

TOMORROW'S SCHOLAR® Change of Registration Form



Complete this form to make changes to the account registration, including name change for the Account Owner or Beneficiary, changing the Account Owner or Beneficiary, changing the Financial Advisor, and changing or establishing the Successor Account Owner/Custodian on your Tomorrow's Scholar account. You must complete section 1 of this form and any other sections as applicable. Before mailing this form, confirm that you are returning all seven 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 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	
Name of Joint Account Owner 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	
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 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 your signature to be Medallion Guaranteed if requested within 30 days of the address change.**

2 LEGAL NAME CHANGE FOR ACCOUNT OWNER, CUSTODIAN, OR BENEFICIARY

If the name of someone on the account has changed, you can update our records here. Check the box next to the individual whose name requires updating, and then write the old and new names here. You will need to sign with both names below.

Account Owner Custodian Beneficiary

Former name (first, middle initial, last)	x Signature in former name for Account Owner or Custodian (or signature of Account Owner or Custodian for a Beneficiary name change)
New name (first, middle initial, last)	x Signature in new name (for an Account Owner or Custodian name change only)
Social Security/taxpayer ID number	Date

Medallion Signature Guarantee*

Note: A Medallion Signature Guarantee is required for name changes to Account Owner and Custodian, but not Beneficiary. See page 2 of this form for information on how to obtain a Medallion Signature Guarantee.

Complete this section to transfer ownership of all or a portion of an existing 529 plan account.

Check one of the following:

- Transfer due to death of an Account Owner or trustee** - The successor Account Owner, personal representative(s), or successor trustee(s) must have their signature(s) **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.

 Name of decedent Date of death of decedent

- Transfer of ownership to a new Account Owner** - All current Account Owners 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.*

Name of new Joint Account Owner

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

Withholding Information (Substitute Form W-9)

Under the Interest and Dividend Tax Compliance Act of 1983, the Fund(s) is (are) required to have the following certification: Under the penalties of perjury I certify by signing this Account Application as provided below that:

(1) The number shown in Section 2 of this Account Application is the correct Tax Identification Number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (this paragraph (2) does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement and payments other than interest and dividends), and

(3) I am a U.S. person (this includes U.S. citizens and U.S. resident aliens).

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

YOU MUST CROSS OUT AND INITIAL PARAGRAPH (2) ABOVE IF YOU HAVE BEEN NOTIFIED BY THE IRS THAT YOU ARE CURRENTLY SUBJECT TO BACKUP WITHHOLDING BECAUSE OF UNDER-REPORTING INTEREST OR DIVIDENDS ON YOUR TAX RETURN.

In addition, the Fund hereby incorporates by reference into this section of the Account Application either the IRS instructions for Form W-9 or the substance of those instructions, whichever is attached to this Account Application.

x

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

Print name

Date

x

 Signature of current co-trustee, partner, officer, or personal representative (if applicable)

Print name

Date

Medallion Signature Guarantee*

Medallion Signature Guarantee*

To complete this request, signatures must be Medallion Guaranteed.

A change of Beneficiary is not allowed on an UGMA/UTMA account.

New Beneficiary Information

The new Beneficiary must be a "member of the family" of the current designated Beneficiary, as defined by Section 529 of the Internal Revenue Code. If the new designated Beneficiary is NOT a "member of the family," you must instead complete a Tomorrow's Scholar Withdrawal Request Form and a Tomorrow's Scholar new Account Application, as the transaction will be considered a non qualified withdrawal that is subject to income tax and a 10% additional tax on earnings.

Name of designated Beneficiary (first, middle initial, last)

Social Security/taxpayer ID number

U.S. residential street address

City

State

ZIP code

Relationship to Account Owner

Date of birth (mm/dd/yyyy)

Citizenship: U.S. Citizen

Resident alien
(Nonresident aliens are not eligible to participate in the Program.)

Receiving Beneficiary Account Number (if applicable)

If no Option is chosen, the Investment Option for the new Beneficiary will be the same as the current Beneficiary.

Investment Selection

Indicate below if you would like to change your current Investment Option.

Note: If no amount is indicated below or the current account is less than the amount requested, the entire balance will be transferred to the new Beneficiary.

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.

Refer to the "Important Information about Account Options" section on page 4 for further details about future investments into the new account.

Investment Option 1 – Age-Based Options

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.

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 _____%

This section continues on the next page

*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.**

Investment Option 3 – Single Fund Options

Select your Investment Option(s) below and write the amount you would like transferred next to each Option in which you choose to invest.

