

# IAdvisor 529 Plan Withdrawal Request Form

Complete this form to request a distribution from your IAdvisor 529 Plan account. 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](http://www.iadvisor529.com).



This form must be completed and mailed to the address on page 4 or if you would prefer to use our automated form that can be completed online and sent electronically to the IAdvisor 529 Plan, use the link below.

[Click here for automated version of this form](#)

## 1 ACCOUNT INFORMATION AND MAILING ADDRESS

Name of Account Owner or Custodian (first, middle initial, last), or entity \_\_\_\_\_ Social Security/taxpayer ID number \_\_\_\_\_

If trust, name of trustee(s) (first, middle initial, last) \_\_\_\_\_ Date of trust (mm/dd/yyyy) \_\_\_\_\_

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 \_\_\_\_\_

U.S. residential mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

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. The Beneficiary address 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.**

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

Your account must have a minimum balance of \$5,000 to establish a SWP.

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

## 2 TYPE OF DISTRIBUTION

Choose one:

**Systematic Withdrawal Plan**

Establish this plan on an **existing** IAdvisor 529 plan account

*For Systematic Withdrawal, proceed to section 3*

**One Time Distribution**

**Full Distribution:** Liquidate the entire IAdvisor 529 plan account balance

If the entire balance is requested, any Automatic Investment Plan on the account will be stopped, unless you check the following box:

I have an existing Automatic Investment Plan and would like the contributions to continue.

**Partial distribution:** \$ \_\_\_\_\_ or % \_\_\_\_\_

If the amount requested is greater than the balance in the account, the entire account balance will be liquidated.

*For One Time Distribution, proceed to section 4*

**3 SYSTEMATIC WITHDRAWAL PLAN PAYMENTS**

Payment amount: \$ \_\_\_\_\_ (\$100 minimum)

**Payment frequency (choose one):**

- Monthly**, beginning (specific month and date): \_\_\_\_\_
- Periodically**, on the (specific date of month) \_\_\_\_\_ of the following months:
  - January       February       March       April       May       June
  - July       August       September       October       November       December

To terminate the SWP, submit a request in writing or call 1-800-774-5127.

The SWP will begin as soon as administratively possible following the receipt of this properly completed form. Unless specified above, distributions will be made on the 25th day of the month. If the date falls on a weekend or holiday, the distribution will occur on the next business day. If the next business day falls in the next month, the distribution will cycle on the previous business day.

**4 TYPE OF WITHDRAWAL**

If you take a withdrawal, we'll send IRS Form 1099-Q by January 31 of the following year. If the withdrawal is sent to the participant, Form 1099-Q will be sent out under the participant's Social Security number, individual taxpayer ID number, or EIN. If the withdrawal is sent to the beneficiary or directly to the school, Form 1099-Q will be sent out under the beneficiary's Social Security or individual taxpayer ID number.

**Choose ONLY ONE of the following five options.**

- A.  **Qualified withdrawal to the participant.\*** My withdrawal will be used to pay for the beneficiary's qualified education expenses. (You will receive a check at your address of record.)
  - K-12 tuition expenses       Higher education expenses
- B.  **Qualified withdrawal to the beneficiary.\*** My withdrawal will be used to pay for the beneficiary's qualified education expenses. (The beneficiary will receive a check at the address you indicated in Section 2.)
  - Higher education expenses      (K-12 tuition expenses paid directly to the beneficiary is not permissible.)
- C.  **Qualified withdrawal to an eligible college, university, technical school, K-12, or any other eligible higher education institution.\*** (Provide the exact school address in section 6 of this form. Please verify this address with the school, if necessary.)\*
  - K-12 tuition expenses       Higher education expenses
- D.  **Qualified rollover.** Send a check to me at my address of record. I will invest it in another qualified 529 plan, or in an Achieving a Better Life Experience account (a.k.a., "ABLE account"), within the next 60 days and in accordance with the other requirements for a qualified rollover, as described in the Program Description.
- E.  **Nonqualified withdrawal to the participant.\*\*** My withdrawal will not be used to pay for the beneficiary's qualified education expenses. (You will receive a check at your address of record.)

\* Withdrawals can be used to pay for qualified K-12 tuition expenses up to \$10,000 per year, per student, in the aggregate across all qualified tuition programs for a designated beneficiary and are not subject to federal tax. For Iowa state income tax purposes, a withdrawal for payment of K-12 tuition expenses at a K-12 school that is not located in the State of Iowa, is not accredited under Iowa Code Section 256.11 or does not adhere to the provisions of the federal Civil Rights Act of 1964 and Iowa Code Chapter 216 will be treated as a non-qualified withdrawal and taxed as income to the extent previously deducted as a contribution to IAdvisor. State tax treatment of K-12 withdrawals is determined by the state(s) where the taxpayer files state income tax. If you are not an Iowa taxpayer, please consult with a tax advisor.

