

ENROLLMENT FORM
City of Salem
Deferred Compensation Plan

Phone: 503-937-0363
 Toll Free: 800-638-3141
 Fax: 503-241-6060



Select Plan:

- 664064 City of Salem
 664080 Salem Housing Authority

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 0001
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 *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?			Estimated percent of retirement income from this investment:	
<input type="checkbox"/> >20 Years	<input type="checkbox"/> >10 Years	<input type="checkbox"/> >5 Years	<input type="checkbox"/> <5 Years	<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.

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number 664064 / 664080
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Another way to save through your employer's retirement plan.

Consider whether a rollover of your eligible retirement plan assets might be appropriate for you.

Yes! Let's discuss the options for my retirement investments. The best time to reach me is _____ a.m. or _____ p.m. at _____.

My estimated retirement balance is \$ _____. If I want to learn more about my rollover options, I will call Voya Financial® at 800-638-3141.

Please note, you are authorizing a Voya representative/insurance agent to contact you at your home telephone number, even if you have listed it on the National Do Not Call registry. Voya is committed to protecting you from unsolicited telephone calls in compliance with the Federal Communication Commission Telemarketing Sales Rule.

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.

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	- -	664064 / 664080

Investment Options

Investment options are alphabetically grouped in their respective asset classes as determined by the Company. 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 trust agreement. Changes to investment selections must be initiated by the Participant. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

Stability of Principal

Vanguard® Federal Money Market Fund - Investor Shares	(2573)	_____ %
Voya Fixed Plus Account III	(4020)	_____ %

Bonds

Metropolitan West Total Return Bond Fund - Class I Shares	(2287)	_____ %
Vanguard® Short-Term Bond Index Fund - Admiral Shares	(3314)	_____ %
Vanguard® Total Bond Market Index Fund - Admiral Shares	(898)	_____ %
Vanguard® Total International Bond Index Fund - Admiral Shares	(6552)	_____ %

Asset Allocation

Vanguard® Target Retirement 2015 Fund - Investor Shares	(791)	_____ %
Vanguard® Target Retirement 2020 Fund - Investor Shares	(1296)	_____ %
Vanguard® Target Retirement 2025 Fund - Investor Shares	(926)	_____ %
Vanguard® Target Retirement 2030 Fund - Investor Shares	(1297)	_____ %
Vanguard® Target Retirement 2035 Fund - Investor Shares	(793)	_____ %
Vanguard® Target Retirement 2040 Fund - Investor Shares	(1298)	_____ %
Vanguard® Target Retirement 2045 Fund - Investor Shares	(794)	_____ %
Vanguard® Target Retirement 2050 Fund - Investor Shares	(1299)	_____ %
Vanguard® Target Retirement 2055 Fund - Investor Shares	(2473)	_____ %
Vanguard® Target Retirement 2060 Fund - Investor Shares	(3447)	_____ %
Vanguard® Target Retirement Income Fund - Investor Shares	(795)	_____ %

Large Cap Value

JPMorgan Equity Income Fund - Class R6 Shares	(3507)	_____ %
Vanguard® 500 Index Fund - Admiral Shares	(899)	_____ %

Large Cap Growth

T. Rowe Price Institutional Large-Cap Growth Fund	(2467)	_____ %
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Small/Mid/Specialty

Champlain Mid Cap Fund - Institutional Shares	(4766)	_____ %
Vanguard® Mid-Cap Index Fund - Admiral Shares	(756)	_____ %
Vanguard® Small-Cap Index Fund - Admiral Shares	(757)	_____ %
Vanguard® Strategic Small-Cap Equity Fund - Investor Shares	(7428)	_____ %

Global International

American Funds® EuroPacific Growth Fund® - Class R-6	(1723)	_____ %
Van Eck Emerging Markets Fund - Class I	(7426)	_____ %
Vanguard® Developed Markets Index Fund - Admiral Shares	(6500)	_____ %

Total **100%**

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

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number 664064 / 664080
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Account Information

Frequency _____	Contribution _____% OR \$ _____	Effective Date / /
EE Roth _____	EE Roth _____% OR \$ _____	EE Roth / /

If you have elected a Roth 457(b), please indicate the first year of any contribution made or directly rolled over to any previously established Roth 457(b) account in your current employer's plan: _____. If no year is provided, we will use the year your initial Roth 457(b) contribution is applied to this contract.

Registered Representative Information

The following individual(s)/organization(s) will receive compensation from this Contract.

Representative/Entity name (print)	Office Code	Rep No.	% Participation
Wendy Stefani	045	128	100%

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.

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 initiated by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

Participant Authorized Signature

Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy) / /
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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 any existing individual Annuity or individual Life Insurance Contracts or Policies? Yes No
(If "yes", a replacement form must be completed.)

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) / /
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