

IAdvisor 529 Plan Change of Beneficiary

Complete this form to make changes to the Beneficiary on your IAdvisor 529 Plan account. You must complete section 1 of this form and any other sections as applicable. 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.iadvisor529Plan.com**.



1 CURRENT ACCOUNT INFORMATION AND MAILING ADDRESS

Complete this section with current account information.

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

Name of Account Owner or Custodian as currently registered (first, middle initial, last) 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

Option and account number Option and account number

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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 a copy of a utility bill or driver's license reflecting the new address.

A change of Beneficiary is not allowed on an UGMA/UTMA account.

New Beneficiary Information

The new Beneficiary must be a "member of the family" of the current designated Beneficiary, as defined by Section 529 of the Internal Revenue Code. If the new designated Beneficiary is NOT a "member of the family," you must instead complete an IAdvisor 529 Plan Withdrawal Request Form and an IAdvisor 529 Plan new Account Application, as the transaction will be considered a non qualified withdrawal that is subject to income tax and a 10% additional tax on earnings.

Name of designated Beneficiary (first, middle initial, last)		Social Security/taxpayer ID number	
U.S. residential street address		City	State ZIP code
Relationship to Account Owner		Date of birth (mm/dd/yyyy)	
Receiving Beneficiary Account Number (if applicable)		Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien (Nonresident aliens are not eligible to participate in the Program.)	

Investment Selection

Indicate below if you would like to change your current Investment Option(s).

Note: If the current account is less than the amount requested, the entire balance will be transferred to the new Beneficiary.

Total Amount to be Transferred \$_____ or _____ %

Before choosing your Investment Option(s), see the Program Description and Participation Agreement (available at www.iadvisor529.com) for more information and a complete and up-to-date list of Investment Options.

Refer to the "Important Information about Account Options" section on page 4 for further details about future investments into the new account.

You have the flexibility to purchase an Option that is more or less aggressive than that of the Option which corresponds to the Beneficiary's age at the time of purchase, by indicating a "hypothetical age" for the Beneficiary at right.

1 ■ Age-Based Investment

Contributions will be allocated to the appropriate Age-Based Option corresponding to your Beneficiary's current age unless you indicate a hypothetical age upon which contributions will be invested. Age-Based Options are designed for college savings and may not be appropriate for K-12 time horizons.

☐ IAdvisor 529 Age-Based Option Total Amount Invested \$_____ or _____ %

I wish to invest in the Age-Based Option that corresponds to:

☐ Beneficiary's current age ☐ Hypothetical age: _____

2 ■ Static Allocation Investments ■

\$_____ or _____ % IAdvisor 529 Aggressive Option

\$_____ or _____ % IAdvisor 529 Moderate Option

\$_____ or _____ % IAdvisor 529 Growth Option

\$_____ or _____ % IAdvisor 529 Conservative Option

3 ■ Single Fund 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.

\$_____ or _____ % Voya Government Money Market Option	\$_____ or _____ % Voya Multi-Mgr. International Equity Opt.
\$_____ or _____ % Voya Intermediate Bond Option	\$_____ or _____ % Voya Multi-Mgr. Mid Cap Value Option
\$_____ or _____ % Voya International Index Option	\$_____ or _____ % Voya Short Term Bond Option
\$_____ or _____ % Voya Large Cap Growth Option	\$_____ or _____ % Voya U.S. Stock Index Option
\$_____ or _____ % Voya Large Cap Value Option	\$_____ or _____ % VY JPMorgan Small Cap Core Equity Option
\$_____ or _____ % Voya MidCap Opportunities Option	

Important Information about Account Options

New Account Established

By changing the designated Beneficiary, you are electing to open a new account, which will have a new account number. Your current account will be closed to new investments unless you are transferring only a portion of the balance.

Future Automatic Investment Plan (AIP) Contributions (\$50 minimum)

Moving entire current account balance

If you are opening only one new account and have an active AIP, it will be suspended on your current account and automatically established on your new account. Any AIP in process will be purchased into the new account. If opening multiple accounts, a new AIP will not be established on the new accounts unless instructed below. Complete an IAdvisor 529 Plan Account Maintenance Form if the current account does not have an AIP or you wish to update your bank information.

☐ Start an AIP of \$ _____ on all new accounts. Only existing active banking information will be used.

Moving only a portion of the current account balance

Any active AIP will remain on the current account and a new AIP will not be established on the new account unless instructed below. If opening multiple accounts, complete an IAdvisor 529 Plan Account Maintenance Form if the current account does not have an AIP or you wish to update your bank information.

☐ Move entire AIP to the new account and suspend on my current account.

☐ Change the dollar amount on the current account to \$ _____ and start an AIP on the new account for \$ _____. Only existing active banking information will be used.

Change of Beneficiary Signatures

By signing this form, I hereby elect to change the Beneficiary on my IAdvisor 529 Plan account. I certify that the account will be used 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 a financial and/or legal advisor before signing this application. I understand that my account will be subject to a \$25 annual maintenance fee for each account selected 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, as well as that of the designated Beneficiary, 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 certify that the information I have provided on this application—and all future information I will provide with respect to my IAdvisor 529 Plan account—is true, complete, and correct. I authorize the Program Manager and IAdvisor 529 Plan to open and maintain the account(s) based on this information.

✕

Signature of Account Owner, Custodian, or Trustee/Executor

Print name

Date

✕

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

Print name

Date

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