



# ADP TotalSource® Retirement Savings Plan CORONAVIRUS-RELATED REPAYMENT FORM

## PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS

1. You will need to provide the correct payee information for your repayment/rollover. A cashier's check, money order or personal check should be payable as follows:
  - Voya Institutional Trust Company for the benefit of (F.B.O.) (Your Name)
2. Obtain required documentation.
  - You must provide the distribution statement that accompanied the coronavirus-related distribution, which details the original source of the funds (pre-tax, after-tax or Roth).
  - If you are rolling over Roth money, please include a copy of your distribution statement from the plan PLUS documentation providing the start date and total amount of your Roth contributions.
  - If you did not retain the distribution statement provided at the time of the distribution, you may need to contact your former employer, plan administrator, or financial institution from which the money was distributed. This information must accompany this application and check.
3. Write the last four digits of your Social Security Number on your check.

**PLEASE NOTE: AN INCOMPLETE APPLICATION, INSUFFICIENT DOCUMENTATION, A MISSING CHECK OR A CHECK WITH INCORRECT PAYEE INFORMATION WILL RESULT IN A DELAY IN POSTING FUNDS TO YOUR ACCOUNT, OR THE RETURN OF THIS FORM.**

## PROOF OF PLAN QUALIFICATION AND TAXABILITY

- Your coronavirus-related repayment/rollover contribution to the ADP TotalSource® Retirement Savings Plan must have originated from the ADP TotalSource® Retirement Savings Plan or from another 401(a), 401(k), 403(b), or governmental 457(b) plan or from a traditional IRA in accordance with the CARES Act. All criteria outlined in the CARES Act, including the certification statement from you regarding eligibility, must have been satisfied at the time of the coronavirus-related distribution.
- Repayment(s) of a coronavirus-related distribution are permitted within three years from the date of that distribution.
- The amount of your repayment cannot be more than the total coronavirus-related distributions taken from all plans.
- The amount will post to your account as indicated on the distribution statement that accompanied the coronavirus-related distribution (pre-tax, after-tax or Roth).

**INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)**

I elect to make a rollover contribution to the ADP TotalSource® Retirement Savings Plan in the amount of: \$ \_\_\_\_\_

If you do not designate fund elections or elections do not total 100%, your rollover contribution allocation will default to the applicable Voya Target Solution Fund.

<b>Voya Target Solution Income Trust</b>	_____ .00%	<b>Fidelity Advisor Total Bond Fund</b>	_____ .00%
<b>Voya Target Solution Trust 2025</b>	_____ .00%	<b>Vanguard Balanced Index Fund</b>	_____ .00%
<b>Voya Target Solution Trust 2030</b>	_____ .00%	<b>American Funds Washington Mutual Fund</b>	_____ .00%
<b>Voya Target Solution Trust 2035</b>	_____ .00%	<b>BlackRock Russell 3000 Index Fund</b>	_____ .00%
<b>Voya Target Solution Trust 2040</b>	_____ .00%	<b>Voya Large Cap Growth Trust</b>	_____ .00%
<b>Voya Target Solution Trust 2045</b>	_____ .00%	<b>John Hancock Disciplined Value Mid Cap Fund</b>	_____ .00%
<b>Voya Target Solution Trust 2050</b>	_____ .00%	<b>T. Rowe Price Mid Cap Growth Fund</b>	_____ .00%
<b>Voya Target Solution Trust 2055</b>	_____ .00%	<b>Columbia Trust Integrated Small Cap Value Fund</b>	_____ .00%
<b>Voya Target Solution Trust 2060</b>	_____ .00%	<b>Victory RS Small Cap Growth Fund</b>	_____ .00%
<b>Voya Target Solution Trust 2065</b>	_____ .00%	<b>BlackRock MSCI ACWI ex US Index Fund</b>	_____ .00%
<b>Stable Value Fund</b>	_____ .00%	<b>American Funds EuroPacific Growth Fund</b>	_____ .00%
<b>BlackRock US Debt Index Fund</b>	_____ .00%	<b>TOTAL</b>	<b>100%</b>

**AUTHORIZATION**

I understand that the coronavirus-related repayment/rollover amounts will be subject to the applicable Internal Revenue Service and Plan withdrawal restrictions. I understand that the coronavirus-related repayment/rollover will be invested as indicated and outlined in the Investment Fund Elections section above. I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

I hereby certify that:

- (a) This coronavirus-related repayment/rollover is from an eligible coronavirus-related distribution from one of the following in accordance with the CARES Act:
  - (i) a 401(a) qualified pension or profit sharing plan (including a 401(k) plan), a 403(b) annuity plan or a 457 governmental plan; or
  - (ii) a traditional individual retirement account (IRA).
- (b) All criteria outlined in the CARES Act, including the certification statement from you regarding eligibility, must have been satisfied at the time of the coronavirus-related distribution.
- (c) This repayment/rollover is being made within 3 years from the original date of distribution.
- (d) The amount of this repayment/rollover is not more than the total coronavirus-related distributions taken from all plans.

I understand that I may be required to provide additional documentation to substantiate my coronavirus-related repayment/rollover contribution. I further understand a distribution will be made to me if any portion of my deposit that is later determined to be an ineligible rollover in accordance with Plan provisions.

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**If you have any questions, please go online at <https://adptotalsource.voya.com> or call the ADP TotalSource® Retirement Savings Plan Service Center at 1-855-646-7549 (TTD/TTY users call 1-855-646-7550). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Time (excluding stock market holidays).**

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Completed the Personal Information section, **and**
- Completed the Investment Fund Elections section, **and**
- Included your check (made payable to Voya Institutional Trust Company F.B.O. ( your name)), **and**
- Included proof of plan qualification documenting the source of this contribution (the distribution statement), **and**
- Included proof of taxability, **and**
- Signed and dated this form

**If your check or any of the above required information or documentation is missing, there will be a delay in processing your repayment/rollover contribution and your form and the check will be returned to you.**

**If this form is complete, please mail it together with the required documentation to:**

**VIA MAIL**

Voya Financial  
Attn: ADP TotalSource Plan Administration  
PO Box 990071  
Hartford, CT 06199

**VIA OVERNIGHT DELIVERY**

Voya Financial  
Attn: ADP TotalSource Plan Administration  
One Orange Way  
Windsor, CT 06095