\*\* The earnings portion of a distribution not used for a beneficiary's qualified higher-education expenses or K-12 tuition is considered a nonqualified withdrawal and is subject to federal income tax and a 10% federal penalty tax, and may be subject to state and local income taxes. For Iowa state income tax purposes, nonqualified withdrawals are taxed as income to the extent previously deducted as a contribution to IAdvisor. Exceptions to this penalty include withdrawals made because the beneficiary has become disabled, received a tax-free scholarship, attended a U.S. military academy or died. Contact your tax advisor about how to report a nonqualified withdrawal.

**5 WITHDRAWAL ALLOCATION INSTRUCTIONS**

Please indicate below how you would like your investment options withdrawn.

Investment Option	Class	Dollar Amount	Percentage
Withdrawal funds from the following Option(s):			
_____	_____	\$ _____	or _____%
_____	_____	\$ _____	or _____%
_____	_____	\$ _____	or _____%
_____	_____	\$ _____	or _____%

Check the option you would like for receiving your one time distribution or SWP proceeds:

A Medallion Signature Guarantee may be required for:
• Sending proceeds to a new address not on record for the owner or beneficiary, or
• Redemptions over \$100,000
• A bank account not on file for the owner or beneficiary

- Make payment directly to an Eligible Educational Institution or K-12 Institution. Send payment by check to the mailing address listed below. The distribution will be reported under the Beneficiary's Social Security number. Note that this is still an area of uncertainty because the IRS has not issued guidance as to whose SSN the distribution should be reported under if it is paid directly to a K-12 School.

Name of School (Complete only if the payment is to be sent directly to the school.)

Department/Office

For the benefit of (student's name)

Student ID (A student identification number may be required by some colleges and universities.)

Mailing Address

City State Zip

Telephone Number

- Make payment directly to the Account Owner. The distribution will be reported under the Account Owner's Social Security number.
Send payment by check to the Account Owner's address on file. Log into your account online to verify or change the account owner's address.
Electronically transfer the distribution via EFT to my bank account of record. Log into your account online to verify or change the account owner's banking information. I understand that this service is governed by the terms and conditions found in the Bank Information section of the new Account Application and the Program Description and Participation Agreement.
For verification and security, please provide the bank name and the last 4 digits of the bank account number

Name of Bank Last 4 Digits of Bank Account Number

- Make payment directly to the designated Beneficiary. The distribution will be reported under the Beneficiary's Social Security number.
Send payment by check to the designated Beneficiary's address on file. Log into your account online to verify or change the beneficiary's address.
Electronically transfer the distribution via EFT to the designated Beneficiary's bank account of record. Log into your account online to verify or change the beneficiary's banking information. I understand that this service is governed by the terms and conditions found in the Bank Information section of the new Account Application and the Program Description and Participation Agreement.
For verification and security, please provide the bank name and the last 4 digits of the bank account number

Name of Bank Last 4 Digits of Bank Account Number

7 OVERNIGHT DELIVERY OPTION

- I have requested a withdrawal payment "by check" in section 4 and I would like to have the check delivered by next-day delivery service. I understand that a fee will be deducted from the account to cover the cost of the delivery service, as defined in the Program Description.

**8 AGREEMENT AND SIGNATURE(S)**

I certify that the information I have provided with respect to my IAdvisor 529 Plan account is true, complete, and correct. I agree to the terms set forth in the Program Description and Participation Agreement. I agree that the applicable Option, Voya Investment Management Co. LLC, and their affiliates, subcontractors, and any officers, directors, employees, or agents of these entities (collectively, "Program Manager") will not be responsible for banking system delays beyond their control or for any loss, cost, or expense for acting upon my instructions, if they follow reasonable procedures designed to prevent unauthorized transactions.

I understand that the Program Manager and IAdvisor 529 Plan do not determine whether a distribution is qualified or not. Receipts and other forms of substantiation should not be submitted to the Program. I acknowledge that I am responsible for reporting this distribution in accordance with the current Internal Revenue Service (IRS) rules, including applicable penalties, and further acknowledge that even though this distribution was processed, it may not be considered qualified by the IRS.

**You must sign and date here to complete this request. A Medallion Signature Guarantee may also be required.**

**x** \_\_\_\_\_  
Signature of Account Owner, Custodian or Trustee/Executor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Medallion Signature Guarantee\*

**x** \_\_\_\_\_  
Signature of Co-Trustee or Co-Executor (if applicable)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Medallion Signature Guarantee\*

**HAVE ALL SIGNATURES MEDALLION GUARANTEED TO:**

- Send proceeds to a new address prior to the expiration of the 30-day hold;
- Send proceeds to a bank account not already on file; or
- Send proceeds to the designated Beneficiary's bank account (if bank is not already on file)

*\*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.***

**9 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.



NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE