

IAdvisor 529 Plan Change of Registration/Advisor Form



Complete this form to make changes to the account registration, including name change for the Account Owner or Beneficiary, changing the Account Owner or Beneficiary, changing the Financial Advisor, and changing or establishing the Successor Account Owner/Custodian on your IAdvisor 529 Plan account. You must complete section 1 of this form and any other sections as applicable. Before mailing this form, confirm that you are returning all six 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 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	
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 4 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 LEGAL NAME CHANGE FOR ACCOUNT OWNER, CUSTODIAN, OR BENEFICIARY

If the name of someone on the account has changed, you can update our records here. Check the box next to the individual whose name requires updating, and then write the old and new names here. You will need to sign with both names on the following page.

- Account Owner Custodian Beneficiary

Former name (first, middle initial, last)	x	Signature in former name for Account Owner or Custodian (or signature of Account Owner or Custodian for a Beneficiary name change)
New name (first, middle initial, last)	x	Signature in new name (for an Account Owner or Custodian name change only)
Social Security/taxpayer ID number	Date	

Medallion Signature Guarantee*

Note: A Medallion Signature Guarantee is required for name changes to Account Owner and Custodian, but not Beneficiary. See page 2 of this form for information on how to obtain a Medallion Signature Guarantee.

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)

Citizenship: U.S. Citizen 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 no amount is indicated below or the current account is less than the amount requested, the entire balance will be transferred to the new Beneficiary.

Total Amount to be Transferred \$ _____

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.

Choose only one of the following three Investment Strategies

With the exception of Single Fund Investment Options, only one option may be selected for an account.

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

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

Beneficiary's current age

Hypothetical age: _____

2 ■ Static Allocation Investments ■ Select only one option below

\$ _____ or _____% IAdvisor 529 Aggressive Option

\$ _____ or _____% IAdvisor 529 Conservative Option

\$ _____ or _____% IAdvisor 529 Growth Option

\$ _____ or _____% IAdvisor 529 Ultra-Conservative Option

\$ _____ or _____% IAdvisor 529 Moderate 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. Mid Cap Value Option

\$ _____ or _____% Voya Intermediate Bond Option

\$ _____ or _____% Voya Short Duration Bond Option

\$ _____ or _____% Voya International Index Option

\$ _____ or _____% Voya Small Company Option

\$ _____ or _____% Voya Large Cap Growth Option

\$ _____ or _____% Voya U.S. Stock Index Option

\$ _____ or _____% Voya Large Cap Value Option

\$ _____ or _____% VY Clarion Global Real Estate Option

\$ _____ or _____% Voya MidCap Opportunities Option

\$ _____ or _____% Voya Multi-Mgr. International Equity Opt.

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.

Important Information about Account Options

New Account Established

By changing the designated Beneficiary or by selecting a new Investment Option, 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

Complete this section to update the current financial advisor information or to change the advisor-of-record to another financial advisor within the same broker/dealer on certain 529 plan accounts.

Include additional account numbers on a separate sheet or request the Advisor-of-record by Rep. ID form from the Program Manager.

I have taken over as advisor-of-record only on the specific account numbers listed below.

Account number

Account number

Account number

Account number

New or Updated Financial Advisor Information

Name of financial advisor (first, last)

Name of dealer

Rep. number

Branch number

U.S. street address

City

State

Zip code

Daytime phone

Fax number

✕

Signature of new financial advisor

Print name

Date

✕

Signature of Account Owner, Custodian, or Trustee/Executor

Print name

Date

Complete this section to designate a successor Account Owner for an IAdvisor 529 Plan account.

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

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

Daytime phone

Evening phone

In the event of my incapacity or death, I hereby designate the individual named above to act as successor Account Owner for the account referenced on this form.

✕

Signature of current Account Owner

Print name

Date

Complete this section to designate a successor Custodian for an IAdvisor 529 Plan Uniform Gifts/Transfer to Minors Act (UGMA/UTMA) account.

Current Owner or Custodian

_____ Name of current Owner or Custodian (first, middle initial, last)	_____ Daytime phone	_____ Evening phone
_____ Name of minor (first, middle initial, last)	_____ Minor's Social Security number	_____ Minor's date of birth (mm/dd/yyyy)
_____ Name of designated successor (first, middle initial, last)	_____ Option and account number	

In the event of my incapacity or death, I hereby designate the individual named above to act as successor Custodian or Account owner for the minor on the Fund and account number referenced on this form.

x _____
Signature of current Custodian or Account owner Print name Date

Acceptance by Successor Custodian (required for UGMA/UTMA account)

I hereby accept Custodianship for the above-named minor's account should the current Custodian become incapacitated or deceased before the minor reaches the age that Custodianship ends or the age of majority in his/her state.

x _____
Signature of successor Custodian Social Security number Date

Print name

U.S. residential street address City State Zip code

Daytime phone Evening phone

Successor Account Owner Information

Print name Social Security number Date of Birth

U.S. residential street address City State Zip code

Daytime phone Evening phone

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