

Iowa Advisor 529 Plan Incoming Rollover Form



Complete this form to transfer an existing 529 plan into your Iowa Advisor 529 Plan account or to redeposit funds into your Iowa Advisor 529 Plan account within 60 days of distribution from any 529 plan. **If you do not already have an Iowa Advisor 529 Plan account, you must also complete an Iowa Advisor 529 Plan Account Application to complete the rollover.** If you would like help completing this application, contact your financial advisor or call **1-800-774-5127**. Information is also available online at **www.iowaadvisor529.com**.

1 IOWA ADVISOR 529 PLAN ACCOUNT INFORMATION

To help ensure timely and accurate processing of this form, please print clearly.

_____ Name of Account Owner, Custodian or entity (first, middle initial, last)	_____ Social Security/taxpayer ID number	_____ Fund and account number (write "new" if new)	
_____ U.S. residential street address	_____ City	_____ State	_____ ZIP code
_____ U.S. mailing address (if different than U.S. residential street address)	_____ City	_____ State	_____ ZIP code
_____ E-mail address	_____ Daytime phone	_____ Evening phone	
_____ Name of designated Beneficiary (first, middle initial, last)	_____ Social Security/taxpayer ID number		

If you are rolling funds into a new account, enclose a completed Iowa Advisor 529 Plan Account Application.

Note: If the address above is different than the address currently listed on our records, we will update all accounts for the Account Owner, Custodian, or entity. All future correspondence will be sent to the new address until you advise us otherwise. The Beneficiary address, if provided in section 2 of this form, will be updated on accounts for which the same Account Owner, Custodian, or entity is authorized. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 30 days of the address change.**

2 CURRENT 529 PLAN ACCOUNT INFORMATION

Voya will reimburse rollover fees, if any, from your previous 529 plan provider up to \$75. Please complete the Rollover Reimbursement Form or call 1-800-774-5127 for more information.

Complete the information below regarding the account from which you are initiating the rollover. Include a copy of your current account statement.

Please contact your current plan administrator to confirm if additional documents are required.

_____ Name of current 529 plan	_____ Phone number for current plan	_____ Account number	
_____ Current plan's mailing address	_____ City	_____ State	_____ ZIP code
_____ Name of current Beneficiary (first, middle initial, last)	_____ Current Beneficiary's Social Security number		

3 ROLLOVER INSTRUCTIONS

If you wish to distribute to more than one Option and/or account, please provide additional allocation instructions.

- Current administrator: Consider this your authorization to send a rollover distribution from my 529 plan account directly to the account provided in section 1 of this form. **Transfer all assets immediately if no selection is checked below.**
- Sell** all of my assets in the account referenced in section 2 of this form
- or
- (partial) \$ _____ or _____% of my assets in the account referenced in section 2 of this form.
(Provide this figure as a dollar amount or as a percentage of the total value of your account.)
- I have already withdrawn the funds and wish to deposit them into the account provided in section 1 of this form.

Note: You must submit a confirmation statement or letter on company letterhead from the previous plan administrator indicating the total withdrawal amount, the portion of the withdrawal attributable to contributions and earnings, and the date of the withdrawal. Failure to provide this required information may cause the entire amount of the rollover contribution to be treated as earnings that could be taxable upon withdrawal.

4 SIGNATURE(S)

I authorize the Program Manager to act on my behalf in contacting the current 529 plan administrator to facilitate the transfer of assets. I hereby certify that (1) the information provided herein is accurate, (2) the designated Beneficiary on the Iowa Advisor 529 Plan account is a "member of the family" of the designated Beneficiary in the current program (as defined in the Program Description and Participation Agreement), or this rollover does not change the Beneficiary and is the only rollover for the Beneficiary within the past 12 months, and, if applicable, (3) my contribution listed in section 3 of this form will have been made within 60 days of the withdrawal from another 529 plan.

I understand that if I fail to provide the required information mentioned in section 3 of this form, the entire amount of the rollover contribution will be treated as earnings that may be taxable upon withdrawal.

To complete the rollover, you must sign and date here.

x _____
Signature of Account Owner, Custodian or Trustee/Executor Date

x _____
Signature of Co-Trustee or Co-Executor (if applicable) Date

Important: Many plan administrators require a Medallion Signature Guarantee. To prevent delay, contact your current plan administrator to determine if a Medallion Signature Guarantee is required.

Affix Medallion Signature Guarantee stamp here:

x _____
Medallion Signature Guarantee (if required)*

*A **Medallion Signature Guarantee** may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words "**MEDALLION GUARANTEED**" must be stamped near **each** signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized on behalf of the guarantor institution. **Note that a Notary Public stamp or seal is not acceptable.**

5 MAILING INSTRUCTIONS

REGULAR MAIL

Iowa Advisor 529 Plan
c/o Voya Investment Management
PO Box 9659
Providence, RI 02940-9659

OVERNIGHT/COURIER

Iowa Advisor 529 Plan
c/o Voya Investment Management
4400 Computer Drive
Westborough, MA 01581-1722

- Before you mail, have you:**
- Completed an Iowa Advisor 529 Plan Account Application if you are opening a new account?
 - Included documents from your current plan administrator, if required?
 - Signed the Rollover form in section 4?
 - If requesting reimbursement for transfer costs from your previous 529 plan provider, please complete the Rollover Fee Reimbursement Form.

Iowa Advisor 529 Plan is a part of the Iowa Educational Savings Plan Trust, a state-sponsored 529 college savings plan administered by the State of Iowa, for which the Treasurer of the State of Iowa serves as the Trustee. Voya Investment Management Co. LLC provides investment management and administrative services for the Iowa Advisor 529 Plan. Shares in the Program are distributed by Voya Investments Distributor, LLC, Member FINRA/SIPC.

