

TOMORROW'S SCHOLAR® Account Application for Individuals



Complete this application to establish a Tomorrow's Scholar account. If you would like help completing this application, contact your financial advisor or call **1-866-677-6933**. Information is also available online at **www.tomorrowsscholar.com**.

Broker/dealer BIN: _____ (if applicable, beneficial 1) Broker/dealer BIN: _____ (if applicable, beneficial 2)

IMPORTANT INFORMATION: Prior to opening an account, we require that you provide us with your name/entity's name, street address, date of birth, and Social Security/taxpayer identification number. If you are establishing an account as attorney-in-fact on behalf of the Account Owner, contact Voya for instructions on properly establishing the account.

1 REGISTRATION AND MAILING ADDRESS FOR INDIVIDUAL OR UGMA/UTMA ACCOUNTS

Choose One:

☐ **Individual Account**

☐ **Joint Account**

☐ **UGMA/UTMA:** State _____ If I am funding this account with cash proceeds from the sale of assets held in a UGMA/UTMA custodial account for the benefit of the designated Beneficiary of this account, I am doing so in my capacity as Custodian for the designated Beneficiary. I understand, as Custodian for a UGMA/UTMA 529 account, that I will not be able to change the designated Beneficiary for this account or make withdrawals, other than for the benefit of the designated Beneficiary, as permitted under the laws governing the UGMA/UTMA custodial account. I understand that these same restrictions apply to other contributions made into this account, regardless of the source of funds.

Are you creating accounts for one or two beneficiaries? ☐ One ☐ Two

Name of primary Account Owner or Custodian (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy) <i>Must be 18 or older</i>	
Name of Joint Account Owner (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy) <i>Must be 18 or older</i>	
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	
Citizenship of primary Account Owner:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident alien (Nonresident aliens are not eligible to participate in the Program.)	
Citizenship of Joint Account Owner:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident alien (Nonresident aliens are not eligible to participate in the Program.)	
<input type="checkbox"/> I am an employee of Voya			

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

2 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.

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.tomorrowsscholar.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 **1-866-677-6933**.

Email address _____

3 SUCCESSOR ACCOUNT OWNER FOR INDIVIDUAL ACCOUNTS

Call 1-866-677-6933 for the appropriate form to designate a Successor Account Owner on a UGMA/UTMA custodial account.

An Account Owner may designate a Successor Account Owner to assume control of the account upon the Account Owner's death. The Account Owner may revoke or change a Successor Account Owner at any time.

Name of Successor Account Owner (first, middle initial, last) or entity 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

Citizenship: The Successor Account Owner must be a U.S. citizen or a resident alien.

4 DESIGNATED BENEFICIARY INFORMATION

The Beneficiary is the prospective student. All information in this section is required to establish an account. This application is designed to allow the Account Owner to open accounts for two different designated beneficiaries at the same time. If two accounts are being established, please ensure this section is completed for each designated Beneficiary.

Name of designated Beneficiary (first, middle initial, last) Social Security/taxpayer ID number Date of birth (mm/dd/yyyy)

U.S. residential street address City State ZIP code

Relationship to Account Owner **Citizenship:** ☐ U.S. Citizen ☐ Resident alien
(Nonresident aliens are not eligible to participate in the Program.)

Name of designated Beneficiary (first, middle initial, last) Social Security/taxpayer ID number Date of birth (mm/dd/yyyy)

U.S. residential street address City State ZIP code

Relationship to Account Owner **Citizenship:** ☐ U.S. Citizen ☐ Resident alien
(Nonresident aliens are not eligible to participate in the Program.)

5 ACCOUNT PROFILE (OPTIONAL)

The following information is being requested by the state administrator of the Program for internal reporting purposes. Your responses will be kept confidential. If you have questions regarding our privacy policy, visit www.tomorrowsscholar.com or call 1-866-677-6933.

Annual Household Income (from all sources):

- ☐ Under \$25,000 ☐ \$40,000–\$74,999 ☐ \$100,000–\$249,999
☐ \$25,000–\$39,999 ☐ \$75,000–\$99,999 ☐ \$250,000+

Education Level of the Account Owner (select highest level completed):

- ☐ High school graduate ☐ Associate's degree ☐ Master's degree ☐ Other
☐ GED ☐ Bachelor's degree ☐ Ph.D.

Ethnicity of Beneficiary (select only one):

- ☐ African American ☐ Caucasian ☐ Native American
☐ Asian ☐ Hispanic ☐ Other

Gender of Beneficiary:

- ☐ Female ☐ Male

Ethnicity of 2nd Beneficiary (select only one):

- ☐ African American ☐ Caucasian ☐ Native American
☐ Asian ☐ Hispanic ☐ Other

Gender of 2nd Beneficiary:

- ☐ Female ☐ Male

If you are designating two beneficiaries with different allocations, please use this page and the following page for each beneficiary and include the individual beneficiary's name here.

