

# 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](http://www.tomorrowsscholar.com).



This form must be completed and mailed to the address on page 4 or if you would prefer to use our automated form that can be completed online and sent electronically to Tomorrow's Scholar, use the link below.

[Click here for the automated version of this form](#)

## 1 ACCOUNT INFORMATION AND MAILING ADDRESS

Name of Account Owner or 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	
If trust, name of trustee(s) (first, middle initial, last)		Date of trust (mm/dd/yyyy)	
Account 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/taxpayer ID number	
U.S. residential mailing address		City	State ZIP code

**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 may require your signature to be Medallion Guaranteed if requested within 30 days of the address change.**

## 2 TYPE OF DISTRIBUTION

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

Choose one:

**Systematic Withdrawal Plan**

Establish this plan on an **existing** Tomorrow's Scholar 529 plan account

*For Systematic Withdrawal, proceed to section 3*

**One Time Distribution**

**Full Distribution:** Liquidate the entire Tomorrow's Scholar 529 plan 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*

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 TYPE OF WITHDRAWAL

If you take a withdrawal, we'll send IRS Form 1099-Q by January 31 of the following year. If the withdrawal is sent to the participant, Form 1099-Q will be sent out under the participant's Social Security number, individual taxpayer ID number, or EIN. If the withdrawal is sent to the beneficiary or directly to the school, Form 1099-Q will be sent out under the beneficiary's Social Security or individual taxpayer ID number.

Choose **ONLY ONE** of the following five options.

- A.  **Qualified withdrawal to the participant.\*** My withdrawal will be used to pay for the beneficiary's qualified education expenses. (You will receive a check at your address of record.)
- K-12 tuition expenses     Higher education expenses
- B.  **Qualified withdrawal to the beneficiary.\*** My withdrawal will be used to pay for the beneficiary's qualified education expenses. (The beneficiary will receive a check at the address you indicated in Section 2.)
- Higher education expenses    (K-12 tuition expenses paid directly to the beneficiary is not permissible.)
- C.  **Qualified withdrawal to an eligible college, university, technical school, K-12, or any other eligible higher education institution.\*** (Provide the exact school address in section 6 of this form. Please verify this address with the school, if necessary.)\*
- K-12 tuition expenses     Higher education expenses
- D.  **Qualified rollover.** Send a check to me at my address of record. I will invest it in another qualified 529 plan, or in an Achieving a Better Life Experience account (a.k.a., "ABLE account"), within the next 60 days and in accordance with the other requirements for a qualified rollover, as described in the Program Description.
- E.  **Nonqualified withdrawal to the participant.\*\*** My withdrawal will not be used to pay for the beneficiary's qualified education expenses. (You will receive a check at your address of record.)
- F.  **Nonqualified withdrawal to the beneficiary.\*\*** My withdrawal will not be used to pay for the beneficiary's qualified education expenses. (You will receive a check at your address of record.)

\* In general, a Qualified Withdrawal is any distribution that is used to pay for the Qualified Education Expenses of a Beneficiary incurred in the same tax year as the withdrawal or potentially in a prior or future tax year. The distributee or recipient of any withdrawal, not the Tomorrow's Scholar® 529 Plan, is responsible for determining whether the withdrawal is a Qualified Withdrawal or Non-Qualified Withdrawal for tax purposes. The tax treatment of withdrawals used to pay for primary and secondary school tuition is uncertain in many states and such treatment may differ from federal and Wisconsin tax treatment. Participants are responsible for monitoring and complying with the \$10,000 aggregate limit with respect to such tuition withdrawals.

\*\* In accordance with Section 529 of Internal Revenue Code of 1986, as amended, the earnings portion of a Non-Qualified Withdrawal may be treated as income to the recipient and is subject to applicable federal and state and/or local income tax. In addition, to satisfy the requirements of Section 529, the earnings portion of a Non-Qualified Withdrawal may be subject to an additional 10% federal tax. Although the Program Manager will report the earnings portion of all distributions, it is the ultimate responsibility of the Account Owner to calculate and report any tax liability; an Account Owner and joint Account Owner may wish to consult with a tax advisor regarding the potential tax implications of any distribution.

**5 WITHDRAWAL ALLOCATION INSTRUCTIONS**

Please indicate below how you would like your investment options withdrawn.

<b>Investment Option</b>	<b>Class</b>	<b>Dollar Amount</b>	<b>Percentage</b>
Withdrawal funds from the following Option(s):			
_____	_____	\$ _____	or _____ %
_____	_____	\$ _____	or _____ %
_____	_____	\$ _____	or _____ %
_____	_____	\$ _____	or _____ %

**6 PAYMENT METHOD**

**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 on file. Log into your account online to verify or change the account owner's address.
  - Electronically transfer the distribution via EFT to my bank account of record. Log into your account online to verify or change the account owner's banking information. 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.

For verification and security, please provide the bank name and the last 4 digits of the bank account number

_____	_____
Name of Bank	Last 4 Digits of Bank Account Number

- 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 on file. Log into your account online to verify or change the beneficiary's address.
  - Electronically transfer the distribution via EFT to the designated Beneficiary's bank account of record. Log into your account online to verify or change the beneficiary's banking information. 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.

For verification and security, please provide the bank name and the last 4 digits of the bank account number

_____	_____
Name of Bank	Last 4 Digits of Bank Account Number

**7 OVERNIGHT DELIVERY OPTION**

- I have requested a withdrawal payment "by check" in section 3 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.

**8 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\*

**Have All Signatures Medallion Guaranteed To:**

- Send proceeds to a new address not on file with this account;
- Send proceeds to a bank account not already on file;
- Send proceeds to the designated Beneficiary's bank account (if bank is not already on file)

**x** \_\_\_\_\_  
Signature of Joint Account Owner, co-trustee, partner, or officer

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

\_\_\_\_\_  
Date

Medallion Signature Guarantee\*

*\*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.***

**9 MAILING INSTRUCTIONS**

**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.

