IAdvisor 529 Plan Change of Registration

Complete this form to transfer ownership to a new account owner. 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 _____

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

2 TRANSFER OF OWNERSHIP

Complete this section to transfer ownership of all or a portion of an existing 529 plan account to a new account owner. The Releasing Account Owner(s) must have their signatures Medallion Guaranteed on this completed form. An Account Application, completed by the new Account Owner, is also required unless you are transferring to an existing 529 plan account.

Transfer amount:

☐ Full balance or

☐ Partial balance

_____ $_____ _____ $_____

Option name Amount Option name Amount

Note: If the amount requested is greater than the balance in the account, the entire account balance will be transferred.

Transfer ownership to:

_____ _____

Name of new Account Owner

Fund and account number (if transferring to an existing account) or write "New account" if new. An Account Application is required if you are not transferring to an existing account.

I understand that by transferring ownership to the individual or entity indicated, I am relinquishing all ownership rights to the transferred assets.

To complete this request, signatures must be Medallion Guaranteed.

Medallion Signature Guarantee*

✖ _____

Signature of current Account Owner, Custodian, or Trustee/Executor

_____

Print name

_____

Date

✖ _____

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

_____

Print name

_____

Date

Medallion Signature Guarantee*

*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.

REGULAR MAIL

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

OVERNIGHT/COURIER

IAdvisor 529 Plan
Attention: 534469
1350 Penn Avenue, Siote 102
Pittsburgh, PA 15222