IAdvisor 529 Plan Investment Option Reallocation Form

Complete this form to request an Investment Option change for your IAdvisor 529 Plan account. Investment changes are permitted twice per calendar year and upon a change in designated Beneficiary. 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.iadvisor529.com**.



1 ACCOUNT INFO	RMATION AND MAILING A	DDRESS					
, Account in C							
	Name of Account Owner, Custodi	ame of Account Owner, Custodian, or entity (first, middle initial, last), or entit			ntity Social Security/taxpayer ID number		
	U.S. residential street address		City	State	ZIP code		
	U.S. mailing address (if different th	nan U.S. residential street address)	City	State	ZIP code		
To help ensure timely and accurate processing of this form, please print clearly.	E-mail address		Daytime phone	phone Evening phone			
	Name of designated Beneficiary (first, middle initial, last)		Social Security number	curity number Date of birth (mm/dd/yyyy)			
	Account number						
	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. Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 30 days of the address change.						
2 EXCHANGE INST	TRUCTIONS FOR EXISTING	Assets					
	 Each account may hold only one of the Age-Based or Static Allocation Options; however, an account may hold multiple Single Fund Options. If the account assets are currently in one of the Age-Based or Static Allocation Options, you may elect to 						
	exchange into ONE of the other Age-Based or Static Allocation Options, or, into one or more of the Single Fund Options.						
	• The assets will remain in the Options you select until you exchange them into a new Investment Option.						
	 See the IAdvisor 529 Plan Program Description and Participation Agreement (Program Description), available at www.iadvisor529.com, for complete information on the Investment Options you are considering 						
	Remember : Federal law allows Participants to make two exchanges each calendar year.						
	Exchange FROM	•	estment Strategy* e Age-Based Options	Excl	ange TO		
Exchanging into one	IAdvisor 529 Age-Based Option (Beneficiary's Current Age)						
of the Age-Based or Static Allocation Options	IAdvisor 529 Age-Based Option (Hypothetical Age)						
will also change future contributions within this account to the same Option.	*Age-Based Options are designed for college savings and may not be appropriate for K-12 time horizons.						
	Static Allocation Investment Strategy Select only one of the Static Allocation Options						
	IAdvisor 529 Aggressive Option						
	IAdvisor 529 Growth Option						
	IAdvisor 529 Moderate Option						
This section continues on	IAc	dvisor 529 Conservative Opt	ion				

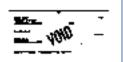
the next page

Exchanging from one or more of the Single Fund Options into one of the Age-based or Static Allocation Options will also change future contributions within this account to the same Option.

Exchanging from one or more of the Single Fund Options into one or more of another Single Fund Option WILL NOT change the future contributions within this account.

Exchange FROM	Multiple Single Fund Options may be selected	Exchange TO	
	Voya Government Money Market Option	<u> </u>	
	Voya Intermediate Bond Option	%	
	Voya International Index Option	Not Available	
	Voya Large Cap Growth Option	%	
	Voya Large Cap Value Option	<u> </u>	
	Voya MidCap Opportunities Option	%	
%	Voya Multi-Manager International Equity Option	%	
%	Voya Multi-Manager Mid Cap Value Option	%	
%	Voya Short Term Bond Option		
%	Voya U.S. Stock Index Option	%	
%	VY JPMorgan Small Cap Core Equity Option	%	
	TOTAL	100%	

3 ACCOUNT OPTIONS



Include a voided check if you are establishing an AIP or express purchase by EFT.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

This AIP option will be effective upon receipt of valid bank information. If no amount is chosen, your bank account will be debited \$50 on the date(s) you have chosen. If no date is chosen, your account will be debited on the 25th day of the month. If the date falls on a weekend or holiday, your AIP purchase will occur on the next business day. If the next business day falls in the next month, the AIP will cycle on the previous business day.

☐ July

If you have existing Bank Instructions and/or an Automatic Investment Plan (AIP) and you wish to copy the option to the new allocation, please complete the section below. Please note, if you fund the Account via **Payroll Deduction**, you will need to complete a new Payroll Direct Deposit Authorization Form to direct contributions into the new allocation.

- ☐ I wish to **move** the Automatic Investment Plan (AIP) from the original Option to the new Option(s) selected in the following section.
- \square I wish to **stop** the Automatic Investment Plan (AIP).
- ☐ Please **copy** any Bank Instructions from the current Option to any new Options selected.

If you wish to make change to your AIP, please complete the following section.

To establish subsequent contribution options by Automatic Investment Plan (AIP) or Electronic Funds Transfer (EFT), your bank account registration MUST have one name in common with the IAdvisor 529 Plan Account Owner/Custodian.

Future AIP's into the Age-Based or Static Allocation Options may only be made into Options that the account currently holds.

	Automatic Investment Plan (AIP) - Automatic purchases can be made from your bank account into your IAdvisor 529 Plan account. There is a \$50 minimum per investment, per account.				
		. \$			\$
	Option name	Amount	Option name		Amount
Investment frequency for all Options selected (choose one):					
	Monthly or semimonthly, on the	an	d da	ay(s) of each month.	
	Periodically, on the	and	_ day(s) of the mo	onth(s) indicated belov	W.
	January 🗆 February 🗅	March	□ April	□ May □	☐ June

 \square September \square October

□ November

□ December

□ August

ACCOUNT AGREEMENT AND SIGNATURE(S)

I certify that the information I have provided on this form—and all future information I will provide with respect to my IAdvisor 529 Plan account—is true, complete, and correct. By submitting this investment change request, I represent that I have not exceeded my investment change limit this calendar year. I have received and agree to the terms set forth in the Program Description and Participation Agreement and on this form. I understand that any individuals authorized to act on my original account will be assigned to and have authority in the same capacity on my new account.

To initiate any change, you must sign and date here.

×		
Signature of Account Owner, Custodian or Trustee/Executor	Print name	Date
×		
Signature of Co-Trustee or Co-Executor (if applicable)	Print name	Date

MAILING INSTRUCTIONS

REGULAR MAIL

IAdvisor 529 Plan c/o Voya Investment Management PO Box 534469 Pittsburgh, PA 15253-4469

OVERNIGHT/COURIER

IAdvisor 529 Plan Attention: 534469 500 Ross Street 154-0520 Pittsburgh, PA 15262

IAdvisor 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 IAdvisor 529 Plan. Shares in the Program are distributed by Voya Investments Distributor, LLC, Member FINRA/SIPC.

