Recharacterization Request Form (External)



Complete when recharacterizing a Traditional or Roth IRA contribution from another institutional to a Voya IRA.

Name		d/vvvv) Social S	Security Number
Turne.	Date of Birth (IIIII) a	a, yyyyy	recurry rumber
Address			
City	State	Zip Co	de
Daytime Phone Number	E-mail Address		
RECHARACTERIZATION INSTRUCTIONS			
Use this form to recharacterize a Traditional or Roth Individual you do not have an existing Traditional IRA or Roth IRA to invadoption Agreement ("Application"). For the purpose of the recontribution using the method provided for in the IRS Final Recharacterization of a contribution is irrevocable and must be return for the tax year for which the contribution was original A recharacterized contribution is reported as a distribution frovoya IRA (reported on IRS Form 5498) for the tax year in which	est the recharacterized proceeds, you must c echaracterization, the custodian should calcu egulations for Earnings Calculation for Return be completed on or before the due date, inclu lly made. om the first IRA (reported on IRS Form 1099-F	omplete a Tradition ulate the net income ned or Recharacteriz uding extensions, fo R) and a recharacter	al or Roth IRA Application and attributable to the zed Contributions. In filing your federal income to trait to your to your to your the contribution th
should consult a professional tax advisor prior to any rechara-			
This form is not intended to facilitate Roth IRA conversions.			
TRANSACTION TYPE			
Select one of the following - A or B			
A) Recharacterize my annual contribution (plus allocated)	able earnings) from my Traditional IRA to a Vo	ya Roth IRA.	
Date of Contribution: Amoun	t to Recharacterize: \$		
B) Recharacterize my annual contribution (plus alloca	ble earnings) from my Roth IRA to a Voya Tra	ditional IRA.	
Date of Contribution: Amoun	it to Recharacterize: \$		
INSTRUCTIONS FOR INVESTING CONVERTED PR		application investme	ent instruction
☐ Invest the proceeds as follows into my existing IRA:	☐ Traditional IRA (or) ☐ Roth IRA Accor	unt Number:	
Fund Name and Numb	er	Dollar Amount	or Percentage
			Must equal 100%

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CURRENT CUSTODIAN AND ACCOUNT INFORMATION

			edallion Signature Guarantee. Please see the tach your most recent statement, if possible.		
Current Custodian		Telephone Numbe	Telephone Number		
Address					
City		State	Zip Code		
Investment to Recharacte	erize:	Account Number:			
Distributing Account	Type: Traditional/Rollover IRA Ro	th IRA			
Amount to be Distrib	uted: Liquidate Entire Account Pa	rtial Dollar Amount \$			
For Certificate of Dep	osits Only: Immediately* At Matu	rity Date			
	rtificates of deposit transferred immediately and th han 60 days before their maturity.	ney have not matured, you may incur a re	demption penalty. We cannot accept requests to convert		
PARTICIPANT AUTH	ORIZATION				
issue a check as indicated I understand that I am so	l below. I understand it is my responsibility t lely responsible for all tax consequences and	o insure the prompt recharacterizat I agree that neither Voya nor their C	of recharacterizing it to an IRA with Voya and to ion of assets by the current custodian or trustee. ustodian shall have responsibility for any tax it Company to process this request on my behalf.		
	understand and agree to be legally bound bus within this form when accepting my recha		erstand that the Custodian, Voya and their agents tand this recharacterization is irrevocable.		
Participant's Signature	2		Date		
custodian or transfer agent): securities broker/dealer, clea medallion program recogniz recognized medallion progra (known as STAMP), Stock Exc	ee Stamp and Signature (If required by your currer An eligible guarantor is a domestic bank or trust coring agency or savings association that participate ed by the Securities Transfer Agents Association. Tims are the Securities Transfer Agents Medallion Prhanges Medallion Program (SEMP), and the Medal notarization from a notary public is NOT an accept arantee.	ompany, s in a he three ogram lion			
INTERNAL USE ONLY - RE	SIGNING CUSTODIAN INSTRUCTIONS				
Issue check payable to: B	NY Mellon Investment Servicing Trust Comp	any as custodian for the Voya Tradit	ional or Roth IRA.		
Participant Name:		Rechar	acterization A/C #		
Mail to the following:	First Class Mail:	Overnight Mail:	(800) 992-0180		
	Voya Investment Management P.O. Box 534480 Pittsburgh, PA 15253-4480	Voya Investment Manageme Attention: 534480 500 Ross Street 154-0520 Pittsburgh, PA 15262	ent		