# APPLICATION FOR APPOINTMENT

Voya Retirement Insurance and Annuity Company
*A member of the Voya® family of companies*
PO Box 1839, Hartford, CT 06144-1839
Phone: 888-238-6297 Fax: 515-698-2040
E-mail: RSProducerServices@voya.com

Retirement Services

## 1. APPLICANT INFORMATION

Applicant/Producer Name *(First)* _____ *(Last)* _____ *(M.I.)* _____

SSN ***(Required)*** _____ Date of Birth _____ ☐ Male ☐ Female

Professional Designations _____ Residence Phone _____

Residence Street Address _____

City _____ State _____ ZIP _____

Business Phone _____ Business Fax _____

E-mail Address _____

Business Street Address _____

City _____ State _____ ZIP _____

Broker-Dealer Affiliation _____

Application Type: ☐ Individual ☐ Broker/Dealer Change ☐ Corporate/Agency. Include form 143682.

TIN _____

Corporate/Agency Name _____

## 2. QUESTIONNAIRE

*(Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to questions, you must attach an explanation with all relevant information and supporting documents.)*

1. Are you currently or have you ever been a registered representative with FINRA (formerly NASD)? ☐ Yes ☐ No
   If "Yes," please provide C.R.D. number, even if not currently registered. _____
2. Have you ever had an insurance and/or securities license or registration under another name? ☐ Yes ☐ No
   If "Yes," please provide that name. _____
3. Have you ever been discharged or permitted to resign from your employment because you were accused of:
   a) violating investment-related or insurance-related statutes, regulations, rules, or industry standards of conduct? ☐ Yes ☐ No
   b) fraud or the wrongful taking of property? ☐ Yes ☐ No
   c) violating company rules? ☐ Yes ☐ No
4. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy? ☐ Yes ☐ No
5. Do you have any unsatisfied judgments or liens? ☐ Yes ☐ No
6. Do you have any knowledge of an indebtedness to an insurance carrier or financial organization that involves yourself or an organization you have been associated with? ☐ Yes ☐ No
7. Within the past 10 years, has any insurance carrier canceled your contract or appointment for any reason other than lack of production? ☐ Yes ☐ No

## 2. QUESTIONNAIRE *(Continued)*

8. Have you ever had your insurance license or securities registration suspended, revoked, investigated, audited or had a license denied? ☐ Yes ☐ No
9. Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, cease or desist order, censure or consent order, or disciplinary action? ☐ Yes ☐ No
10. Have you ever been charged with or convicted of, pled guilty or nolo contendere (no contest) to a felony other than a traffic violation? ☐ Yes ☐ No
11. Have you ever been charged with or convicted of, pled guilty or nolo contendere (no contest) to a misdemeanor other than a traffic violation? ☐ Yes ☐ No
12. Are you involved in any pending or current litigation, investigations or complaints, or E&O claims? ☐ Yes ☐ No
13. Within the past 10 years, has any E&O carrier denied, paid claims, or canceled your coverage? ☐ Yes ☐ No
14. Have you ever sued or been sued by an insurance company? ☐ Yes ☐ No
15. Have you ever been named as a defendant or co-defendant in a lawsuit? ☐ Yes ☐ No
16. Has a bonding company ever denied, paid out on, or revoked a surety or fidelity bond for you or is there any reason you cannot secure a bond? ☐ Yes ☐ No
17. Have you ever been found guilty or nolo contendere (no contest) of violating state insurance department, federal or state securities or investment related regulation or statute? ☐ Yes ☐ No

## 3. PRODUCER ANTI-MONEY LAUNDERING (AML) TRAINING REQUIREMENT

The Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of Treasury, enacted regulations surrounding the anti-money laundering (AML) programs for insurance companies, which took effect May 2, 2006. The Company requires that all producers selling or servicing specified products complete AML training and certify with Voya at the time of contracting. In addition, under these regulations, Voya requires that all agents selling specified products recertify their AML training biennially based on the date the last certification was completed.

Producers meeting the following are recognized as having completed their required AML obligations without further documentation:

- Currently have an active variable annuity or variable life contract with Voya.
- Currently affiliated (commissions paying to) with a wirehouse when soliciting/servicing life insurance policies offered by Voya
- Currently affiliated with a broker/dealer or bank, or with an agency of a broker/dealer or bank, whose Voya selling agreement covers all associated agents under a blanket AML certification. Please check with your broker/dealer or bank compliance office. You may also call Voya at 888-238-6297 to speak with a Voya Licensing Representative.
- Completed the AML course using LIMRA as the training service (aml.limra.com)

If you have not met one of the above qualifications, you will be required to certify your AML training completion by:

- Submitting an AML training certificate of completion sponsored by an ACLI or FINRA recognized organization.
- Submitting an AML training certificate of completion sponsored by a Voya approved training organization (list available by calling your Voya Licensing Representative).
- Completing the AML course using LIMRA as the training service (aml.limra.com).
- Completing the Voya AML Training Certificate of Completion (Form #137305).

