

# Iowa Advisor 529 Plan Account Application for Merrill Lynch

For Iowa Residents Only



Complete this application to establish an Iowa Advisor 529 Plan account. If you would like help completing this application, contact your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor.

**IMPORTANT INFORMATION:** Prior to opening an account, we require that you provide us with your name/entity's name, street address, date of birth, and Social Security/taxpayer identification number. If you are establishing an account as attorney-in-fact on behalf of the Account Owner, contact your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor.

**Merrill Lynch Financial Advisors and Merrill Edge Financial Solutions Advisors, please follow internal procedures for account processing to avoid any delays in account establishment.**

Broker/dealer BIN: \_\_\_\_\_  
(if applicable)

## 1 REGISTRATION AND MAILING ADDRESS

Choose One:

- Individual Account**
- UGMA/UTMA:** State \_\_\_\_\_ If I am funding this account with cash proceeds from the sale of assets held in a UGMA/UTMA custodial account for the benefit of the designated Beneficiary of this account, I am doing so in my capacity as Custodian for the designated Beneficiary. I understand, as Custodian for a UGMA/UTMA 529 account, that I will not be able to change the designated Beneficiary for this account or make withdrawals, other than for the benefit of the designated Beneficiary, as permitted under the laws governing the UGMA/UTMA custodial account. I understand that these same restrictions apply to other contributions made into this account, regardless of the source of funds.
- Trust/Estate:** We require a copy of the title and signature pages of the trust/estate document with the application.

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

Name of Account Owner, Custodian, Trustee or Executor (first, middle initial, last) \_\_\_\_\_ Social Security/taxpayer ID number \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
*Must be 18 or older*

Name of trust or estate (if applicable) \_\_\_\_\_ U.S. taxpayer identification number \_\_\_\_\_ Date of trust (if applicable) \_\_\_\_\_

U.S. residential street address \_\_\_\_\_ City \_\_\_\_\_ State IA ZIP code \_\_\_\_\_

U.S. mailing address (if different than U.S. residential street address) \_\_\_\_\_ City \_\_\_\_\_ State IA ZIP code \_\_\_\_\_

E-mail address \_\_\_\_\_ Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

**Citizenship of Account Owner:**  U.S. Citizen  Resident alien (Nonresident aliens are not eligible to participate in the Program.)  
**Country of organization:**  United States (entity must be organized in the United States to be eligible to participate in the Program)

## 2 TRUSTEE OR EXECUTOR INFORMATION

To list additional trustees, include all information in this section on a separate sheet.

Name of trustee/executor (first, middle initial, last) \_\_\_\_\_ Name of trustee/executor (first, middle initial, last) \_\_\_\_\_

Social Security number \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Social Security number \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

U.S. residential street address of trustee \_\_\_\_\_ U.S. residential street address of trustee \_\_\_\_\_  
City \_\_\_\_\_ State IA ZIP code \_\_\_\_\_ City \_\_\_\_\_ State IA ZIP code \_\_\_\_\_

## 3 SUCCESSOR ACCOUNT OWNER FOR INDIVIDUAL ACCOUNTS

Contact your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor for the appropriate form to designate a Successor Account Owner on a UGMA/UTMA custodial account.

An Account Owner may designate a Successor Account Owner to assume control of the account upon the Account Owner's death. The Account Owner may revoke or change a Successor Account Owner at any time.

Name of Successor Account Owner (first, middle initial, last) or entity \_\_\_\_\_ Social Security/taxpayer ID number \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
*Must be 18 or older*

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

**Citizenship:** The Successor Account Owner must be a U.S. citizen or a resident alien.

## 4 DESIGNATED BENEFICIARY INFORMATION

The Beneficiary is the prospective student. All information in this section is required to establish an account.

Name of designated Beneficiary (first, middle initial, last) \_\_\_\_\_ Social Security/taxpayer ID number \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
U.S. residential street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Relationship to Account Owner \_\_\_\_\_ **Citizenship:**  U.S. Citizen  Resident alien  
(Nonresident aliens are not eligible to participate in the Program.)

## 5 INVESTMENT OPTIONS

Before choosing your Investment Option(s), see the Program Description and Participation Agreement. You can obtain the Program Description from your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor for more information and a complete and up-to-date list of Investment Options.

### Share Class

Please select only one Share Class. Each Share Class has a different fee and expense structure. Please refer to the IAdvisor 529 Plan Program Description and Participation Agreement for a complete explanation. Applications received by the Program Manager that do not indicate a Share Class for investment will be returned for completion.

