Iowa Advisor 529 Plan Payroll Direct Deposit - Contributor

Complete this form and forward it to your payroll department to establish Payroll Direct Deposit for all or part of your paycheck to your lowa Advisor 529 Plan account. Before completing this form, confirm with your payroll department that they offer this service through the Automated Clearing House (ACH) and if they require their own form to establish Payroll Direct Deposit. If you have questions about this form or if you receive your checks from the federal government (or an agency of the federal government), contact your financial advisor or call **1-800-774-5127**. Information is also available online at **www.iowaadvisor529.com**.



p ensure timely curate processing form, please print	Name of contributor (first, middle initial, last)				
	Name of contributor (first, middle initial, last) Social Security/taxpayer		Il Security/taxpayer ID n	r ID number	
•	U.S. residential street address	City	State	ZIP code	
	Work phone	Home phone			
	Birth Date (month/day/year)				
EMPLOYER INFO	RMATION				
	Company Name	Com	Company Code		
	Company address	City	State	ZIP code	
	Option codes, enter "0" in the contribution boxes	, and check the "Stop" box.			
	Any current payroll deductions on file for an exist	ing Investment Option will not be up	dated if the option is	not listed b	
	Any current payroll deductions on file for an exist Instructions on Completing This Form	ing Investment Option will not be up	dated if the option is	not listed be	
		ing Investment Option will not be up	dated if the option is	not listed b	
	Instructions on Completing This Form	er paycheck, and how you would lik to three beneficiaries per pay chec	e that amount allocat	ted amongst	
	Instructions on Completing This Form Step 1 Tell us the total amount you will have deducted p beneficiaries. For example, to allocate \$100 each	er paycheck, and how you would lik to three beneficiaries per pay chec	e that amount allocat	ted amongst	
	Instructions on Completing This Form Step 1 Tell us the total amount you will have deducted p beneficiaries. For example, to allocate \$100 each each named beneficiary and "\$300" in the "Total"	er paycheck, and how you would lik to three beneficiaries per pay chec	e that amount allocat <, indicate "\$100" in t	ted amongst	
	Instructions on Completing This Form Step 1 Tell us the total amount you will have deducted p beneficiaries. For example, to allocate \$100 each each named beneficiary and "\$300" in the "Total Beneficiary #1	er paycheck, and how you would lik to three beneficiaries per pay chec '' line at the bottom.	e that amount allocat <, indicate "\$100" in t	ed amongst he field nexi	
	Instructions on Completing This Form Step 1 Tell us the total amount you will have deducted p beneficiaries. For example, to allocate \$100 each each named beneficiary and "\$300" in the "Total Beneficiary #1	er paycheck, and how you would lik to three beneficiaries per pay chec '' line at the bottom.	e that amount allocat <, indicate "\$100" in t \$	ed amongst he field nexi	
	Instructions on Completing This Form Step 1 Tell us the total amount you will have deducted p beneficiaries. For example, to allocate \$100 each each named beneficiary and "\$300" in the "Total Beneficiary #1	er paycheck, and how you would lik to three beneficiaries per pay chec ' line at the bottom.	e that amount allocat <, indicate "\$100" in t \$	red amongst he field nexi	
	Instructions on Completing This Form Step 1 Tell us the total amount you will have deducted p beneficiaries. For example, to allocate \$100 each each named beneficiary and "\$300" in the "Total Beneficiary #1 Full Name Beneficiary #2 Full Name	er paycheck, and how you would lik to three beneficiaries per pay chec '' line at the bottom.	e that amount allocat <, indicate "\$100" in t \$	red amongst he field nexi	

Step 2

Now tell us how you want each 529 Plan beneficiary's payroll deduction allocated among their Investment Options. Please keep in mind, the minimum payroll deduction amount per pay period per Option is \$25.00.

If you have more than 3 beneficiaries, make a copy of this page and include it with your submission.

Beneficiary #1				
Full Name of the Contributor				
lowa Advisor 529 Plan Account Number		Social Security Number on Account		
Investment Option	Amount to Invest	Add	Change	Stop
	%			
	%			
	%			
	%			
Beneficiary #2				
Full Name of the Contributor				
lowa Advisor 529 Plan Account Number		Social Security Number on Account		unt
Investment Option	Amount to Invest	Add	Change	Stop
	%			
	%			
	%			
	%			
	%			
Beneficiary #3				
Full Name of the Contributor				
lowa Advisor 529 Plan Account Number		Social Security	Number on Acco	unt
Investment Option	Amount to Invest	·	Change	Stop
	%			
	%			
	%			
	%			
	%			

