

TOMORROW'S SCHOLAR® Account Application for Merrill Lynch



For Wisconsin Residents Only

Complete this application to establish a Tomorrow's Scholar account. If you would like help completing this application, contact your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor.

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 your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor.

Merrill Lynch Financial Advisors and Merrill Edge Financial Solutions Advisors, please follow internal procedures for account processing to avoid any delays in account establishment.

Broker/dealer BIN: _____
(if applicable)

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

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

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.

_____ 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 or Custodian (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	WI _____ State ZIP code
_____ U.S. mailing address (if different than U.S. residential street address)	_____ City	WI _____ State ZIP code
_____ E-mail address	_____ Daytime phone	_____ Evening phone

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

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

1b REGISTRATION AND MAILING ADDRESS FOR TRUST, PARTNERSHIP, CORPORATION, 501(c)(3), OR OTHER ENTITY ACCOUNTS

Choose One:

Trust: We require a copy of the title and signature pages of the trust document with the application.

Partnership: We require a copy of the partnership agreement with the application.

Corporation: We require a certified copy of the Articles of Incorporation with the application.

501(c)(3): We require a copy of the ruling or determination letter from the IRS with the application.

Other entity (list type): _____
We require a copy of the documentation supporting the entity's establishment with the application.

_____ Name of trust, partnership, corporation, 501(c)(3), or other entity	_____ U.S. taxpayer identification number	_____ Date of trust (if applicable)
_____ U.S. street address (principal place of business or local office)	_____ City	WI _____ State ZIP code
_____ U.S. mailing address (if different than U.S. street address)	_____ City	WI _____ State ZIP code
_____ E-mail address	_____ Daytime phone	_____ Evening phone

Country of incorporation/organization: United States (entity must be incorporated/organized in the United States to be eligible to participate in the Program)

2 TRUSTEE/PARTNER/OFFICER INFORMATION

To list additional trustees, partners, or officers, include all information in this section on a separate sheet.

_____ Name of trustee, partner, or officer (first, middle initial, last)		_____ Name of trustee, partner, or officer (first, middle initial, last)	
_____ Social Security number	_____ Date of birth (mm/dd/yyyy)	_____ Social Security number	_____ Date of birth (mm/dd/yyyy)
_____ U.S. residential street address of trustee, partner, or officer		_____ U.S. residential street address of trustee, partner, or officer	
_____ City	_____ State WI	_____ City	_____ State WI
	_____ ZIP code		_____ ZIP code

3 SUCCESSOR ACCOUNT OWNER FOR INDIVIDUAL ACCOUNTS

Contact your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor 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) <i>Must be 18 or older</i>
_____ 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: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> 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: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien (Nonresident aliens are not eligible to participate in the Program.)	

5 PARTNERSHIP, CORPORATION, OR 501(C)(3) AUTHORIZATION AND CERTIFICATION

Partnership, corporation, or 501(c)(3) accounts, complete section 5, all other accounts, proceed to section 6.

The following individual(s) is (are) duly authorized by resolution or otherwise to purchase, sell, assign, transfer, exchange, and/or deliver securities on behalf of the entity listed in section (1b) of this application ("entity") in connection with ownership of interests in the applicable Option of the 529 plan (including, without limitation, executing forms for any account options offered by the 529 plan and modifying such account options). If only one person is authorized to act on behalf of the entity and the individual is the sole officer of the entity, the undersigned certifies that: (1) he/she is the sole officer of the entity and all information contained within this section is accurate; and (2) the entity's Articles of Incorporation or Charter and Bylaws provide that he/she is the only person authorized to so act.

This authorization is a continuing one, and such authorization shall remain in full force and effect until the Program Manager receives, and has a reasonable amount of time to act upon, a written notice of revocation or the authorization is amended by another properly completed form.

Number of signatures required for written transactions: _____ (If no number is indicated, only one signature will be required.)

x	_____ Signature	_____ Print name	_____ Date
x	_____ Signature	_____ Print name	_____ Date
x	_____ Signature	_____ Print name	_____ Date

Before choosing your Investment Option(s), see the Program Description and Participation Agreement. You can obtain the Program Description from your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor for more information and a complete and up-to-date list of Investment Options.

Share Class

Please select only one Share Class. Each Share Class has a different fee and expense structure. Please refer to the Tomorrow's Scholar Program Description and Participation Agreement for a complete explanation. Applications received by the Program Manager that do not indicate a Share Class for investment will be returned for completion.

An investment in A or C Units is appropriate unless:

- The beneficiary is age 15 or older (C units must be purchased); or
- The client is eligible to purchase A units without a sales charge (\$1,000,000) (A units must be purchased).

This 529 plan has a convertible C unit that converts to A units without a sales charge after 6 years from the initial date of purchase.

(Please select one)

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

If you are also rolling over assets from another 529 plan and wish to invest the rollover in AR shares, please check:

- AR Share** for A share rollovers from another 529 plan

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

Fee Disclosure Notice:

A Shares - Have an upfront sales charge, but lower ongoing annual asset based fees than C Shares. Therefore, A Shares may be considered to be more economical over longer investment time horizons. Additionally, if you are entitled to a reduction of the sales charge based on the amount of your investment, the number of years at which A Shares may incur lower overall fees as those that would have been incurred by C Shares may be longer.

C Shares - Do not have an upfront sales charge, however, they have higher ongoing annual asset based fees than A Shares. The C unit converts to A units without a sales charge after 6 years from the initial date of purchase. A units have lower ongoing annual asset based fees than C units. Please note that if C Shares are liquidated and withdrawn from the account within 12 months of the purchase, they may be subject to a contingent deferred sales charge.

