

CONSERVATORSHIP/GUARDIANSHIP

State Form 56761 (R/ 2-22)

Voya Institutional Plan Services, LLC ("VIPS")
A member of the Voya® family of companies
PO Box 389, Hartford, CT 06141



As used in this form, the term "contractor," "Company," "we," "us" or "our" refers to the Indiana Public Retirement Systems, its funding agent and/or services provider including but not limited to Voya Financial.

GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location.

GENERAL INFORMATION

Use this form to establish Conservatorship or Guardianship on behalf of a participant/account holder for the plan accounts/contracts listed on this form. This form will only be used for accounts maintained by VIPS. If the participant/account holder has other accounts with Voya that are not maintained by VIPS, you must complete separate forms for those accounts. Please call the phone number above if you need confirmation of the accounts, and/or the additional forms.

- You must attach a certified copy of the court order appointment and/or Letters of Conservatorship/Guardianship dated within the prior twelve months along with this form.
- Each conservator or guardian added to an account must complete the "Conservator/Guardian" section below, and have a notarized signature on this form.
- Updated Letters of Conservatorship/Guardianship will be required for account access and distributions on an ongoing basis.
- Once this form is processed, a hold will be placed on the account(s) to prevent any unauthorized distributions.
- If the Conservator/Guardian is a Corporate/Professional organization (i.e. Corporation, Partnership, LLC) (the "Company"), the Company must provide VIPS with a Resolution that was adopted at a meeting of the Board of Directors/Partners providing (1) a list the Officers authorized to sign on behalf of the Company; (2) a description of the authority given to act and serve as conservator/guardian; and (3) whether there is a right to further delegate that authority. In addition, an Incumbency Certificate will be required.

1. CONSERVATOR/GUARDIAN (Be sure to provide your full legal name.)

Are multiple Conservators/Guardians authorized to act on this account(s)? Yes No

If "Yes," they are required to: Act Separately Act together Act in Majority

Each Conservator/Guardian must complete this section.

Conservator/Guardian #1

Check applicable box: Guardian of Estate Conservator/Guardian of Person and Estate

Conservator/Guardian Name _____

Evening Phone _____ Daytime Phone _____

Legal/Residential Address _____

City _____ State _____ ZIP _____

Conservator/Guardian #2 (if applicable)

Check applicable box: Guardian of Estate Conservator/Guardian of Person and Estate

Conservator/Guardian Name _____

Evening Phone _____ Daytime Phone _____

Legal/Residential Address _____

City _____ State _____ ZIP _____

1. CONSERVATOR/GUARDIAN (Continued)**Conservator/Guardian #3 (if applicable)**

Check applicable box: Guardian of Estate Conservator/Guardian of Person and Estate

Conservator/Guardian Name _____

Evening Phone _____ Daytime Phone _____

Legal/Residential Address _____

City _____ State _____ ZIP _____

2. PARTICIPANT OR ACCOUNTHOLDER INFORMATION

Name _____ SSN _____ Date of Birth (mm/dd/yyyy) _____

Address _____

City _____ State _____ ZIP _____

Evening Phone _____ Daytime Phone _____

3. CONTRACT(S)/PLAN ACCOUNT INCLUDED

You must identify all VIPS contracts/plan accounts to which the order applies. Conservator(s) or Guardian(s) will only be added to the accounts identified below.

If VIPS has a Power of Attorney on file for the accounts identified below, does the court require it to be revoked? Yes No

Retirement Plan Name _____ Plan or Contract # _____

Retirement Plan Name _____ Plan or Contract # _____

Retirement Plan Name _____ Plan or Contract # _____

4. CONSERVATOR/GUARDIAN NAME AND PRIMARY MAILING ADDRESS

Will the mailing address on file for this participant/account holder change? Yes No

If the mailing address is changing, and if multiple Conservators/Guardians are on an account, identify a primary Conservator/Guardian for purposes of account maintenance. If the address is changing, complete the section below.

Primary Conservator/Guardian Name _____

Mailing Address (Cannot be a PO Box, Mail Drop, or C/O.)

This address will be used for all mailings, including all financial statements and confirms and if completed, this will change the participant/account holder's current address on file.

Address _____

City _____ State _____ ZIP _____

5. BANK ACCOUNT INFORMATION - INSTALLMENTS VIA ACH

If the account holder is currently receiving installment payments either through electronic funds transfer ("EFT") or through a check, updated bank account information is required along a copy of a voided check. Please attach a copy of the check to this form, and choose one option:

- Electronic Funds Transfer:** *(Continue to send the installment payments via EFT using the following bank account information.)*
If you have checked this option you are authorizing VRIAC to send future installment payments using the bank account information provided on this form. EFT's will not deposit to a third party account, and they cannot be made outside of the United States. The EFT information must be clear and complete.

Complete for EFT's:

Account Type: Checking or Savings

ABA Routing # (9 digits, verify with your bank) _____

Bank Account Number _____

- Mail Check:** A check will be issued as [Guardian/Conservator Name] for the benefit of [Account holder name] and it will be mailed to the address you have provided on this form.