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.

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

Share Class

Select the Share Class you are purchasing. If no class of shares is selected, Class A will be selected for you.

- ☐ **Class A** with initial sales charge ☐ **Class C**
- ☐ **Class A** load-waived (Please indicate reason below.) ☐ **Class C1** for TIAA-CREF Single Fund Options only
- ☐ **Class AR *** for A share rollovers from another 529 plan ☐ **Class W ***

Reason for waiving sales charge of Class A shares (See Program Description and Participation Agreement for allowable circumstances.)

* Please note Class AR and W Units are not available through all financial intermediaries.

The minimum initial contribution is \$250 per Option unless the account is opened with an Automatic Investment Plan (AIP) or payroll direct deposit. Each Option may be subject to an annual \$25 nonresident annual maintenance fee unless waived as disclosed. See Program Description and Participation Agreement for details.

Choose your allocation in Dollars or Percent

Investment Option 1 – Age-Based Option

Contributions will be allocated to the appropriate Voya 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 primary and secondary school tuition savings.

- ☐ Voya 529 Age-Based Option

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

- ☐ Beneficiary's current age ☐ Hypothetical age: _____

Total Amount Invested in the Age-Based Option \$_____ or _____%

Investment Option 2 – Static Allocation Options

- ☐ Voya 529 Aggressive Growth Option ☐ Voya 529 Conservative Plus Option
- ☐ Voya 529 Growth Plus Option ☐ Voya 529 Ultra Conservative Option
- ☐ Voya 529 Balanced Option

Total Amount Invested in the Static Allocation Options \$_____ or _____%

Investment Option 3 – Single Fund Options

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 _____% BlackRock Global Allocation Option	\$_____ or _____% Voya GNMA Income Option
\$_____ or _____% Columbia Dividend Opportunity Option	\$_____ or _____% Voya High Yield Bond Option
\$_____ or _____% Northern Small Cap Value Option	\$_____ or _____% Voya Intermediate Bond Option
\$_____ or _____% TIAA-CREF Balanced Option	\$_____ or _____% Voya Large Cap Growth Option
\$_____ or _____% TIAA-CREF Equity Index Option	\$_____ or _____% Voya Large Cap Value Option
\$_____ or _____% TIAA-CREF Int'l Equity Index Option	\$_____ or _____% Voya Mid Cap Opportunities Option
\$_____ or _____% TIAA-CREF Principal Protection Option *	\$_____ or _____% Voya Multi-Mgr. International Equity Opt.
\$_____ or _____% TIAA-CREF Small Cap Blend Index Opt.	\$_____ or _____% Voya Multi-Mgr. Mid Cap Value Option
\$_____ or _____% Voya Corporate Leaders 100 Option	\$_____ or _____% Voya Small Cap Growth Option

Total Dollar Amount Invested in Single Fund Options \$_____

Total Percent Invested in Single Fund Options _____ %

*TIAA-CREF Principal Protection Option does not have a class designation

If using percentages, ensure that your selections total 100%

If you are designating two beneficiaries with different allocations, please use this page and the following page for each beneficiary and include the individual beneficiary's name here.

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

Share Class

Select the Share Class you are purchasing. If no class of shares is selected, Class A will be selected for you.

- ☐ **Class A** with initial sales charge ☐ **Class C**
- ☐ **Class A** load-waived (Please indicate reason below.) ☐ **Class C1** for TIAA-CREF Single Fund Options only
- ☐ **Class AR** * for A share rollovers from another 529 plan ☐ **Class W** *

Reason for waiving sales charge of Class A shares (See Program Description and Participation Agreement for allowable circumstances.)

* Please note Class AR and W Units are not available through all financial intermediaries.

The minimum initial contribution is \$250 per Option unless the account is opened with an Automatic Investment Plan (AIP) or payroll direct deposit. Each Option may be subject to an annual \$25 nonresident annual maintenance fee unless waived as disclosed. See Program Description and Participation Agreement for details.

Investment Option 1 – Age-Based Option

Contributions will be allocated to the appropriate Voya Age-Based Option corresponding to your Beneficiary's current age unless you indicate a hypothetical age upon which contributions will be invested. Aged-Base Options are designed for college savings and may not be appropriate for primary and secondary school tuition savings.