Failure to certify, or recertify, your AML training may lead to delays in new business issuance.

## 4. CUSTOMER INFORMATION

The parties desire to protect Customer Information, as defined below, and to comply as may be necessary with requirements of the Gramm-Leach-Bliley Act, and all relevant state and federal regulations and state privacy laws (all referred to as "Privacy Law").

A. "Customer Information" means an applicant's application for a Contract or service and all non-public personal information about a customer that a party receives from another party. "Customer Information" includes, by way of example and not limitation, name, address, telephone number, Social Security number, health information and personal financial information (which may include consumer account number).

B. The parties understand and acknowledge that they may be financial institutions subject to Privacy Law, and all Customer Information that one party receives from another party is received with limitations on its use and disclosure. The parties agree that they are prohibited from using the Customer Information received from another party other than:

   1. As required by law, regulation or rule; or
   2. To carry out the purposes for which one party discloses Customer Information to the other party under this Contract, including use under an exception permitted by Privacy Law in the ordinary course of business to carry out the purposes.

C. The parties agree that:

   1. The purpose for which Servicing Agent discloses Customer Information to Company includes the establishment of a consumer/customer relationship between the consumer and Company in order to offer its financial products and the financial products of its affiliates to consumers;
   2. The purpose for which Company discloses Customer Information to Servicing Agent is to service the Company Contract or other services obtained by the customer; and
   3. They will use such information only as permitted by Privacy Law.

D. Subject to the provisions of subparagraph B above, the parties will not disclose the Customer Information to any other person without prior written permission from the other parties.

E. The parties will establish and maintain safeguards against the unauthorized access, destruction, loss, or alteration of Customer Information in their control that are no less rigorous than those maintained by a party for its own information of a similar nature. In the event of any improper disclosure of any Customer Information, the party responsible for the disclosure will immediately notify the other parties.

## 5. AUTHORIZED SIGNATURE AND ACKNOWLEDGEMENTS

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that Voya Retirement Insurance and Annuity Company (hereinafter called the "Company") has informed me of the Company's practice to conduct routine investigative reports on agents for licensing purposes, initial and renewal state appointments, and at any time the Company, at its discretion, deems it necessary to conduct background investigations. I expressly authorize the Company to conduct these investigations and authorize all persons and entities (including past and present employers) to provide the Company all requested information.

I also expressly authorize the Company, for the purpose of facilitating the licensing and appointment process, to share information gathered as a result of these investigations with my agency and/or broker-dealer (including any third parties authorized by my agency and/or broker-dealer). I release from liability all persons and entities which supply said information to the Company and agree to hold the Company harmless from any liability for conducting this investigation. I authorize the Company to use these investigative reports and to provide these reports and any other pertinent information to all Voya affiliate companies and to third parties where the third parties' legal interests and/or obligations are involved.

I authorize the Company to share any financial, business, legal, tax or work performance history regarding me that it receives from third parties, from any Voya affiliate companies or which is generated by the Company or from the Voya affiliate companies' data source that is not part of the investigative report, with all other Voya affiliate companies.

I also authorize the Company to share my debt balance information with agents, agencies or other third parties that assume my debt balance responsibilities, as well as debt collection agencies and debt reporting services.

I certify that I have reviewed this application and I understand that if any information provided in this application is found to be incorrect or incomplete, it will be grounds for rejecting this application or for termination of my appointment, all in the sole discretion of the company.

**I agree to read and abide by the Company's Business Guidelines and other Company policies and procedures, as they may be amended from time to time, located at https://forprofessionals.voya.com.**

**I also certify by my signature below that I authorize the Company, now or in the future, to obtain a consumer and/or investigative consumer report on me, and that I have received from the Company all disclosures required by the Fair Credit Reporting Act.**

## 5. AUTHORIZED SIGNATURE AND ACKNOWLEDGEMENTS *(Continued)*

**Under penalties of perjury, I certify that:**

1. **The number shown on this form is my correct taxpayer identification number; and**
2. **I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and**
3. **I am a U.S. citizen or other U.S. person (including U.S. resident alien) *(as defined in the instructions for IRS form W-9).***

***(If you are subject to back-up withholding, you must strike through statement number 2.)***

If you are not a U.S. citizen or other U.S. person, please check the box below to indicate your status as a Non-Resident Alien.

☐ Non-Resident Alien *(Must submit an original IRS Form W-8BEN or other applicable form W-8.)*
As a non-resident alien, your taxable income is subject to 30% U.S. federal tax withholding unless tax treaty provisions can be applied. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a U.S. taxpayer identification number in Part I and all applicable fields in Part II must be completed. A U.S. taxpayer identification number may be applied for by submitting a Form W-7 to the Internal Revenue Service (IRS). IRS forms W-8 and W-7 are available on their web site www.irs.gov or by contacting them at 800-829-1040.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of Applicant _____ Date *(mm/dd/yyyy)* _____

Applicant SSN _____