**A Shares** - May be appropriate for investors who anticipate being invested in the plan for at least 7 years or for investments over certain dollar thresholds across all your accounts (since purchases will be eligible for reduced sales charges – See Program Description, “Fee Structure” for more information.)

**C Shares** - May be appropriate for investors who anticipate being invested in the plan for less than 7 years.

Select the Share Class you are purchasing. If no class of shares is selected, Class A will be selected for you.

- Class A** with initial sales charge
- Class A** load-waived (Please indicate reason below.)
- Class C**

Reason for waiving sales charge of Class A shares (See Program Description and Participation Agreement for allowable circumstances.)

### Fee Disclosure Notice:

**A Shares** - Have an upfront sales charge, but lower ongoing annual asset based fees than C Shares. Therefore, A Shares may be considered to be more economical over longer investment time horizons and more appropriate for investors who anticipate being invested in the 529 program for 7 years or longer. Additionally, if you are entitled to a reduction of the sales charge based on the amount of your investment, the number of years at which A Shares may incur lower overall fees as those that would have been incurred by C Shares may be less than 7 years.

**C Shares** - Do not have an upfront sales charge, however, they have higher ongoing annual asset based fees than A Shares. C Shares may incur less fees than A Shares over shorter investment time horizons, and may be more appropriate for investors who anticipate being invested in the 529 program for less than 7 years and are not entitled to a sales charge reduction on A Shares based on the amount of their investment in the program. Please note that if C Shares are liquidated and withdrawn from the account within 12 months of the purchase, they may be subject to a contingent deferred sales charge.

### Fee Acknowledgement:

**Signature Required** if you select A shares, and your designated beneficiary is age 14 or older at the time of application, unless, 1) your total investment across all your accounts is \$250,000 or greater or 2) you are eligible to purchase A shares without a sales charge.

**Signature Required** if you select C shares, your designated beneficiary is age 10 or younger at the time of application.

**I understand that by selecting a unit class and associated fee structure outside the suggested guidelines provided above, that the fees and expenses incurred over my expected investment holding period may exceed what the fees and expenses would have been if I selected the suggested unit class. I understand that I will receive an annual reminder notice as long as I am investing in a unit class outside the suggested guidelines.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The minimum initial contribution is \$250 per Option unless opened with an Automatic Investment Plan (AIP) or payroll direct deposit. Each account will be subject to an annual \$25 maintenance fee unless waived as disclosed. See Program Description and Participation Agreement for details.

**Choose only one of the following three Investment Strategies**

*With the exception of Fixed Asset Allocation Investment Options, only one strategy may be selected for an account.*

**1 ■ Age-Based Investments ■ Select only one option below**

Contributions will be allocated to the appropriate Age-Based Option corresponding to your Beneficiary's current age.

Iowa Advisor 529 Age-Based Option

**2 ■ Static Asset Allocation Investments ■ Select only one option below**

Iowa Advisor 529 Aggressive Option

Iowa Advisor 529 Conservative Option

Iowa Advisor 529 Growth Option

Iowa Advisor 529 Ultra-Conservative Option

Iowa Advisor 529 Moderate Option

**3 ■ Fixed Asset Allocation Investments ■ You may select multiple options below**

Select your Investment Option(s) below and write the amount of your initial investment next to each Option in which you choose to invest.

\$ \_\_\_\_\_ Voya Government Money Market Option      \$ \_\_\_\_\_ Voya Multi-Mgr. Mid Cap Value Option

\$ \_\_\_\_\_ Voya Intermediate Bond Option      \$ \_\_\_\_\_ Voya Short Term Bond Option

\$ \_\_\_\_\_ Voya Large Cap Growth Option      \$ \_\_\_\_\_ Voya Small Company Option

\$ \_\_\_\_\_ Voya Large Cap Value Option      \$ \_\_\_\_\_ Voya U.S. Stock Index Option

\$ \_\_\_\_\_ Voya MidCap Opportunities Option      \$ \_\_\_\_\_ VY BlackRock Inflation Protected Bond Opt.

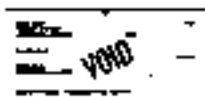
\$ \_\_\_\_\_ Voya Multi-Mgr. International Equity Opt.      \$ \_\_\_\_\_ VY Clarion Global Real Estate Option

**Total Amount Invested in the Fixed Asset Allocation Investment Options \$ \_\_\_\_\_**

Investments to your account may be made in the form of a check, an ACH, a rollover contribution, an AIP, or a payroll direct deposit. The minimum initial contribution is \$250 per Option. This minimum is reduced if you establish an AIP or a payroll direct deposit for your account.