- ☐ Voya 529 Age-Based Option

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

- ☐ Beneficiary's current age ☐ Hypothetical age: _____

Total Amount Invested in the Age-Based Option \$_____ or _____%

Investment Option 2 – Static Allocation Options

- ☐ Voya 529 Aggressive Growth Option ☐ Voya 529 Conservative Plus Option
- ☐ Voya 529 Growth Plus Option ☐ Voya 529 Ultra Conservative Option
- ☐ Voya 529 Balanced Option

Total Amount Invested in the Static Allocation Options \$_____ or _____%

Investment Option 3 – Single Fund Options

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 _____% BlackRock Global Allocation Option	\$_____ or _____% Voya GNMA Income Option
\$_____ or _____% Columbia Dividend Opportunity Option	\$_____ or _____% Voya High Yield Bond Option
\$_____ or _____% Northern Small Cap Value Option	\$_____ or _____% Voya Intermediate Bond Option
\$_____ or _____% TIAA-CREF Balanced Option	\$_____ or _____% Voya Large Cap Growth Option
\$_____ or _____% TIAA-CREF Equity Index Option	\$_____ or _____% Voya Large Cap Value Option
\$_____ or _____% TIAA-CREF Int'l Equity Index Option	\$_____ or _____% Voya Mid Cap Opportunities Option
\$_____ or _____% TIAA-CREF Principal Protection Option *	\$_____ or _____% Voya Multi-Mgr. International Equity Opt.
\$_____ or _____% TIAA-CREF Small Cap Blend Index Opt.	\$_____ or _____% Voya Multi-Mgr. Mid Cap Value Option
\$_____ or _____% Voya Corporate Leaders 100 Option	\$_____ or _____% Voya Small Cap Growth Option

Total Dollar Amount Invested in Single Fund Options \$_____

Total Percent Invested in Single Fund Options _____ %

*TIAA-CREF Principal Protection Option does not have a class designation

If using percentages, ensure that your selections total 100%

7 CONTRIBUTION METHODS

Investments to your account may be made in the form of a check, an ACH, a rollover contribution, an AIP, or a payroll direct deposit. The minimum initial contribution is \$250 per Option. This minimum is waived if you establish an AIP or a payroll direct deposit for your account.

- ☐ **Check \$_____ Make check payable to Tomorrow's Scholar.** We do not accept cash, starter checks, checks drawn on banks outside the United States, or credit card checks, and we may refuse checks if Tomorrow's Scholar is not the original payee.
- ☐ **Rollover from an Education Savings Account/Qualified U.S. Savings Bond** - All proceeds held by the current Custodian must be liquidated before establishing the account. The entire contribution will be treated as earnings unless we receive appropriate documentation as described in the Program Description and Participation Agreement.
- ☐ **Rollover from another 529 Account** - Enclose a Tomorrow's Scholar rollover form. A rollover form can be obtained by visiting www.tomorrowsscholar.com or by calling **1-866-677-6933**.

If you selected Share Class AR for your initial rollover investment, you must select one of the following for your subsequent investments. If no class of shares is selected, Class A will be selected for you.

- ☐ **Class A** with initial sales charge
- ☐ **Class C1** for TIAA-CREF Single Fund Options only
- ☐ **Class A** load-waived (Please indicate reason below.)
- ☐ **Class W**
- ☐ **Class C**

Reason for waiving sales charge of Class A shares (See Program Description and Participation Agreement for allowable circumstances.)

- ☐ **Automatic Investment Plan (AIP)** - Complete the AIP information in section 9 of this application.
- ☐ **Payroll Direct Deposit** - You may be able to contribute to your account via payroll direct deposit. We will send information that you may forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

Name of Employer: _____

- ☐ **Ownership Change** - A Change of Registration Form with an medallion signature guarantee must be included to transfer the account to a new owner.

Previous Account Number: _____

- ☐ **One time bank draft from bank account.** Amount \$ _____
Please make a purchase by withdrawing funds from my bank listed in "Bank Information" (in Section 8).

8 BANK INFORMATION

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.

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 the wire transfer instructions for your bank or financial institution below.

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.

Bank Name

Bank's ABA routing number (typically 9 digits)

Account Registration (name(s) on account)

Account Number

Complete Section 8, Bank Information, to establish an Electronic Funds Transfer from your banking institution.

To establish subsequent contribution options by Automatic Investment Plan (AIP) or Electronic Funds Transfer (EFT), your bank account registration **MUST** have one name in common with the Tomorrow's Scholar Account Owner/Custodian.

- ☐ **Automatic Investment Plan (AIP)** - Automatic purchases can be made from your bank account into your Tomorrow's Scholar account. There is a \$25 minimum per investment, per account.

