

TOMORROW'S SCHOLAR® Account Maintenance Form



Complete this form to establish or change information on your Tomorrow's Scholar account. You must complete section 1 and section 10 of this form and any other sections as applicable. Before mailing this form, confirm that you are returning all four pages. 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.

1 ACCOUNT INFORMATION AND MAILING ADDRESS

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

Name of Account Owner/Custodian (first, middle initial, last)		Social Security/taxpayer ID number	
Name of Joint Account Owner (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
Daytime phone	Evening phone		
Name of designated Beneficiary (first, middle initial, last)		Social Security/taxpayer ID number	
Option and account number	Option and account number		
Option and account number	Option and 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 2 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. See section 8 of this form.**

2 BENEFICIARY ADDRESS CHANGE

If the Beneficiary has a new address, please provide it below.

U.S. residential street address	City	State	ZIP code
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3 ACCOUNT OWNER CONSENT FOR E-DELIVERY

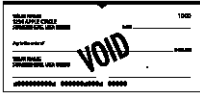
I would like to receive my account statements, transaction confirmations, Program descriptions, and Program description supplements electronically. If I do not consent below, I understand that I will receive my documents/statements in paper format.

I consent to delivery of my 529 plan documents/statements in electronic format and have provided my e-mail address below.

E-mail address _____

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**.

4 BANK INFORMATION (CHANGE OR ESTABLISH)



Include a voided check or savings deposit slip if you are establishing an AIP or express purchase by EFT. If you do not have a voided check or a deposit slip, please include a bank statement showing the names on the account, address, and account number.

When faxing this form, place the voided check or deposit slip on a separate sheet to avoid obscuring the contents of this form.

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

Complete this section to change or establish bank information used for an Automatic Investment Plan (AIP), the Redemption option, or the Express Purchase option via electronic funds transfer (EFT) or wire. See below for additional details on bank registration requirements.

Contact your financial institution to confirm that the routing number on the voided check (or for your savings account) is valid for EFT and wire transactions. Include written instructions if the routing numbers are different.

Note: *If you have bank information on file for an AIP, the Redemption option, or the Express Purchase option, it will be removed and replaced with the new bank information provided, unless otherwise indicated in section 5 or section 6 of this form.*

Account type (check one):

- Checking account (attach a preprinted, voided check)
- Savings account (attach a deposit slip)

Routing number

Account number

Note: *If no box is checked, your account will be updated as checking.*

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.

Establishing or making changes to the banking information on file will require your signature to be Medallion Guaranteed. See section 8 of this form.

5 AUTOMATIC INVESTMENT PLAN (CHANGE OR ESTABLISH)

Complete this section to change or establish an AIP. An AIP allows you to make scheduled, automatic purchases from your bank account into your Tomorrow's Scholar account. Include bank information in section 4, if applicable.

List the account(s) to be updated:

Option and account number

Option and account number

- Establish a new AIP or Change or restart an existing AIP
 - Using the **new** bank information (include bank information in section 4).
 - Using the **existing** bank information on file.

AIP dollar amount per investment: \$ _____ (There is a \$25 minimum investment, per account.)

Frequency (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

If you are establishing a new AIP and 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 each 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 purchase will cycle on the previous business day. If you are updating an existing AIP and no amount or date is indicated, your AIP will be restarted with the amount and date on file.

Funds add to a UTMA account automatically becomes UTMA assets and cannot be transferred to a different beneficiary

6 DOLLAR COST AVERAGING (CHANGE OR ESTABLISH)

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 once 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 once per calendar year limitation

7 ACCOUNT OPTIONS (CHANGE OR ESTABLISH)

The following options will be updated on all accounts listed in section 1 of this form. Include bank information in section 4, if applicable.

If you have existing bank information on file for any of these options, it will be removed and replaced with the new bank information provided.

Note: If you have an active Systematic Withdrawal Plan and would like to change the bank information, please attach a letter of instruction signed by all Account Owners.

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.

**If the Tomorrow's Scholar account is a UGMA/UTMA account, I certify that any funds redeemed will be used for the benefit of the minor.*

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.

8 MEDALLION SIGNATURE GUARANTEE (REQUIRED FOR SECTION 4)

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.**

x

Signature of current Account Owner, Custodian, trustee, partner, officer, or personal representative

Print name

Date

Medallion Signature Guarantee*

Complete this section to establish Rights of Accumulation (ROA) for your 529 plan accounts. If you have questions or would like help completing this form, contact your financial advisor or call **1-866-677-6933**.

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

Social Security/taxpayer ID number

List all accounts to be considered for your ROA

Option and account number

Option and account number

Option and account number

Option and account number

Option and account number

Option and account number

Rights of Accumulation

Sign this section to qualify for sales discounts on Class A shares in the applicable Program and list above the account numbers of the Class A, Class AR, Class C, Class C1, or Class W shares in the Program for which you—or your spouse/domestic partner or child/grandchild (ages 18–21)—are the Account Owner. Refer to the Program Description and Participation Agreement for additional details.

x

Signature of Account Owner, Custodian, trustee, partner, officer,
or authorized financial advisor

Print name

Date

I certify that the information I have provided with respect to my Tomorrow's Scholar account is true, complete, and correct. I have received, read, and agree to the terms set forth in the Program Description and Participation Agreement.

x

Signature of Account Owner, Custodian, trustee, partner, officer,
or authorized financial advisor

Print name (and title, if applicable)

Date

x

Signature of Joint Account Owner (Joint Accounts)

Print name (and title, if applicable)

Date

x

Signature of co-trustee, partner, officer

Print name (and title, if applicable)

Date

REGULAR MAIL

Tomorrow's Scholar
c/o Voya Investment Management
PO Box 9883
Providence, RI 02940-9984

OVERNIGHT/COURIER

Tomorrow's Scholar
c/o Voya Investment Management
4400 Computer Drive
Westborough, MA 01581-1722

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.

