

TOMORROW'S SCHOLAR® Payroll Deduction Plan - Employer

This form is used by the payroll department of the Participant's employer to establish a payroll deduction plan with the Tomorrow's Scholar Plan. If you have questions about this form call **1-866-677-6933**. Information is also available online at www.tomorrowsscholar.com.



1 EMPLOYER INFORMATION

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

Company Name _____		Federal Tax Identification number _____	
Company address _____	City _____	State _____	ZIP code _____
Number of Employees in Company _____			
Primary Contact Name _____		Primary Contact Title _____	
Primary Contact Telephone Number _____		Primary Contact Fax Number _____	
Primary Contact E-mail Address _____			

2 PAYROLL DEDUCTION TRANSMITTAL METHOD

Approximate date you intend to begin payroll deduction: _____
Date (mm/dd/yyyy)

Frequency of deposits: Weekly Biweekly Monthly Quarterly Other: _____

Do you use a third-party vendor? No Yes If Yes, Name of Vendor: _____

Contribution Method:

Contribution via check (payable to "Tomorrow's Scholar"): List bills
Employer sends one lump sum check along with roster to Tomorrow's Scholar via mail.
The check should be sent to: Tomorrow's Scholar
c/o Voya Investment Management
PO Box 9883
Providence, RI 02940-9984

File Transmission using FTP (Contact Voya at 1-866-677-6933 for details)
Or, roster can be faxed to: 508-599-4191, a special fax number just for this purpose.
BNY Mellon Bank Boston, MA
ABA # 011001234
Account # 742953
Account Name: Group Plan Name and Number

Individual direct deposit (via ACH, "Automated Clearing House": COPS)
Payroll Deduction method currently offered is direct deposit via ACH as initiated by the employer or account owner.
The funds are sent as follows: BNY Mellon Bank Boston, MA
ABA # 011001234
Account Number: 904xxxxxxxxxxx9999
The Account number must be exactly 17 characters (9040+ account owner SSN+9999)

3 INVESTMENT DEALER INFORMATION

Firm Name _____		Branch Number _____	Representative Number _____
Representative Name _____		E-Mail Address _____	
Firm address _____	City _____	State _____	ZIP code _____
Telephone Number _____		Fax Number _____	
Will this plan be offered at NAV?	Yes	No	

By signing this Employer Authorization Form and submitting it to Tomorrow's Scholar, the company named in Section 1 and the authorized representative below hereby represents, warrant and agree to the following:

1. The undersigned is an authorized representative of the company.
2. The company authorizes and will cooperate with Tomorrow's Scholar to provide an employer payroll deduction program or employee pre-authorized investment plan.
3. Copies of the Tomorrow's Scholar 529 Plan Program Description and Participation Agreement have been or will be provided to each employee who chooses to open a specific Tomorrow's Scholar Account.
4. If a payroll deduction program is being established:
 - a. The company will promptly transmit or cause to be transmitted to Tomorrow's Scholar via check or wire transfer, an aggregate contribution equal to the sum of contributions of each employee participating in the payroll deduction program.
 - b. The company will transmit or cause to be transmitted to Tomorrow's Scholar before or simultaneously with each contribution transmission complete and accurate contribution information in a form and substance mutually agreed to between the company and Tomorrow's Scholar, containing the following: the company code assigned by Tomorrow's Scholar, each participating employee's name, Social Security number or payroll ID number, and their contribution amount.
 - c. The company will hold harmless and indemnify Tomorrow's Scholar and their affiliates, officers, directors, agents and employees for any loss that the company or any employee participating in the payroll deduction program may suffer as a result of the failure or delay of the company or company's third party vendor to transmit contributions or the contribution information in a timely and accurate manner.
 - d. The company is responsible for expenses associated with implementing and administering the payroll deduction program, including any costs associated with deducting and transmitting the contributions of employees participating in the program.
5. I understand that neither a Tomorrow's Scholar program account, nor the principal, nor the investment return is guaranteed or insured by the FDIC.

x

Signature of Authorized Company Representative

Date

Please Print Full Name & Title of Authorized Representative

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.

