## IAdvisor 529 Plan Transfer Due to Death

Complete this form to transfer ownership of an existing 529 plan account due to the death of the Account Owner. If you have questions about this form, contact your financial advisor or call **1-800-774-5127**. Information is also available online at **www.iadvisor529.com**.



In accordance with lowa state law, in the event a participant or other account owner dies and has not designated a successor to the account, the following criteria will be used: a.) The designated beneficiary, if 18 years of age or older at the time of the participant's death, shall become the owner of the lowa Advisor 529 Plan account, as well as remaining the beneficiary or b.) If the designated beneficiary is under the age of 18, account ownership will be transferred to the beneficiary's surviving parent or other legal guardian.

## EXISTING ACCOUNT OWNER INFORMATION

help ensure timely d accurate processing	Name of decedent (first, middle initial, last)	Social Security/taxpayer ID number		
this form, please print early.	U.S. residential street address	City	State	ZIP code
	Date of death of decedent			
	Choose One:			
	Please transfer all accounts under decedent	SSN		
	Please transfer accounts listed below			
	Option and account number	Option and account number		
	Option and account number	Option and account number		
	Option and account number	Option and account number		
NEW ACCOUNT	Owner Information			
NEW ACCOUNT	Owner Information	Social Se	ecurity/taxpayer ID n	umber
NEW ACCOUNT			ecurity/taxpayer ID n	umber
NEW ACCOUNT	Name of new Account Owner Account number (if transferring to an existing account) or write "New a	account" if new.		
e successor Account	Name of new Account Owner		ecurity/taxpayer ID n  	umber — ZIP code
e successor Account ner or successor stee(s) must have ir signature(s) dallion Guaranteed this completed form.	Name of new Account Owner Account number (if transferring to an existing account) or write "New a	account" if new.		
e successor Account ner or successor stee(s) must have ir signature(s) dallion Guaranteed this completed form. Account Application, npleted by the new count Owner, is	Name of new Account Owner Account number (if transferring to an existing account) or write "New a U.S. residential street address	account" if new.	State	ZIP code
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e successor Account ner or successor stee(s) must have ir signature(s) dallion Guaranteed this completed form. Account Application, npleted by the new sount Owner, is o required unless are transferring to existing 529 plan	Name of new Account Owner Account number (if transferring to an existing account) or write "New a U.S. residential street address U.S. mailing address (if different than U.S. residential street address)	account" if new. City City Daytime phone	State State Evening p	ZIP code ZIP code hone
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e successor Account mer or successor stee(s) must have	Name of new Account Owner         Account number (if transferring to an existing account) or write "New a         U.S. residential street address         U.S. mailing address (if different than U.S. residential street address)         E-mail address         X         Signature of successor Account Owner, Custodian, or Trustee/Executor	account" if new. City City Daytime phone	State State Evening p	ZIP code ZIP code hone

## **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.



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NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE