

# TOMORROW'S SCHOLAR® Transfer Due to Death



Complete this form to transfer ownership of an existing 529 plan account due to the death of the Account Owner. 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](http://www.tomorrowsscholar.com).

In accordance with Wisconsin state law, in the event a participant or other account owner dies and has not designated a successor to the account, the following criteria will be used: a.) The designated beneficiary, if 18 years of age or older at the time of the participant's death, shall become the owner of the Tomorrow's Scholar account, as well as remaining the beneficiary or b.) If the designated beneficiary is under the age of 18, account ownership will be transferred to the beneficiary's surviving parent or other legal guardian.

## 1 EXISTING ACCOUNT OWNER INFORMATION

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

Name of decedent (first, middle initial, last) \_\_\_\_\_ Social Security/taxpayer ID number \_\_\_\_\_

U.S. residential street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Date of death of decedent \_\_\_\_\_

**Choose One:**

- Please transfer all accounts under decedent SSN
- Please transfer accounts 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 \_\_\_\_\_

## 2 NEW ACCOUNT OWNER INFORMATION

The successor Account Owner 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 new Account Owner \_\_\_\_\_ Social Security/taxpayer ID number \_\_\_\_\_

Account number (if transferring to an existing account) or write "New account" if new. \_\_\_\_\_

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 \_\_\_\_\_

**x** \_\_\_\_\_  
Signature of successor Account Owner, Custodian, or Trustee/Executor

\_\_\_\_\_   
Print name

\_\_\_\_\_   
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.

