

Iowa Advisor 529 Plan Withdrawal Request Form

Complete this form to request a distribution from your Iowa Advisor 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.iowaadvisor529.com.



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.

2 TYPE OF DISTRIBUTION

Choose one:

Systematic Withdrawal Plan

Establish this plan on an **existing** Iowa Advisor 529 plan account

For Systematic Withdrawal, proceed to section 3

One Time Distribution

Full Distribution: Liquidate the entire Iowa Advisor 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

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.

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

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	or	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:

- 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.*

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

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 listed in section 1 of this form. (see section 7)
 - Electronically transfer the distribution via EFT to my bank account indicated below. 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.
 - Checking (attach a voided check)
 - Savings (attach a deposit slip)

Name of bank

ABA/routing number for Automated Clearing House (ACH)

Bank account registration

Bank account number

- Send payment by **wire** to the Account Owner's bank account (attach a voided check). A **wire fee** may be deducted from the account. *(This option is **not** available for SWP proceeds.)*

- 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 listed in section 1 of this form. (see section 7)
 - Electronically transfer the distribution via EFT to the designated Beneficiary's bank account indicated below. 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.
 - Checking (attach a voided check)
 - Savings (attach a deposit slip)

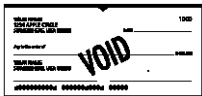
Name of bank

ABA/routing number for Automated Clearing House (ACH)

Bank account registration

Bank account number

- Send payment by **wire** to the designated Beneficiary's bank account (attach a voided check). A **wire fee** may be deducted from the account. *(This option is **not** available for SWP proceeds.)*



Include a voided check or savings deposit slip for the electronic funds transfer (ETF) payment method. If you do not have a voided check or a deposit slip, please include a bank statement showing the names on the account, address, and account number.

Generally, the proceeds will arrive at your bank within two banking days. Receipt of valid bank information and verification by your bank is required before your first distribution will be made by EFT.

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

- 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 Iowa Advisor 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 Iowa Advisor 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

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

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.

