

Voya Financial® Common Remitter

Payroll File Structure Including Demographic Elements

Required format for file upload: **Comma Delimited (CSV) file*** or **Text File with fixed length** (*preferred)

The name of the payroll file cannot contain any spaces or special characters. Also, the name of the payroll file should be less than 15 characters in length.

The following are the data fields requested in the Common Remitter Payroll File Detail Record. Items noted as "Required" must have the data included in the file (no blanks).

Field	Max. Length	Data Type	Required	Example	Comments	Helpful Information
Payroll Date	10	Date	Yes	MM/DD/YYYY or MMDDYYYY		
SSN	11	Alphanumeric	Yes	111-22-3333 or 111223333	This is the identifier of each participant within the Sponsor's plan.	This field can include dashes, but they are not necessary.
Last Name	35	Alphanumeric	Yes	SMITH or Smith		Spaces and other punctuation (other than "commas") are permitted in this field.
First Name	20	Alphanumeric	Yes	JOHN or John		Spaces and other punctuation (other than "commas") are permitted in this field.

Field	Max. Length	Data Type	Required	Example	Comments	Helpful Information
Source	2	Code	Yes	VO	Used to identify the money type of the contribution.	The most common money source codes are VO for "Employee", ER for "Employer" and RT for "Roth". If the preferred Common Remitter source codes cannot be provided, we will be able to work with and translate other codes. Contact Common Remitter with any questions on other ways to identify money sources.
Amount	9.2	Numeric	Yes	123456789.01	Contribution amount being remitted for the current payroll cycle.	This field should NOT contain any \$ signs or commas. Decimal points are acceptable. Each contribution amount will require a separate line item in the payroll file per money source. For example, if a participant is remitting two money sources, each money source will require separate line items and the participant will appear in the payroll file twice.

Field	Max. Length	Data Type	Required	Example	Comments	Helpful Information
Vendor Name	15	Alphanumeric	Yes ¹	Provider A	The short name of the Investment Provider company the contribution is to be forwarded to.	Spaces and other punctuation (other than "commas") are permitted in this field.
Vendor Code	10	Alphanumeric	Yes ¹	XXXXXXXXXX	The payroll deduction code (if available) representing the Investment Provider company the contribution is to be forwarded to.	Spaces and other punctuation (other than "commas") are permitted in this field.
Address 1	50	Alphanumeric	No ²	1234 Main Street		Spaces and other punctuation (other than "commas") are permitted in this field.
Address 2	50	Alphanumeric	No ²	Apt. B		Spaces and other punctuation (other than "commas") are permitted in this field.
City	18	Alphanumeric	No ²	Center City		Spaces and other punctuation (other than "commas") are permitted in this field.

Field	Max. Length	Data Type	Required	Example	Comments	Helpful Information
State	2	Alphanumeric	No ²	US	Two-letter state abbreviation	
Zip	10	Alphanumeric	No ²	12345-6789		Can provide either ZIP Code or ZIP+4 Code
Date of Birth	10	Date	No ²	MM/DD/YYYY or MMDDYYYY		
Date of Hire	10	Date	No ²	MM/DD/YYYY or MMDDYYYY		
Gender	1	Alphanumeric	No ²	M or F or O		Indicate either M (male), F (female), or O (other)

¹Either a Vendor Name **or** Vendor Code must be provided for each participant in the file. Common Remitter will be able to translate what is provided to forward the contributions to the correct Investment Provider companies.

²Fields are required if utilizing a default enrollment process with any of the approved investment providers.

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