- \$ _____ or % _____ BlackRock Global Allocation Option
 \$ _____ or % _____ Columbia Dividend Opportunity Option
 \$ _____ or % _____ Voya Balanced Option
 \$ _____ or % _____ Voya Corporate Leaders 100 Option
 \$ _____ or % _____ Voya Large Cap Value Option
 \$ _____ or % _____ Voya GNMA Income Option
 \$ _____ or % _____ Voya High Yield Bond Option
 \$ _____ or % _____ Voya Intermediate Bond Option
 \$ _____ or % _____ Voya Large Cap Growth Option
 \$ _____ or % _____ Voya MidCap Opportunities Option
 \$ _____ or % _____ Voya Multi-Manager. International. Equity Option
 \$ _____ or % _____ Voya Small Cap Growth Option
 \$ _____ or % _____ Northern Small Cap Value Option
 \$ _____ or % _____ TIAA-CREF Balanced Index Option
 \$ _____ or % _____ TIAA-CREF Equity Index Option
 \$ _____ or % _____ TIAA-CREF International Equity Index Option
 \$ _____ or % _____ TIAA-CREF Principal Protection Option *
 \$ _____ or % _____ TIAA-CREF Small Cap Blend Index Option
- \$ _____ or % _____ Total Amount Transferred to the Single Fund Options**

Important Information about Account Options**New Account Established**

By changing the designated Beneficiary or by selecting a new Investment Option, you are electing to open a new account, which will have a new account number. Your current account will be closed to new investments unless you are transferring only a portion of the balance.

Future Automatic Investment Plan (AIP) Contributions (\$25 minimum)***Moving entire current account balance***

If you are opening only one new account and have an active AIP, it will be suspended on your current account and automatically established on your new account. Any AIP in process will be purchased into the new account. If opening multiple accounts, a new AIP will not be established on the new accounts unless instructed below. Complete a Tomorrow's Scholar Account Maintenance Form if the current account does not have an AIP or you wish to update your bank information.

Start an AIP of \$ _____ on all new accounts. Only existing active banking information will be used.

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

Moving only a portion of the current account balance

Any active AIP will remain on the current account and a new AIP will not be established on the new account unless instructed below. If opening multiple accounts, complete a Tomorrow's Scholar Account Maintenance Form if the current account does not have an AIP or you wish to update your bank information.

- Move entire AIP to the new account and suspend on my current account.
- Change the dollar amount on the current account to \$_____ and start an AIP on the new account for \$_____. Only existing active banking information will be used.

Express Purchase

If you have Express Purchase as a contribution method on your current account, it will be established on your new account unless you indicate otherwise. To make changes to your existing Express Purchase, or if you wish to establish this option on an account that does not currently have this option, complete a Tomorrow's Scholar Account Maintenance Form.

Redemption Option

If you have the Redemption Option on your current account, it will be established on your new account(s) unless you indicate otherwise. To make changes to your existing Redemption Option or if you wish to establish this option on your account(s), complete a Tomorrow's Scholar Account Maintenance Form.

Future Payroll Direct Deposits

If you are a participant in your employer's payroll direct deposit program, you must inform your employer of your new account number(s). Any contributions received via payroll direct deposit into your current account will be returned if moving the entire balance.

- You may be able to contribute to your account via payroll direct deposit. We will send information that you can forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

Change of Beneficiary Signatures

By signing this form, I hereby elect to change the Beneficiary on my Tomorrow's Scholar account. I certify that the account will be used 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, as well as that of the designated Beneficiary, 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 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.

x

Signature of Account Owner or Custodian
(Individual or Joint 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 (and title, if applicable)

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

Complete this section to update the current financial advisor information or to change the advisor-of-record to another financial advisor within the same broker/dealer on certain 529 plan accounts.

Account Owner(s), Custodian, or Trustee signature required

I have taken over as advisor-of-record only on the specific Option(s) and account numbers listed below.

Option and account number

Option and account number

Option and account number

Option and account number

Option and account number

Option and account number

Include additional Option and account numbers on a separate sheet.

New or Updated Financial Advisor Information

Name of financial advisor (first, last)

Name of dealer

Rep. number

Branch number

U.S. street address

City

State

Zip code

Daytime phone

Fax number

Signatures

x

Signature of new financial advisor

Print name

Date

x

Signature of Account Owner, Custodian, or Trustee

Print name

Date

x

Signature of Joint Account Owner (Joint Accounts)

Print name

Date

Complete this section to designate a successor Account Owner for Individual Account or Custodian for a Uniform Gifts/Transfer to Minors Act (UGMA/UTMA) account.

Current Owner or Custodian

Name of current Owner or Custodian (first, middle initial, last)

Daytime phone

Evening phone

Name of minor (first, middle initial, last)

Minor's Social Security number

Minor's date of birth (mm/dd/yyyy)

Name of designated successor (first, middle initial, last)

Option and account number

Successor Account Owner Information

Print name

Social Security number

Date of Birth

U.S. residential street address

City

State

Zip code

Daytime phone

Evening phone

In the event of my incapacity or death, I hereby designate the individual named above to act as successor Custodian or Account owner for the minor on the Fund and account number referenced on this form.

x

Signature of current Custodian or Account owner

Print name

Date

Acceptance by Successor Custodian (required for UGMA/UTMA account)

I hereby accept Custodianship for the above-named minor's account should the current Custodian become incapacitated or deceased before the minor reaches the age that Custodianship ends or the age of majority in his/her state.

x

Signature of successor Custodian

Social Security number

Date

Print name

U.S. residential street address

City

State

Zip code

Daytime phone

Evening phone

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