4 INVESTMENT IN:	011001234).	es "Checking" and transmit the funds to BNY Mellon (AB er as a 17-digit field without any dashes or spaces: 4-dig	
Submit a copy of this completed form to your payroll department.	transmit that amount to the account number indicated Net Asset Value of the Option indicated herein, inclu the Payroll Direct Deposit Plan (the "Plan"), including must be made in writing to my employer. It is the sol to which I am not entitled are transmitted by my empon my behalf Option shares in the amount necessar the applicable Option and its transfer agent to follow under the Plan, including the redemption of Option Program Manager, transfer agent, distributor, or Boa	duct from my paycheck the amount specified in section ed in section 3 of this form. Investments will be made at uding any applicable sales charge. I understand that all it changes in the amount of the investment or cancellation of the responsibility of my employer to arrange for all transactology to my lowa Advisor account, I authorize my employ to obtain the return of the entire amount of these mony all instructions by my employer in connection with transhares, and I agree not to make claims against lowa Advird for following the instructions of my employer. The avair. The terms of the Plan may be terminated or modified set forth herein.	the then current instructions under on of the Plan, actions. If monies over to redeem nies. I authorize asactions made visor 529 Plan, its ailability of funds
	Signature of Contributor / Employee Signature of Account Owner if different than Contributor	Print name	Date
6 MAILING INSTRU	ICTIONS FOR COMPLETED FORMS		Bate

REGULAR MAIL

Iowa Advisor 529 Plan c/o Voya Investment Management PO Box 534469 Pittsburgh, PA 15253-4469

OVERNIGHT/COURIER

Iowa Advisor 529 Plan Attention: 534469 500 Ross Street 154-0520 Pittsburgh, PA 15262

lowa Advisor 529 Plan is a part of the lowa 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.



Option	Option Name	Cusip
6100	IADVISOR 529 AGE 0 - 5 OPTION CLASS A	462266537
6101	IADVISOR 529 AGE 0 - 5 OPTION CLASS C	462266529
6104	IADVISOR 529 AGE 11 - 15 OPTION CLASS A	462266487
6105	IADVISOR 529 AGE 11 - 15 OPTION CLASS C	462266479
6106	IADVISOR 529 AGE 16 - 17 OPTION CLASS A	462266461
6107	IADVISOR 529 AGE 16 - 17 OPTION CLASS C	462266453
6108	IADVISOR 529 AGE 18+ OPTION CLASS A	462266446
6109	IADVISOR 529 AGE 18+ OPTION CLASS C	462266438
6102	IADVISOR 529 AGE 6 - 10 OPTION CLASS A	462266511
6103	IADVISOR 529 AGE 6 - 10 OPTION CLASS C	462266495
6000	IADVISOR 529 AGGRESSIVE OPTION CLASS A	462266107
6001	IADVISOR 529 AGGRESSIVE OPTION CLASS C	462266206
6006	IADVISOR 529 CONSERVATIVE OPTION CLASS A	462266701
6007	IADVISOR 529 CONSERVATIVE OPTION CLASS C	462266800
6002	IADVISOR 529 GROWTH OPTION CLASS A	462266305
6003	IADVISOR 529 GROWTH OPTION CLASS C	462266404
6004	IADVISOR 529 MODERATE OPTION CLASS A	462266503
6005	IADVISOR 529 MODERATE OPTION CLASS C	462266602
6008	IADVISOR 529 ULTRA-CONSERVATIVE OPTION CLASS A	462266883
6009	IADVISOR 529 ULTRA-CONSERVATIVE OPTION CLASS C	462266875
6028	VOYA INTERMEDIATE BOND OPTION CLASS A	462266669
6029	VOYA INTERMEDIATE BOND OPTION CLASS C	462266651
6034	VOYA INTERNATIONAL INDEX OPTION CLASS A *	462266594
6035	VOYA INTERNATIONAL INDEX OPTION CLASS C *	462266586
6012	VOYA LARGE CAP GROWTH OPTION CLASS A	462266842
6013	VOYA LARGE CAP GROWTH OPTION CLASS C	462266834
6010	VOYA LARGE CAP VALUE OPTION CLASS A	462266867
6011	VOYA LARGE CAP VALUE OPTION CLASS C	462266859
6016	VOYA MIDCAP OPPORTUNITIES OPTION CLASS A	462266792
6017	VOYA MIDCAP OPPORTUNITIES OPTION CLASS C	462266784
6032	VOYA MONEY MARKET OPTION CLASS A	462266628
6033	VOYA MONEY MARKET OPTION CLASS C	462266610
6038	VOYA MULTI-MANAGER INTERNATIONAL EQUITY OPTION A	462266552
6039	VOYA MULTI-MANAGER INTERNATIONAL EQUITY OPTION C	462266545
6018	VOYA MULTI-MANAGER MID CAP VALUE OPTION CLASS A	462266776
6019	VOYA MULTI-MANAGER MID CAP VALUE OPTION CLASS C	462266768
6030	VOYA SHORT TERM BOND OPTION CLASS A	462266644
6031	VOYA SHORT TERM BOND OPTION CLASS C	462266636
6020	VOYA SMALL COMPANY OPTION CLASS A	462266750
6021	VOYA SMALL COMPANY OPTION CLASS C	462266743
6036	VOYA US STOCK INDEX OPTION CLASS A	462266578
6037	VOYA US STOCK INDEX OPTION CLASS C	462266560
6026	VY BLACKROCK INFLATION PROTECTED BOND OPT CL A	462266685
6027	VY BLACKROCK INFLATION PROTECTED BOND OPT CL C	462266677
6024	VY CLARION GLOBAL REAL ESTATE OPTION CLASS A	462266719
6025	VY CLARION GLOBAL REAL ESTATE OPTION CLASS C	462266693
	* Fund is closed to new investors	