
- 7) Skip
- 8) Skip
- 9) Skip

10) Fill in your **Social Security number, sign & date**

11) Skip

12) Skip

13) Marc Waldman, Wellesley Treasurer & Collector, signs

You need to fax (781-237-5037) Pages 1-5 only. Or mail the completed form to:

Marc Waldman, Wellesley Town Hall 525 Washington St. Wellesley MA 02482

EMPLOYMENT CONTRACT

[Heavily obscured and illegible text, likely containing contract terms and conditions.]

or 800-813-8143.

employment in England.

If you choose to fax the request, please DO NOT

any re-submission in any other form at our designated location, at the address above or by email. Failure to do so will not be considered.

employment in Florida.

If you are the principal administrator of a program, you must

documentation has received the request and any supporting documentation. The withdrawal of the request will be considered final and no further action will be taken.

any other way be drawn on a value range in individual accounts will be determined. For further purposes of the individual request, the request will be processed on a first-come, first-served basis.

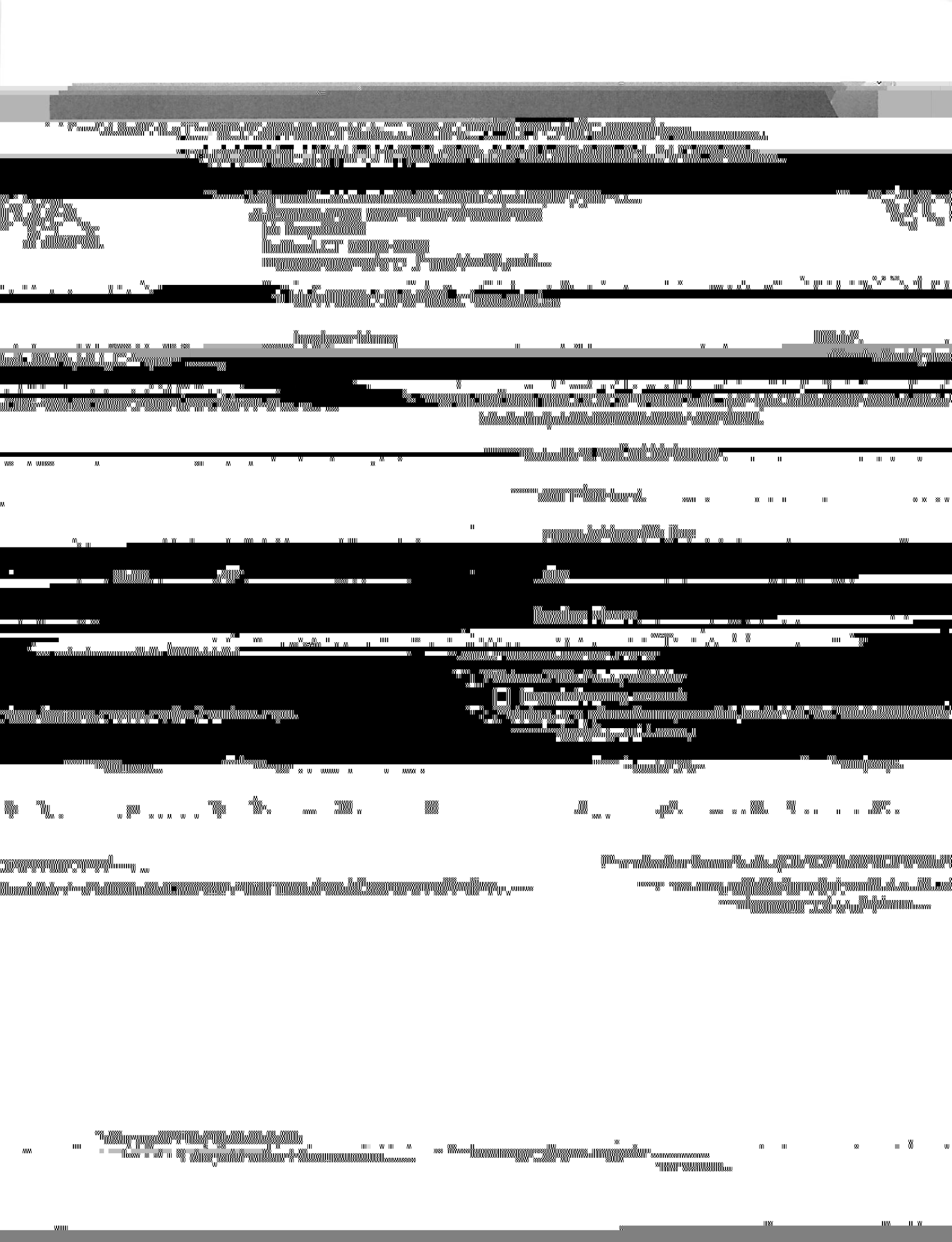
[Large block of illegible text, likely containing detailed terms, conditions, and contact information.]



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4. WITHDRAWAL ELECTIONS FOR NON ROTH ACCOUNTS

OR (3) by special contract between the Company and the Employer.

- Cash distribution paid directly to you
- Rollover to **Voya Traditional IRA/Qualified plan**
- Rollover to **Voya Roth IRA**

Note: If choosing a direct rollover to a Voya account/contract, please select destination account/contract(s) below.

Destination Account *(For more information on the products listed below, please call the Voya Investor Channel at 888-681-3153.)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Voya express Mutual Fund | <input type="checkbox"/> Voya Select Advantage | <input type="checkbox"/> Voya Advisor/Brokerage Account |
| <input type="checkbox"/> Voya express VA | <input type="checkbox"/> Voya choice IRA | <input type="checkbox"/> Voya Funds |
| <input type="checkbox"/> Voya express Fixed Annuity | <input type="checkbox"/> Voya Select Rate | <input type="checkbox"/> Voya Premier Products |
| <input type="checkbox"/> Voya Renuity | <input type="checkbox"/> Voya Select Opportunities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Voya SPIA | <input type="checkbox"/> Voya Indexed Annuity | |

Voya Product Account Number _____

Qualified Plan/Arrangement administered by Voya. Voya Qualified Plan # _____

- Non-Voya Rollover**
 - Traditional IRA
 - Roth IRA
 - Qualified Plan

Payment Instructions

6. OUTSTANDING LOAN INFORMATION *(Complete this section only if you have an outstanding loan.)*

I wish to continue making repayments to my loan by maintaining the minimum cash value in my account to keep the loan active.
(Only if allowed by the provisions of the Plan document.)

I no longer will be making repayments to my loan. I understand that if I elect this option my outstanding loan balance will be considered taxable.

If a portion of the account is surrendered and no election is made, it is our understanding that you deemed to have elected the first option above.

If applicable and 100% of the account is requested, it is our understanding that you deemed to have elected the second option above.

TAX WITHHOLDING

Federal Withholding

(This section is on the taxable portion of the payment.)

8. DELIVERY OPTIONS FOR CASH DISTRIBUTIONS

Withdrawal will be deposited directly into my bank account. (Complete the bank information below)

Withdrawal check will be mailed to me through regular U.S. Mail.

If you decide to have a withdrawal deposited directly into your bank account you need to complete the information below, and by doing

11. FOR ADVISOR USE ONLY

For questions related to this transaction request, please contact:

Name _____ E-mail Address _____

Phone _____

12 THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I, _____, Third Party Administrator of the Plan identified above, certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Account Holder's eligibility for such withdrawal and have not relied solely on information provided by the Account Holder in this form in order to make this determination;

I have read and agree to the terms of the requested withdrawal and have not relied solely on information provided by the Account Holder in this form in order to make this determination.