

IAdvisor 529 Plan Account Maintenance Form



Complete this form to establish or change information on your IAdvisor 529 Plan account. You must complete section 1 and section 8 of this form and any other sections as applicable. Before mailing this form, confirm that you are returning all three pages. 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 INFORMATION AND MAILING ADDRESS

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

Name of Account Owner or Custodian (first, middle initial, last)		Social Security/taxpayer ID number	
If trust or estate, name of trustee/executor (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
Daytime phone	Evening phone		
Name of designated Beneficiary (first, middle initial, last)		Social Security/taxpayer ID number	
Account number	Account number		
Account number	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, if provided in section 2 of this form, 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.**

2 BENEFICIARY ADDRESS CHANGE

If the Beneficiary has a new address, please provide it below.

U.S. residential street address	City	State	ZIP code
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3 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 below.

E-mail address

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.iadvisor529.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**.

Complete this section to change or establish bank information used for an Automatic Investment Plan (AIP), the Redemption option, or the Express Purchase option via electronic funds transfer (EFT) or wire. See below for additional details on bank registration requirements.

Note: *If you have bank information on file for an AIP, the Redemption option, or the Express Purchase option, it will be removed and replaced with the new bank information provided, unless otherwise indicated in section 5 or section 6 of this form.*

To establish account options by EFT (Electronic Funds Transfer) at any time, your bank account registration MUST have one name in common with the Tomorrow's Scholar Account Owner/Custodian.

You can establish account options by EFT by providing providing the wire transfer instructions for your bank or financial institution below.

How to find your banks ABA routing number...



↑
The ABA routing number can be found in the lower left corner of your personal check. The account number is just to the right of the ABA number.

Or, if you bank online, your bank will very likely provide easy access to the ABA number, once you are logged into your account.

_____	_____
Bank Name	Bank's ABA routing number (typically 9 digits)
_____	_____
Account Registration (name(s) on account)	Account Number

Voya Investment Management Co. LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, "Voya")—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 Voya 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 Voya receives, and has a reasonable amount of time to act upon, a subsequent notice.

Establishing or making changes to the banking information on file will require your signature to be Medallion Guaranteed. See section 7 of this form.

5 AUTOMATIC INVESTMENT PLAN (CHANGE OR ESTABLISH)

Complete this section to change or establish an AIP. An AIP allows you to make scheduled, automatic purchases from your bank account into your Iowa Advisor 529 Plan account. Include bank information in section 4, if applicable.

List the account(s) to be updated:

Option/Account number \$ _____ Amount _____
Option/Account number \$ _____ Amount

- Establish a new AIP or Change or restart an existing AIP
 - Using the **new** bank information (include bank information in section 4).
 - Using the **existing** bank information on file.

AIP dollar amount per investment:

Option/Account number \$ _____ Amount _____
Option/Account number \$ _____ 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

If you are establishing a new AIP and 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 each 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 purchase will cycle on the previous business day. If you are updating an existing AIP and no amount or date is indicated, your AIP will be restarted with the amount and date on file.

Funds are drawn two to three days prior to the date provided here so that the funds are available to invest on the dates provided

6 REDUCED SALES CHARGES

Complete this section to establish Rights of Accumulation (ROA) for your 529 plan accounts. If you have questions or would like help completing this form, contact your financial advisor or call **1-800-774-5127**.

Name of Account Owner (first, middle initial, last)

Social Security/taxpayer ID number

List all accounts to be considered for your ROA

Account number

Account number

Account number

Account number

Account number

Account number

Rights of Accumulation

Sign this section to qualify for sales discounts on Class A shares in the applicable Program and list above the account numbers of the Class A and Class C shares in the Program for which you—or your spouse/domestic partner or child/grandchild (ages 18–21)—are the Account Owner. Refer to the Program Description and Participation Agreement for additional details.

7 MEDALLION SIGNATURE GUARANTEE (REQUIRED FOR SECTION 4)

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 the signatures 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.**

x _____
Signature of current Account Owner, Custodian, trustee, partner, officer, or personal representative

Print name Date

x _____
Signature of current Joint Account Owner

Print name Date

Medallion Signature Guarantee*

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 have received, read, and agree to the terms set forth in the Program Description and Participation Agreement.

x _____
Signature of Account Owner, Custodian, Trustee/Executor or authorized financial advisor

Print name Date

x _____
Signature of Co-Trustee or Co-Executor (if applicable)

Print name Date

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