

# TOMORROW'S SCHOLAR® Investment Option Reallocation Form



Complete this form to request an Investment Option change for your Tomorrow's Scholar account. Investment changes are permitted **twice** per calendar year and upon a change in designated Beneficiary. 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), or entity		Social Security/taxpayer ID number	
Name of Joint-Account Owner (first, middle initial, last)		Social Security/taxpayer ID number	
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 number	Date of birth (mm/dd/yyyy)	
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. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 30 days of the address change.**

## 2 REALLOCATION INSTRUCTIONS

In the "Reallocate funds **FROM**" section, please indicate the Investment Option with the corresponding dollar amount and/or percent from which you are reallocating assets. In the "Reallocate funds **TO**" section, please indicate the Investment Option with the corresponding dollar amount and/or percent to which you are reallocating assets. You may reallocate from up to three Investment Options using this form (if you wish to reallocate more than three Options, you may make a copy of this section and submit it along with the completed form).

Please refer to the Program Description and Participation Agreement for a list of the available Investment Options.

### Reallocation # 1

<u>Investment Option</u>	<u>Dollar Amount</u>	<u>Percentage</u>
A. Reallocate funds <b>FROM</b> the following Option/Class:		
_____	\$ <input type="text" value="0,000,000.00"/>	or <input type="text" value="000"/> %
B. Reallocate funds <b>TO</b> the following Option(s)/Class:		
_____	\$ <input type="text" value="0,000,000.00"/>	or <input type="text" value="000"/> %
_____	\$ <input type="text" value="0,000,000.00"/>	or <input type="text" value="000"/> %
_____	\$ <input type="text" value="0,000,000.00"/>	or <input type="text" value="000"/> %
_____	\$ <input type="text" value="0,000,000.00"/>	or <input type="text" value="000"/> %

*This section continues on the next page*

**Reallocation # 2**

Investment Option	Dollar Amount	Percentage
-------------------	---------------	------------

A. Reallocate funds **FROM** the following Option/Class:

_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%
-------	----	---	----	--	---

B. Reallocate funds **TO** the following Option(s)/Class:

_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%
_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%
_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%
_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%

**Reallocation # 3**

Investment Option	Dollar Amount	Percentage
-------------------	---------------	------------

A. Reallocate funds **FROM** the following Option/Class:

_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%
-------	----	---	----	--	---

B. Reallocate funds **TO** the following Option(s)/Class:

_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%
_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%
_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%
_____	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>	%

**3 ACCOUNT OPTIONS**

If you have existing Bank Instructions and/or Automatic Investment Plan (AIP) and you wish to copy the option to the new allocation, please complete the section below. Please note, if you fund the Account via **Payroll Deduction**, you will need to complete a new Payroll Direct Deposit Authorization Form to direct contributions into the new allocation.

- I wish to **continue** the Automatic Investment Plan (AIP) on the original Option as it is currently on file.
- I wish to **move** the Automatic Investment Plan (AIP) from the original Option to the new Option(s) selected in the following section.
- I wish to **stop** the Automatic Investment Plan (AIP).
- Please **copy** any Bank Instructions from the current Option to any new Options selected.

*This section continues on the next page*

**If you wish to make change to your AIP, please complete the following section.**

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*

**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.

4 ACCOUNT AGREEMENT AND SIGNATURE(S)

I certify that the information I have provided on this form—and all future information I will provide with respect to my Tomorrow's Scholar account—is true, complete, and correct. By submitting this investment change request, I represent that I have not exceeded my investment change limit this calendar year. I have received and agree to the terms set forth in the Program Description and Participation Agreement and on this form. I understand that any individuals authorized to act on my original account will be assigned to and have authority in the same capacity on my new account.

**To initiate any change, you must sign and date here.**

**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), co-trustee, partner, officer      Print name (and title, if applicable)      Date

## 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.