- Check \$ \_\_\_\_\_ Make check payable to Iowa Advisor 529 Plan.** We do not accept cash, starter checks, checks drawn on banks outside the United States, or credit card checks, and we may refuse checks if Iowa Advisor 529 Plan is not the original payee.
- Rollover from an Education Savings Account/Qualified U.S. Savings Bond** - All proceeds held by the current Custodian must be liquidated before establishing the account. The entire contribution will be treated as earnings unless we receive appropriate documentation as described in the Program Description and Participation Agreement.
- Rollover from another 529 Account** - Enclose an Iowa Advisor 529 Plan rollover form. A rollover form can be obtained by contacting your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor
- Automatic Investment Plan (AIP)** - Complete the AIP information in section 7 of this application and include a preprinted, voided check or a preprinted deposit slip for a savings account.
- Payroll Direct Deposit** - You may be able to contribute to your account via payroll direct deposit. We will send information that you may forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

**Name of Employer:** \_\_\_\_\_



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.

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 Iowa Advisor 529 Plan Account Owner/Custodian.

- Automatic Investment Plan (AIP)** - Automatic purchases can be made from your bank account into your Iowa Advisor 529 Plan account. There is a \$50 minimum per investment, per Option.

\_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_  
Option name                      Amount                      Option name                      Amount

**Investment frequency for all Options selected (choose one):**

- Monthly or semimonthly**, on the \_\_\_\_\_ and \_\_\_\_\_ day(s) of each month.
- Periodically**, on the \_\_\_\_\_ and \_\_\_\_\_ day(s) of the month(s) indicated below.
- January     February     March     April     May     June
- July     August     September     October     November     December

*This privilege 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.*

## 8 FINANCIAL ADVISOR INFORMATION (REQUIRED)

## Merrill Lynch

\_\_\_\_\_  
Name of financial advisor (first, middle initial, last)  
Please enter "Merrill Edge" for Merrill Edge accounts.

\_\_\_\_\_  
Name of dealer

\_\_\_\_\_  
U.S. street address / Merrill Edge Service and Support address

\_\_\_\_\_  
Rep number or Merrill Edge Producer ID

\_\_\_\_\_  
Branch number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Merrill Lynch Account Number

The financial advisor (FA) represents and warrants: (1) that he/she is registered as an investment advisor with the Securities and Exchange Commission (SEC) and under the laws of each state in which he/she does or intends to do business or is exempt from such registration; or (2) that he/she is a registered representative of a licensed broker/dealer; and (3) that, to the best of the FA's knowledge, no proceeding, enforcement action, disciplinary action, investigation, or arbitration by or before the SEC or any self-regulatory organization is pending against the FA. The FA agrees to indemnify and hold the Iowa Educational Savings Plan Trust harmless for any loss, cost, or damage (including reasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that Iowa Advisor 529 Plan believes to have originated from the FA or other authorized individuals in connection with this authorization. If the FA is the addressee of record for the Account Owner's account(s) in section 1 of this authorization, the FA agrees to promptly forward all Program descriptions, shareholder reports, and other regulatory mailings from Iowa Advisor 529 Plan required by rule, statute, or other applicable regulation to be provided to the Account Owner. To the extent that the FA describes or distributes performance information concerning an Option, the FA agrees to obtain from Iowa Advisor 529 Plan and disseminate to his/her clients or prospective clients the most current performance information relating to the Options. The FA further agrees that he/she will not: (1) alter or change in any respect any sales materials relating to the Option provided to him/her by Iowa Advisor 529 Plan without the prior consent of Iowa Advisor 529 Plan; (2) distribute, disseminate, or publish any sales materials regarding Iowa Advisor 529 Plan or the Options that are misleading or otherwise in violation of applicable law; and/or (3) disseminate any sales materials marked "For Financial Professional Use Only" or similarly restricted as to distribution.

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\_\_\_\_\_  
Signature of financial advisor

\_\_\_\_\_  
Date

- Check here if you are a Registered Investment Advisor (RIA)

The financial advisor must sign and date here or the application will be returned. A signature is not required for Merrill Edge accounts.

**To establish account options by EFT at any time, your bank account registration MUST have one name in common with the Iowa Advisor 529 Plan Account Owner/Custodian.** If a preprinted, voided check is not enclosed with this application, but you do include a personal investment check, we will use the information contained on the personal investment check to establish a requested AIP. The Iowa Advisor Program, Voya Investment Management Co. LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (“Program Manager”)—will not be responsible for banking system delays beyond their control.