_____ \$ _____		_____ \$ _____
Option name	Amount	Option name

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.
- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

***This privilege will be effective upon receipt of valid bank information.** If no amount is chosen, your bank account will be debited \$25 on the date(s) you have chosen. If no date is chosen, your account will be debited on the 25th day of the 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 will cycle on the previous business day. Funds are drawn two to three days prior to the date provided above so that the funds are available to invest on the dates provided above.*

- ☐ **Automatic Dollar Cost Averaging (DCA) Program** - Dollar Cost Averaging is only available within the same account.

- ☐ I have at least \$5,000 in the TIAA-CREF Principal Plus Interest Option, and I would like to exchange:

\$ _____ (minimum of \$500) into the _____ Option

\$ _____ (minimum of \$500) into the _____ Option

\$ _____ (minimum of \$500) into the _____ Option

on a ☐ Monthly or ☐ Quarterly or ☐ Semi-annual basis to begin on the _____ (day) of _____ (month)

I understand that these automatic contributions are not considered reallocations for purposes of the twice per calendar year limitation on investment reallocations generally, if specified at the time the lump sum contribution is made. Stopping or changing the automatic contribution instructions with respect to prior contributions still remaining in the TIAA-CREF Principal Protection Option will constitute a reallocation for purposes of the twice per calendar year limitation

Investment change - This option allows you to sell shares via the internet or by phone from one Option and use the proceeds to buy shares in an identically registered Tomorrow's Scholar account in another Option. The number of investment changes that can be requested each calendar year without a change in the designated Beneficiary is limited per 529 plan regulations. Refer to the Program Description and Participation Agreement for details. This option will be added to your account unless you check the following box:

- ☐ I do **not** want the investment change option.

Redemption - This option allows you to sell shares by phone to have money sent to the Account Owner's address of record or bank account (via EFT or wire) if a preprinted, voided check is provided. You may also sell shares via the internet to have a check payable to the Account Owner sent to the address of record. This option will be added to your account unless you check the following box:

- ☐ I do **not** want the redemption option.

Express purchase - This option allows you to purchase shares via the internet or by phone with payment from your designated bank account by EFT if a preprinted, voided check is provided. If a preprinted, voided check is provided, this option will be added to your account unless you check the following box:

- ☐ I do **not** want the express purchase option.

10 FINANCIAL ADVISOR INFORMATION (REQUIRED)

Name of financial advisor (first, middle initial, last)

Name of dealer

U.S. street address

Rep number

Branch number

City

State

ZIP code

Daytime phone

Fax number

The financial advisor (FA) represents and warrants: (1) that he/she is registered as an investment advisor with the Securities and Exchange Commission (SEC) and under the laws of each state in which he/she does or intends to do business or is exempt from such registration; or (2) that he/she is a registered representative of a licensed broker/dealer; and (3) that, to the best of the FA's knowledge, no proceeding, enforcement action, disciplinary action, investigation, or arbitration by or before the SEC or any self-regulatory organization is pending against the FA. The FA agrees to indemnify and hold Tomorrow's Scholar harmless for any loss, cost, or damage (including reasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that Tomorrow's Scholar believes to have originated from the FA or other authorized individuals in connection with this authorization. If the FA is the addressee of record for the Account Owner's account(s) in section 1 of this authorization, the FA agrees to promptly forward all Program descriptions, shareholder reports, and other regulatory mailings from Tomorrow's Scholar required by rule, statute, or other applicable regulation to be provided to the Account Owner. To the extent that the FA describes or distributes performance information concerning an Option, the FA agrees to obtain from Tomorrow's Scholar and disseminate to his/her clients or prospective clients the most current performance information relating to the Options. The FA further agrees that he/she will not: (1) alter or change in any respect any sales materials relating to the Option provided to him/her by Tomorrow's Scholar without the prior consent of Tomorrow's Scholar; (2) distribute, disseminate, or publish any sales materials regarding Tomorrow's Scholar or the Options that are misleading or otherwise in violation of applicable law; and/or (3) disseminate any sales materials marked "For Financial Professional Use Only" or similarly restricted as to distribution.

The financial advisor
must sign and date here
or the application will be
returned.

x

Signature of financial advisor

Date

☐ Check here if you are a Registered Investment Advisor (RIA)

11 TRUSTED PERSON

If a "Dealer Information" was provided in the section 10, please do not provide a "Trusted Person" to Voya.

