

Participant Acknowledgment and Release for Self Directed Brokerage Account

To: Administrator for: _____

Plan # _____

From: _____

(Print Participant Name)

(Social Security Number)

Re: Self –Directed Brokerage Account

I hereby acknowledge (by initialing each item below) that I understand the following in connection with the Self-Directed Brokerage Account (SDBA):

_____ I acknowledge that my decision to participate in the SDBA is completely voluntary and is made with full understanding of the risks. In utilizing the SDBA, I will choose investments that are consistent with my own retirement needs, time horizons and risk tolerance.

_____ I understand that by exercising control over the assets in my individual account, I am responsible for my SDBA investment choices. My selection of particular investments offered through the SDBA will in no event be based now or in the future, upon any information or advice provided by the Plan Sponsor.

_____ I have received, read and understand the SDBA material provided to me. I understand the applicable restrictions, expenses, charges and transaction fees associated with the SDBA.

_____ It is my responsibility to evaluate the investments available through the SDBA and to select those investments that are most suitable for my financial needs, taking into account my personal financial circumstances and tolerance for risk.

_____ I understand that I am only allowed to invest in open end mutual funds in the SDBA.

_____ The Plan Sponsor has provided me with access to education and communications about the SDBA. It is my responsibility to evaluate the investments available through the SDBA and to select those investments that are most suitable for my financial needs, taking into account my personal financial circumstances and tolerance for risk.

I hereby release the Plan Sponsor from any fiduciary (or other) liability and responsibility for any losses incurred or other adverse consequences experienced in connection with my SDBA investment decisions.

Participant Signature _____ Date (mm/dd/yyyy) _____

Mail or Fax completed form to:

Voya Financial™
PO Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143