Once the bank account information is updated in Voya's records all future payments will be paid to the Conservator/Guardian's bank account using the information provided. **Please allow 15 business days for this change to occur. If you do not make an election or provide updated bank account information (including a copy of the voided check) then future installment payments will continue to be made to the account holder using their existing bank account information.**

6. SIGNATURE AND DATE *(Named Conservator/Guardian must sign and date. A separate form for each Conservator/Guardian is required.)*

By signing below, you certify that you have read, understand and agree to be bound by, the provisions of this form as well as (and without limitation) the terms and conditions governing Voya's relationship with the participant/account holder as currently set forth in the contract, the Plan document and/or our Services Agreement (if applicable), which may be amended in the future. By signing below, you also certify the following:

- You are the individual/entity named in the document(s) appointing the Conservatorship/Guardianship of the Estate for the participant/account holder named in Section 2 and the plan accounts/contract(s) listed in Section 3.
- You agree to accept appointment as Conservator/Guardian of the Estate for the participant/account holder, according to all terms and conditions described in this form, the Plan document and/or the contract, as applicable.
- That the participant/account holder is not deceased.
- You agree not to issue or relay any instructions that you believe to be inconsistent with your powers or responsibilities as Conservator/Guardian.
- You agree to identify yourself as Conservator/Guardian when signing documents on behalf of the participant/account holder, using either of these accepted forms: "[GUARDIAN/CONSERVATOR NAME] as Conservator (or Guardian) of [PARTICIPANT/ACCOUNT HOLDER NAME]." All distribution checks will be made payable to the Conservator/Guardian as Conservator (or Guardian) of [participant/account holder name].
- You understand that if the Participant/Account holder is currently receiving installment payments from VRIAC via Automated Clearing House ("ACH"), that you must provide updated bank account information to VRIAC. The bank account title must be established as GUARDIAN/CONSERVATOR NAME] as Conservator (or Guardian) of (PARTICIPANT/ACCOUNT HOLDER NAME]. All installment payments will continue to the Participant's/Account Holder's bank account unless the bank account information is updated. You must complete Section 5 of this form and attach a copy of a voided check. You also agree that if you do not provide VRIAC with updated bank account information, you agree to indemnify and hold VRIAC and its affiliates, officers, employees, and agents harmless from any loss, liability, claim, suit or judgment resulting from VRIAC continuing to deposit installment payments from the Plan into the bank account that VRIAC has on file.
- You indemnify and hold Voya harmless from and against any and all losses, liabilities, claims, and costs resulting from transactions made in accordance with your instructions. You further agree that the indemnifications are in addition to, and do not limit, any rights that Voya may have under any other agreement with you.
- You agree that Voya may restrict or suspend your ability to remove money from the contract(s)/plan accounts, as applicable, listed in Section 3.

6. SIGNATURE AND DATE *(Continued)*

- You agree to serve as Conservator/Guardian, and acknowledge that you shall remain Conservator/Guardian, until Voya receives what it considers to be satisfactory written notice of either the participant's/account holder's death or your removal or resignation as Conservator/Guardian.
- You agree to notify Voya and cease acting as Conservator/Guardian if you know or have reason to know that your capacity to act as Conservator/Guardian has been limited or terminated for any reason.
- You agree and represent that if there are multiple Conservators/Guardians authorized with respect to the Plan accounts/contract(s) listed in Section 3, you will act in accordance with the Letters of Conservatorship/Guardianship, including acting independently, acting together or acting in majority as so indicated in the Letters of Conservatorship or Guardianship and indicated in Section 1 of this form.
- Ongoing, it is your responsibility to provide Voya with current Letters of Conservatorship/Guardianship, or a court order of appointment and, ongoing you may be asked to provide updated Letters/Court Orders, etc., if so authorized and/or required, in order for you to conduct transactional activities and/or make account modifications. Account access will be granted to you only through our Call Center. You agree that it is your responsibility as Conservator/Guardian to notify Voya if your Conservatorship/Guardianship either changes or terminates which may require additional documentation.
- You understand that in the event of any conflict between instructions given by Conservators/Guardians or information provided by a participant/account holder and a Conservator/Guardian, Voya may restrict the account until it has received joint written instructions that it finds satisfactory.
- In regard to the accounts identified in Section 3 of this form, you understand that the primary address indicated in Section 4 will be used for all future mailings (including statements, financial confirms, etc.). The participant or account holder will not receive future mailings unless you have indicated their address as a primary address.
- You acknowledge that online account access will not be available. All transactions including investment changes must be made by contacting Voya's Call Center.

Sign ONLY in the presence of a notary.

Conservator/Guardian #1

Conservator/Guardian Name *(Please print.)* _____

Conservator/Guardian Signature _____ Date *(mm/dd/yyyy)* _____

NOTARY PUBLIC

State of _____ County of _____

On this the ____ day of _____, in the year of _____ before me, _____ (Notary) the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In Witness Whereof, I hereunto set my hand

(Seal)

Notary Public

My Commission Expires _____

6. SIGNATURE AND DATE *(Continued)*

Conservator/Guardian #2 *(if applicable)*

Conservator/Guardian Name *(Please print.)* _____

Conservator/Guardian Signature _____ Date *(mm/dd/yyyy)* _____

NOTARY PUBLIC

State of _____ County of _____

On this the ____ day of _____, in the year of _____ before me, _____ (Notary) the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In Witness Whereof, I hereunto set my hand

(Seal)

Notary Public

My Commission Expires _____

Conservator/Guardian #3 *(if applicable)*

Conservator/Guardian Name *(Please print.)* _____

Conservator/Guardian Signature _____ Date *(mm/dd/yyyy)* _____

NOTARY PUBLIC

State of _____ County of _____

On this the ____ day of _____, in the year of _____ before me, _____ (Notary) the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In Witness Whereof, I hereunto set my hand

(Seal)

Notary Public

My Commission Expires _____

REMINDERS

Did you sign the form and attach any necessary documents?

Send the completed form and any attachments to:

Voya Institutional Plan Services, LLC ("VIPS")

Regular Mail

Voya Financial
PO Box 389
Hartford, CT 06141

Overnight Mail

Voya Financial
One Orange Way
Windsor, CT 06095