In 2018, FINRA, the primary regulator of Voya Investment Management (Voya), put in place regulations designed to protect retail customers from financial exploitation. These regulations, which are set forth in FINRA Rule 4512, require that FINRA members such as Voya make reasonable efforts to obtain the name of and contact information for a trusted contact person at the time a customer's account is opened. In instituting these regulations, FINRA has stated that the trusted contact person is intended to be a resource for the member firm in administering the customer's account, protecting assets and responding to possible financial exploitation. Voya may use its discretion in relying on any information provided by the trusted contact person. Voya may also elect to notify an individual that he or she was named as a trusted contact person; however, the Rule does not require such notification.

If you choose to provide Voya with the name and contact information of a trusted contact person, Voya or a Voya-associated person is authorized to contact the trusted contact person and disclose information about your account to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rules. In such circumstances, if you have chosen to provide Voya with the name and contact information of a trusted contact person, Voya is authorized under FINRA Rule 2165, if it reasonably believes that financial exploitation has occurred, is occurring, has been attempted or will be attempted, to place a temporary hold on the disbursement of funds or securities from the account of a customer. Be advised that Rule 2165 creates no obligation for Voya to withhold a disbursement of funds or securities in such circumstances.

Do you wish to provide Voya with the name and contact information of a trusted contact person?

☐ Yes, my trusted contact person is:

Name

Telephone

Email Address

Street Address

City

State

ZIP code

☐ No, I decline to provide a name and contact information of a trusted contact person

Initial above

12 ACCOUNT AGREEMENT AND SIGNATURE(S)

By signing this application, I hereby apply for a Tomorrow's Scholar account. I certify that I am opening the account 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 may be subject to a \$25 nonresident annual maintenance fee for each Investment Option 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, and that my account may not be opened if I do not provide this information. I further acknowledge that Voya 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 hereby authorize the FA designated on this application, and individuals acting on behalf of the FA (collectively, "authorized individuals"), to have full access to my account and acknowledge that they may receive duplicate account statements. I authorize these individuals to execute documents and act on my behalf, in accordance with Voya's procedures. I understand that this does not grant the authorized individuals discretionary control over my account, but allows them to act according to the instructions I provide to them. **I understand that if I do not want to authorize the FA (or RIA) to act on my behalf, I must check the box below:**

- ☐ I do **not** authorize my FA (or RIA) to act on my behalf, but he/she may receive duplicate account statements.

To the extent authorized above, Voya may treat the authorized individuals as authorized to act for me and on my behalf in the same manner and with the same force and effect as I could. I agree to notify Voya in writing immediately if this authority is revoked and further agree that, in the case of my death, disability, incapacity, or incompetency, Voya may continue to act on the instructions of the authorized individuals until a reasonable period after Voya is notified in writing that my authorization has been terminated or revoked. I agree that Voya and Tomorrow's Scholar are not responsible for suitability of investment recommendations or transactions initiated by the authorized individuals on my behalf. I further agree to indemnify and hold Voya harmless from acting upon any transactions on my Tomorrow's Scholar account resulting from verbal, written, or electronic instructions that Voya reasonably believes to have originated from any and all acts of the authorized individuals.

I acknowledge that my FA receives compensation when I purchase shares of the Program Option and that I may incur an additional annual fee based on the value of my account.

I certify that the information I have provided on this application—and all future information I will provide with respect to my Tomorrow's Scholar account—is true, complete, and correct. I authorize Voya and Tomorrow's Scholar to open and maintain the account(s) based on this information.

To complete this application, you must sign and date here.

x

Signature of Account Owner, or Custodian
(Individual, Joint or UGMA/UTMA Accounts)

Print name (and title, if applicable)

Date

x

Signature of Joint Account Owner
(Joint Accounts)

Print name

Date

13 MAILING INSTRUCTIONS

Before you mail, have you:

- | | |
|---|--|
| <input type="checkbox"/> Provided all required information in section 1? | <input type="checkbox"/> Had your financial advisor complete section 10? |
| <input type="checkbox"/> Completed designated Beneficiary information in section 4? | <input type="checkbox"/> Signed your application in section 12? |
| <input type="checkbox"/> Selected an Investment Option in section 6? | <input type="checkbox"/> Enclosed your check made payable to Tomorrow's Scholar? |

REGULAR MAIL

Tomorrow's Scholar
c/o Voya Investment Management
P.O. Box 534472
Pittsburgh, PA 15253-4472

OVERNIGHT/COURIER

Tomorrow's Scholar
Attention: 534472
500 Ross Street 154-0520
Pittsburgh, PA 15262

Tomorrow's Scholar is a state-sponsored 529 plan administered by the State of Wisconsin. Voya Investment Management Co. LLC provides investment management and administrative services for the Tomorrow's Scholar Plan. Shares in the Program are distributed by Voya Investments Distributor, LLC, Member FINRA/SIPC.

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

