

ROLLOVER CONTRIBUTION 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. Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check. You will need to provide the correct payee information for your rollover. The rollover check should be mailed directly to you and payable as follows:

- State Street Bank (F.B.O.) (Your Name)

2. Obtain required documentation. Your former employer or financial institution should provide you with proof of plan qualification and taxability. Proof of plan qualification status is typically documented in a copy of the plan's IRS Letter of Determination, a signed letter from your employer or prior Plan Administrator and/or your rollover distribution statement. Proof of taxability is typically documented in your rollover distribution statement.

3. Write the last four digits of your Social Security Number on the rollover check.

4. Personal checks will not be accepted and will be returned to you.

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

PROOF OF PLAN QUALIFICATION AND TAXABILITY

Plan qualification: Your rollover contribution to the Booz Allen Hamilton Employees' Capital Accumulation Plan (ECAP) must be from another qualified plan or IRA. The Booz Allen Hamilton Employees' Capital Accumulation Plan (ECAP) accepts rollover contributions from a 401(k) plan, 403(b) plan, conduit IRA, Roth 401(k) or defined benefit plan. If you choose to rollover an eligible plan payment that was paid to you, it will be treated as an indirect rollover which must be completed within 60 days after you received the payment.

Important note regarding the 60-day rollovers: If a portion of the rollover is attributable to a qualified plan loan offset amount, then the deadline for rolling over that loan offset amount is the due date (including extensions) for filing the Federal income tax return for the tax year in which the plan loan offset occurs. A "qualified plan loan offset amount" is the amount by which an employee's account balance under the plan is reduced to repay a loan from the plan, and is treated as distributed from a 401(a)-qualified plan, a 403(b) plan, or a governmental 457(b) plan solely by reason of a) the termination of the plan, or b) failure to meet the repayment terms of the loan because of the employee's separation from service (whether due to layoff, cessation of business, termination of employment, or otherwise).

Note: If you are directly rolling over Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Please include a copy of your rollover distribution statement from your former plan PLUS documentation providing the start date and total amount of your Roth contributions.

Taxability: You must provide documentation that details the taxability of the funds to be rolled over indicating: pre-tax, after-tax, Roth etc.

You may need to contact your former employer, plan administrator, or financial institution to provide you with this information which must accompany this application and rollover check.

Booz Allen Hamilton Employees' Capital Accumulation Plan (ECAP)
ROLLOVER CONTRIBUTION FORM

INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)

I elect to make a rollover contribution to the Booz Allen Hamilton Employees' Capital Accumulation Plan (ECAP) 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 target date fund closest to your 60th birthday.

Stable Value Fund	_____ .00%	Black Rock LifePath 2055	_____ .00%
Bond Fund	_____ .00%	Black Rock LifePath 2060	_____ .00%
Real Asset Non-Lending Series A	_____ .00%	State Street S&P 500 Stock Index Fund - Class A	_____ .00%
Black Rock LifePath Retirement Income	_____ .00%	T. Rowe Price U.S. Structured Research Strategy Fund	_____ .00%
Black Rock LifePath 2025	_____ .00%	Russell Large Cap Value Index Fund	_____ .00%
Black Rock LifePath 2030	_____ .00%	Russell Large Cap Growth Index Fund	_____ .00%
Black Rock LifePath 2035	_____ .00%	Russell Small Cap Index Fund Class A	_____ .00%
Black Rock LifePath 2040	_____ .00%	EuroPacific Growth Fund	_____ .00%
Black Rock LifePath 2045	_____ .00%	EAFE Stock Index Fund	_____ .00%
Black Rock LifePath 2050	_____ .00%	TOTAL	100%

AUTHORIZATION

I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into the Booz Allen Hamilton Employees' Capital Accumulation Plan (ECAP). If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.

PARTICIPANT SIGNATURE _____ **DATE** _____

If you have any questions, please go online at <https://ecap.voya.com> or call the Booz Allen Hamilton Employees' Capital Accumulation Plan (ECAP) Service Center at 1-888-530-ECAP (3227) (TTY/TTD users call 1-877-671-3146). 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**
- ☐ Contacted your former employer or financial institution, **and**
- ☐ Completed the Investment Fund Elections section, **and**
- ☐ Included your rollover check (made payable to State Street Bank F.B.O. (your name)), **and**
- ☐ Included proof of plan qualification documenting the source of your rollover contribution such as: 401(k), 403(b), conduit IRA, Roth 401(k), defined benefit plan (IRS Letter of Determination, letter from plan's prior record keeper, or distribution statement), **and**
- ☐ Included proof of taxability detailing the taxability of funds to be rolled over such as: pre-tax, after-tax, Roth, etc. (Letter from plan's prior record keeper, and/or rollover distribution statement), **and**
- ☐ Signed and dated the Rollover Contribution form

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

If your application is complete, please mail the application and any required documentation to:

VIA MAIL

Voya Financial
Attn: Booz Allen Hamilton Employees'
Capital Accumulation Plan (ECAP)
P.O. Box 55772
Boston, MA 02205-5772

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: Booz Allen Hamilton Employees'
Capital Accumulation Plan (ECAP)
30 Braintree Hill Office Park
Braintree, MA 02184-8747