



403(b) Plan Provisions - Investment Provider Update

Formal Name of 403(b) Plan _____

A. EMPLOYER INFORMATION

Employer Name _____ EIN _____

Address _____

City _____ State _____ Zip _____ Phone _____

B. APPROVED INVESTMENT PROVIDERS (IP) WITHIN THE PLAN

Please list the IP being added or where there is a change in information. Please note in column 1 if the line is a new addition or a change to an existing provider.

New or Change	IP Name	IP products allowed in the Plan	Information sharing agreement in place (Y/N)	Grandfathered IP? (Y/N)

C. DESELECTED INVESTMENT PROVIDERS WITHIN THE PLAN

Please list new providers no longer receiving contributions under your Plan.

Deselected IP Name	Have contributions been sent to this IP after 12/31/2004	Information sharing agreement in place? (Y/N)

D. AUTHORIZATION

I certify that the information contained in this document accurately reflects the provisions of my 403(b) plan. Voya Retirement Insurance and Annuity Company is authorized to rely on the information contained herein in providing administrative services through planwithease.com until I notify them in writing of any changes to this information.

Employer Name _____

Signed By: _____

Printed Name: _____

Title: _____

Date: _____