TOMORROW'S SCHOLAR® Payroll Direct Deposit - Contributor

Complete this form and send a **copy** to your payroll department and to Tomorrow's Scholar to establish Payroll Direct Deposit for all or part of your paycheck to your Tomorrow's Scholar account. *Anyone may contribute to a Tomorrow's Scholar account using a payroll deduction.* Before completing this form, confirm with your payroll department that they offer this service through the Automated Clearing House (ACH) and if they require their own form to establish Payroll Direct Deposit. If you have questions about this form or if you receive your checks from the federal government (or an agency of the federal government), contact your financial advisor or call **1-866-677-6933**. Information is also available online at **www.tomorrowsscholar.com**.



CONTRIBUTOR	INFORMATION			
help ensure timely d accurate processing	Name of contributor (first, middle initial, last)		Social Security/taxpayer ID number	
his form, please print arly.	U.S. residential street address	City	State	ZIP code
	Home phone	Work Phone		
	Date of Birth (month/day/year)			
EMPLOYER INFO	ORMATION			
	Company Name		pany Code	
	Company address	City	State	ZIP code
PAYROLL DEDU	You must have an existing Tomorrow's Scholar Acco			
	please complete the Investment Option boxes below Option codes, enter "0" in the contribution boxes, at	w. If you wish to stop an existing		
	Any current payroll deductions on file for an existing	ı Investment Option will not be u	odated if the option is	s not listed bel
	Instructions on Completing This Form Step 1			
	Tell us the total amount you will have deducted per beneficiaries. For example, to allocate \$100 each to each named beneficiary and "\$300" in the "Total" lir	three beneficiaries per pay chec		
	Beneficiary #1Full Name		\$	
	Beneficiary #2		\$	
	Beneficiary #3		\$	
	Full Name	Tota		

Once this section is completed, move on to the next section to indicate your investments selections for each beneficiary.

(This must equal the sum of all contributions)

3

Step 2

Now tell us how you want each 529 Plan beneficiary's payroll deduction allocated among their Investment Options. Please keep in mind, the minimum payroll deduction amount per pay period per Option is \$25.00.

If you have more than 3 beneficiaries, make a copy of this page and include it with your submission.

Deficiency #1					
Full Name of the Contributor					
Tomorrow's Scholar Account Number		Social Security Number on Account			
Investment Option	Amount to Invest	Add	Change	Stop	
	%				
	%				
	 %				
					
	/0				
Beneficiary #2					
Full Name of the Contributor					
Tomorrow's Scholar Account Number	Social Security Number on Account				
Investment Option	Amount to Invest	Add	Change		
•					
	%				
	%				
	%				
	%				
	%				
Beneficiary #3					
Full Name of the Contributor					
Tomorrow's Scholar Account Number	's Scholar Account Number		Social Security Number on Account		
Investment Option	Amount to Invest	Add	Change	Stop	
	%				
	%				
	 %				
	%				

INVESTMENT INSTRUCTIONS / EMPLOYER ☐ Code the Tomorrow's Scholar account type as "Checking" and transmit the funds to BNY Mellon (ABA Number 011001234). ☐ Enter the Tomorrow's Scholar account number as a 17-digit field without any dashes or spaces: 4-digit prefix "9040"; account owner social security number; and "9999". SIGNATURE OF CONTRIBUTOR / EMPLOYEE I hereby authorize my employer to automatically deduct from my paycheck the amount specified in section 2 of this form and transmit that amount to the account number indicated in section 3 of this form. Investments will be made at the then current Net Asset Value of the Option indicated herein, including any applicable sales charge. I understand that all instructions under the Payroll Direct Deposit Plan (the "Plan"), including changes in the amount of the investment or cancellation of the Plan, must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. Submit a copy of this If monies to which I am not entitled are transmitted by my employer to my Tomorrow's Scholar account, I authorize my completed form to your employer to redeem on my behalf Option shares in the amount necessary to obtain the return of the entire amount of these payroll department. monies. I authorize the applicable Option and its transfer agent to follow all instructions by my employer in connection with transactions made under the Plan, including the redemption of Option shares, and I agree not to make claims against Tomorrow's Scholar, its Program Manager, transfer agent, distributor, or Board for following the instructions of my employer. The availability of funds in my account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein. Signature of Contributor / Employee Print name Date Signature of Joint-Account Owner Print name Date Signature of Account Owner if different than Contributor Print name Date MAILING INSTRUCTIONS FOR COMPLETED FORMS

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.



LIST OF OPTION NUMBERS