I understand that by executing this application, I herein authorize my bank to honor all entries to my bank account initiated through BNY Mellon Investment Servicing (U.S.) Inc., or any successor, on behalf of the applicable 529 plan. I acknowledge and understand that the Program Manager will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the Program Description and Participation Agreement or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Program Manager receives, and has a reasonable amount of time to act upon, a subsequent notice.

10 ACCOUNT OWNER CONSENT FOR E-DELIVERY

I would like to receive my account statements, transaction confirmations, Program descriptions, and Program description supplements electronically. If I do not consent below, I understand that I will receive my documents/statements in paper format.

- I consent to delivery of my 529 plan documents/statements in electronic format and have provided my e-mail address in section 1 of this application.

I understand that I will receive an e-mail notice indicating that the most recent documents or statements are available for viewing and downloading at [www.iowaadvisor529.com](http://www.iowaadvisor529.com) and that I will need to establish a login ID and password to view these materials. I may change my electronic delivery preferences or unsubscribe from e-delivery at any time by logging into my account online or by calling **1-800-774-5127**.

11 ACCOUNT AGREEMENT AND SIGNATURE(S)

By signing this application, I hereby initiate the opening of an Iowa Advisor 529 Plan account. I certify that I am opening the account to provide funds for the qualified higher education expenses of the designated Beneficiary. I have received and have read and agree to the terms set forth in the Program Description and Participation Agreement and will retain a copy of this document for my records. I have had the opportunity to consult with my Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor and/or legal advisor before signing this application. I understand that my account will be subject to a \$25 annual maintenance fee unless qualifying for a waiver as disclosed in the Program Description and Participation Agreement.

I acknowledge that I am required to provide certain personal information, which will be used to verify my identity, and that my account may not be opened if I do not provide this information. I further acknowledge that the Program Manager reserves the right to close my account, or take other reasonable steps, if it is unable to verify my identity. I represent that I am of legal age and have legal capacity to make this purchase.

I hereby acknowledge that my Merrill Lynch Financial Advisor or Merrill Edge will receive duplicate account statements.

I acknowledge that my Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor receives compensation when I purchase shares of the Program Option.

I certify that the information I have provided on this application—and all future information I will provide with respect to my Iowa Advisor 529 Plan account—is true, complete, and correct. I authorize the Program Manager and Iowa Advisor 529 Plan to open and maintain the account(s) based on this information.

By signing this account application, I understand and agree that I will also receive the Bank of America U.S. Consumer Privacy Notice, in addition to other required disclosures following the opening of my account. I also understand that the Bank of America U.S. Consumer Privacy Notice is accessible anytime on [www.ml.com/privacy](http://www.ml.com/privacy).

To complete this application, you must sign and date here.

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

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

## 12 ACCOUNT PROFILE (OPTIONAL)

The following information is being requested by the state administrator of the Program for internal reporting purposes. Your responses will be kept confidential. If you have questions regarding our privacy policy, visit [www.iowaadvisor529.com](http://www.iowaadvisor529.com) or call **1-800-774-5127**.

### Annual Household Income (from all sources):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Under \$25,000    | <input type="checkbox"/> \$40,000–\$74,999 | <input type="checkbox"/> \$100,000–\$249,999 |
| <input type="checkbox"/> \$25,000–\$39,999 | <input type="checkbox"/> \$75,000–\$99,999 | <input type="checkbox"/> \$250,000+          |

### Education Level of the Account Owner (select highest level completed):

- |   |   |  |                                |
|---|---|--|--------------------------------|
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Master's degree | <input type="checkbox"/> Other |
| <input type="checkbox"/> GED                  | <input type="checkbox"/> Bachelor's degree  | <input type="checkbox"/> Ph.D.           |                                |

### Ethnicity of Beneficiary:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Hispanic  | <input type="checkbox"/> Other           |

### Gender of Beneficiary:

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

## 13 MAILING INSTRUCTIONS

### Before you mail, have you:

- Provided all required information in section 1?
- Completed designated Beneficiary information in section 4?
- Selected an Investment Option in section 5?
- Had your financial advisor complete section 8?
- Signed your application in section 11?
- Included a preprinted, voided check (if applicable)?
- Enclosed your check made payable to Iowa Advisor 529 Plan?

### Additionally, for Trust and other entity accounts, have you:

- Enclosed the appropriate documents as required in section 1?

### Merrill Lynch Financial Advisors and Merrill Edge Financial Solutions Advisors:

Please follow internal procedures for account processing to avoid any delays in account establishment.

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.