Fee Acknowledgement:

Signature Required if you select A shares, and your designated beneficiary is age 15 or older at the time of application.

Signature Required if you select C shares and your total investment in the plan is \$1,000,000.

I understand that by selecting a unit class and associated fee structure outside the suggested guidelines provided above, that the fees and expenses incurred over my expected investment holding period may exceed what the fees and expenses would have been if I selected the suggested unit class. I understand that I will receive an annual reminder notice as long as I am investing in a unit class outside the suggested guidelines.

Signature: _____ Date: _____

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-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 \$ _____

Investment Options continued on page 4

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.

If you are completing this application for multiple Beneficiaries with different Investment Options, please attach copies of section 6, this page and the next, and indicate who the Beneficiary is for each Investment Option.

Investment Option 2 – Static Allocation Options

- | | |
|--|---|
| <input type="checkbox"/> Voya 529 Aggressive Growth Option | <input type="checkbox"/> Voya 529 Conservative Plus Option |
| <input type="checkbox"/> Voya 529 Growth Plus Option | <input type="checkbox"/> Voya 529 Ultra Conservative Option |
| <input type="checkbox"/> 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 Multi-Mgr. International Equity Opt. |
| \$ _____ or _____% Columbia Dividend Opportunity Option | \$ _____ or _____% Voya Multi-Mgr. Mid Cap Value Option |
| \$ _____ or _____% Voya Corporate Leaders 100 Option | \$ _____ or _____% Voya Small Cap Opportunities Option |
| \$ _____ or _____% Voya Large Cap Value Option | \$ _____ or _____% Northern Small Cap Value Option |
| \$ _____ or _____% Voya GNMA Income Option | \$ _____ or _____% TIAA-CREF Balanced Option |
| \$ _____ or _____% Voya High Yield Bond Option | \$ _____ or _____% TIAA-CREF Equity Index Option |
| \$ _____ or _____% Voya Intermediate Bond Option | \$ _____ or _____% TIAA-CREF International Equity Index Opt. |
| \$ _____ or _____% Voya Large Cap Growth Option | \$ _____ or _____% TIAA-CREF Principal Protection Option * |
| \$ _____ or _____% Voya Mid Cap Opportunities Option | \$ _____ or _____% TIAA-CREF Small Cap Blend Index Option |

Total Amount Invested in the Single Fund Options \$ _____

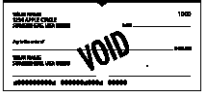
If using percentages, ensure that your selections total 100%

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

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**.
- Automatic Investment Plan (AIP)** - Complete the AIP information in section 8 of this application and include a preprinted, voided check or a preprinted deposit slip for a savings account.
- 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: _____



Include a voided check if you are establishing an AIP or express purchase by EFT.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

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 Amount

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.
- January February March April May June
- July August September October November 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*

- 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.

9 FINANCIAL ADVISOR INFORMATION (TO BE COMPLETED BY YOUR MERRILL LYNCH FINANCIAL ADVISOR)

Merrill Lynch

Name of financial advisor (first, middle initial, last)
Please enter "Merrill Edge" for Merrill Edge accounts

Name of dealer

U.S. street address / Merrill Edge Service and Support address

Rep number or Merrill Edge Producer ID

Branch number

City

State

ZIP code

Daytime phone

Fax number

Merrill Lynch Account Number

x

Signature of financial advisor

Date

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

The financial advisor must sign and date here or the application will be returned. A signature is not required for Merrill Edge accounts.

10 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 my Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor 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 acknowledge that my Merrill Lynch Financial Advisor or Merrill Edge will receive duplicate account statements.

I acknowledge that my Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor 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.

By signing this account application, I understand and agree that I will also receive the Bank of America U.S. Consumer Privacy Notice, in addition to other required disclosures following the opening of my account. I also understand that the Bank of America U.S. Consumer Privacy Notice is accessible anytime on www.ml.com/privacy.

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

x

Signature of trustee, partner, or officer
(Trust, Partnership, Corporation, 501(c)(3), or Other Entity Accounts)

Print name

Date

x

Signature of co-trustee, partner, or officer
(Trust, Partnership, Corporation, 501(c)(3), or Other Entity Accounts)

Print name (and title, if applicable)

Date

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

11 BANK INFORMATION

To establish account options by EFT at any time, your bank account registration MUST have one name in common with the Tomorrow's Scholar Account Owner/Custodian. If a preprinted, voided check is not enclosed with this application, but you do include a personal investment check, we will use the information contained on the personal investment check to establish a requested AIP. The applicable Option, 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.

12 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 in section 1 of this application.

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**.

13 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:

- African American Caucasian Native American
- Asian Hispanic Other

Gender of Beneficiary:

- Female Male

Before you mail, have you:

- Provided all required information in section 1?
- Completed designated Beneficiary information in section 4?
- Selected an Investment Option in section 6?
- Had your financial advisor complete section 9?
- Signed your application in section 10?
- Included a preprinted, voided check (if applicable)?
- Enclosed your check made payable to Tomorrow's Scholar?

Additionally, for Trust, Partnership, Corporation, 501(c)(3) and other entity accounts, have you:

- Enclosed the appropriate documents as required in section 1b?
- Completed section 5 as required?

Merrill Lynch Financial Advisors and Merrill Edge Financial Solutions Advisors:

Please follow internal procedures for account processing to avoid any delays in account establishment.

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.

