

TOMORROW'S SCHOLAR® Withdrawal Request Form

Complete this form to request a distribution from, or to establish a Systematic Withdrawal Plan (SWP) on, your Tomorrow's Scholar account. 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

Name of Account Owner or Custodian (first, middle initial, last), or entity		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	
U.S. residential mailing address	City	State	ZIP code
Option and account number	Option and account number		

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

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 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 TYPE OF DISTRIBUTION

Choose one:

Systematic Withdrawal Plan

- Establish this plan on an **existing** Tomorrow's Scholar account
- Establish this plan on a **new** Tomorrow's Scholar account:
A new Account Application must also be completed.

Option name	Option name
Option name	Option name

For Systematic Withdrawal, proceed to section 3

One Time Distribution

- Full Distribution:** Liquidate the entire Tomorrow's Scholar account balance
If the entire balance is requested, any Automatic Investment Plan on the account will be stopped, unless you check the following box:
 - I have an existing Automatic Investment Plan and would like the contributions to continue.
- Partial distribution:** \$ _____ or % _____
If the amount requested is greater than the balance in the account, the entire account balance will be liquidated.

For One Time Distribution, proceed to section 4

Your account must have a minimum balance of \$5,000 to establish a SWP.

If you wish to distribute from more than one Option/account, please provide additional allocation instructions.

3 SYSTEMATIC WITHDRAWAL PLAN PAYMENTS

Payment amount: \$ _____ (\$100 minimum)

Payment frequency (choose one):

- Monthly**, beginning (specific month and date): _____
- Periodically**, on the (specific date of month) _____ of the following months:
 - January
 - February
 - March
 - April
 - May
 - June
 - July
 - August
 - September
 - October
 - November
 - December

The SWP will begin as soon as administratively possible following the receipt of this properly completed form. Unless specified above, distributions will be made on the 25th day of the month. If the date falls on a weekend or holiday, the distribution will occur on the next business day. If the next business day falls in the next month, the distribution will cycle on the previous business day.

To terminate the SWP, submit a request in writing or call 1-866-677-6933.

4 PAYMENT METHOD

A Medallion Signature Guarantee may be required in section 5 of this form. See page 3 of this form for additional information.

Check the option you would like for receiving your one time distribution or SWP proceeds:

- Make payment directly to an Eligible Educational Institution or eligible elementary or secondary school.** Send payment by check to the mailing address listed below. *The distribution will be reported under the Beneficiary's Social Security number.*

School	Attention		
For the benefit of (student's name)	Student ID or account number		
Mailing address	City	State	ZIP code

- Make payment directly to the Account Owner.** *The distribution will be reported under the Account Owner's Social Security number.*

- Send payment by check to the Account Owner's address listed in section 1 of this form. (see section 5)
- Electronically transfer the distribution via EFT to my bank account indicated below. I understand that this service is governed by the terms and conditions found in the Bank Information section of the new Account Application and the Program Description and Participation Agreement.
 - Checking (attach a voided check)
 - Savings (attach a deposit slip)

Name of bank	ABA/routing number for Automated Clearing House (ACH)
Bank account registration	Bank account number

- Send payment by **wire** to the Account Owner's bank account (attach a voided check). A **wire fee** may be deducted from the account. *(This option is **not** available for SWP proceeds.)*

- Make payment directly to the designated Beneficiary.** *The distribution will be reported under the Beneficiary's Social Security number.*

- Send payment by check to the designated Beneficiary's address listed in section 1 of this form. (see section 5)
- Electronically transfer the distribution via EFT to the designated Beneficiary's bank account indicated below. I understand that this service is governed by the terms and conditions found in the Bank Information section of the new Account Application and the Program Description and Participation Agreement.
 - Checking (attach a voided check)
 - Savings (attach a deposit slip)

Name of bank	ABA/routing number for Automated Clearing House (ACH)
Bank account registration	Bank account number

- Send payment by **wire** to the designated Beneficiary's bank account (attach a voided check). A **wire fee** may be deducted from the account. *(This option is **not** available for SWP proceeds.)*

- Make payment by check and mail directly to the third party listed below.** *The distribution will be reported under the Account Owner's Social Security number. (see section 5)*

Name of individual or entity	Additional information (if applicable)		
Mailing address	City	State	ZIP code

Include a voided check or savings deposit slip for the electronic funds transfer (ETF) payment method. If you do not have a voided check or a deposit slip, please include a bank statement showing the names on the account, address, and account number.

Generally, the proceeds will arrive at your bank within two banking days. Receipt of valid bank information and verification by your bank is required before your first distribution will be made by EFT.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

5 OVERNIGHT DELIVERY OPTION

I have requested a withdrawal payment “by check” in section 4 and I would like to have the check delivered by next-day delivery service. I understand that a fee will be deducted from the account to cover the cost of the delivery service, as defined in the Program Description.

6 AGREEMENT AND SIGNATURE(S)

I certify that the information I have provided with respect to my Tomorrow’s Scholar account is true, complete, and correct. I authorize Voya to process the distribution or to systematically withdraw the distribution from the Tomorrow’s Scholar account as indicated on this form. I understand that payments will be made by redeeming the appropriate number of shares in the account at the current net asset value, including any applicable fees. I further acknowledge that redemptions for the purpose of satisfying the SWP may reduce, or even deplete, the account. I understand that if the amount remaining in the account is not sufficient to meet a SWP payment, the remaining balance will be redeemed and the SWP will be terminated. I further understand that once the SWP is terminated, simply investing additional funds will not reinstate the SWP. I understand that I may also terminate the SWP by calling the toll-free number at the top of this form, or by submitting a request in writing. I agree to the terms set forth in the Program Description and Participation Agreement. I agree that the applicable Option, Voya Investment Management Co. LLC, and their affiliates, subcontractors, and any officers, directors, employees, or agents of these entities (collectively, “Voya”) will not be responsible for banking system delays beyond their control or for any loss, cost, or expense for acting upon my instructions, if they follow reasonable procedures designed to prevent unauthorized transactions.

I understand that Voya and Tomorrow’s Scholar do not determine whether a distribution is qualified or not. Receipts and other forms of substantiation should not be submitted to the Program. I acknowledge that I am responsible for reporting this distribution in accordance with the current Internal Revenue Service (IRS) rules, including applicable penalties, and further acknowledge that even though this distribution was processed, it may not be considered qualified by the IRS.

You must sign and date here to complete this request. A Medallion Signature Guarantee may also be required.

x

Signature of Account Owner, Custodian, trustee, partner, officer, or authorized financial advisor

Print name

Date

Medallion Signature Guarantee*

x

Signature of Joint Account Owner, co-trustee, partner, or officer

Print name

Date

Medallion Signature Guarantee*

- HAVE ALL SIGNATURES MEDALLION GUARANTEED TO:**
- Send proceeds to a new address prior to the expiration of the 30-day hold;
 - Send proceeds to a bank account not already on file;
 - Send proceeds to the designated Beneficiary’s bank account; or
 - Make proceeds payable to a third party other than the eligible educational institution.

*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 **each** signature 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.**

REGULAR MAIL

Tomorrow's Scholar
c/o Voya Investment Management
PO Box 9883
Providence, RI 02940-9984

OVERNIGHT/COURIER

Tomorrow's Scholar
c/o Voya Investment Management
4400 Computer Drive
Westborough, MA 01581-1722

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