

TOMORROW'S SCHOLAR® Account Application Entity Accounts



Complete this application to establish a 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.

Broker/dealer BIN: _____
(if applicable, beneficial 1)

Broker/dealer BIN: _____
(if applicable, beneficial 2)

IMPORTANT INFORMATION: Prior to opening an account, we require that you provide us with your name/entity's name, street address, date of birth, and Social Security/taxpayer identification number. If you are establishing an account as attorney-in-fact on behalf of the Account Owner, contact Voya for instructions on properly establishing the account.

1 REGISTRATION AND MAILING ADDRESS FOR TRUST, PARTNERSHIP, CORPORATION, 501(c)(3), OR OTHER ENTITY ACCOUNTS

Choose One:

Trust: We require a copy of the title and signature pages of the trust document with the application.

Partnership: We require a copy of the partnership agreement with the application.

Corporation: We require a certified copy of the Articles of Incorporation with the application.

501(c)(3): We require a copy of the ruling or determination letter from the IRS with the application.

Other entity (list type): _____ We require a copy of the documentation supporting the entity's establishment with the application.

_____ Name of trust, partnership, corporation, 501(c)(3), or other entity	_____ U.S. taxpayer identification number	_____ Date of trust (if applicable)	
_____ U.S. street address (principal place of business or local office)	_____ City	_____ State	_____ ZIP code
_____ U.S. mailing address (if different than U.S. street address)	_____ City	_____ State	_____ ZIP code
_____ E-mail address	_____ Daytime phone	_____ Evening phone	

Country of incorporation/organization: United States (entity must be incorporated/organized in the United States to be eligible to participate in the Program)

2 TRUSTEE/PARTNER/OFFICER INFORMATION

To list additional trustees, partners, or officers, include all information in this section on a separate sheet.

_____ Name of trustee, partner, or officer (first, middle initial, last)	_____ Name of trustee, partner, or officer (first, middle initial, last)
_____ Social Security number	_____ Social Security number
_____ Date of birth (mm/dd/yyyy)	_____ Date of birth (mm/dd/yyyy)
_____ U.S. residential street address of trustee, partner, or officer	_____ U.S. residential street address of trustee, partner, or officer
_____ City	_____ City
_____ State	_____ State
_____ ZIP code	_____ ZIP code

3 DESIGNATED BENEFICIARY INFORMATION

The Beneficiary is the prospective student. All information in this section is required to establish an account. This application is designed to allow the Account Owner to open accounts for two different designated beneficiaries at the same time. If two accounts are being established, please ensure this section is completed for each designated Beneficiary.

_____ Name of designated Beneficiary (first, middle initial, last)	_____ Social Security/taxpayer ID number	_____ Date of birth (mm/dd/yyyy)
_____ U.S. residential street address	_____ City	_____ State
_____ Relationship to Account Owner	_____ Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien (Nonresident aliens are not eligible to participate in the Program.)	
_____ Name of designated Beneficiary (first, middle initial, last)	_____ Social Security/taxpayer ID number	_____ Date of birth (mm/dd/yyyy)
_____ U.S. residential street address	_____ City	_____ State
_____ Relationship to Account Owner	_____ Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien (Nonresident aliens are not eligible to participate in the Program.)	

4 PARTNERSHIP, CORPORATION, OR 501(c)(3) AUTHORIZATION AND CERTIFICATION

Partnership, corporation, or 501(c)(3) accounts, complete section 4, all other accounts, proceed to section 5.

The following individual(s) is (are) duly authorized by resolution or otherwise to purchase, sell, assign, transfer, exchange, and/or deliver securities on behalf of the entity listed in section 1 of this application ("entity") in connection with ownership of interests in the applicable Option of the 529 plan (including, without limitation, executing forms for any account options offered by the 529 plan and modifying such account options). If only one person is authorized to act on behalf of the entity and the individual is the sole officer of the entity, the undersigned certifies that: (1) he/she is the sole officer of the entity and all information contained within this section is accurate; and (2) the entity's Articles of Incorporation or Charter and Bylaws provide that he/she is the only person authorized to so act.

This authorization is a continuing one, and such authorization shall remain in full force and effect until the Program Manager receives, and has a reasonable amount of time to act upon, a written notice of revocation or the authorization is amended by another properly completed form.

Number of signatures required for written transactions: _____ (If no number is indicated, only one signature will be required.)

x	_____	_____	_____
Signature		Print name	Date
x	_____	_____	_____
Signature		Print name	Date
x	_____	_____	_____
Signature		Print name	Date

5 CONTRIBUTION METHODS

Investments to your account may be made in the form of a check, an ACH, a rollover contribution, an AIP, or a payroll direct deposit. The minimum initial contribution is \$250 per Option. This minimum is waived if you establish an AIP or a payroll direct deposit for your account.

- Check \$_____ Make check payable to Tomorrow's Scholar.** We do not accept cash, starter checks, checks drawn on banks outside the United States, or credit card checks, and we may refuse checks if Tomorrow's Scholar is not the original payee.
- Rollover from an Education Savings Account/Qualified U.S. Savings Bond** - All proceeds held by the current Custodian must be liquidated before establishing the account. The entire contribution will be treated as earnings unless we receive appropriate documentation as described in the Program Description and Participation Agreement.
- Rollover from another 529 Account** - Enclose a Tomorrow's Scholar rollover form. A rollover form can be obtained by visiting www.tomorrowsscholar.com or by calling **1-866-677-6933**.

If you selected Share Class AR for your initial rollover investment, you must select one of the following for your subsequent investments. If no class of shares is selected, Class A will be selected for you.

- Class A** with initial sales charge
- Class A** load-waived (Please indicate reason below.)
- Class C1** for TIAA-CREF Single Fund Options only
- Class C**
- Class W**

Reason for waiving sales charge of Class A shares (See Program Description and Participation Agreement for allowable circumstances.)

- Automatic Investment Plan (AIP)** - Complete the AIP information in section 9 of this application and include a preprinted, voided check or a preprinted deposit slip for a savings account.
- Payroll Direct Deposit** - You may be able to contribute to your account via payroll direct deposit. We will send information that you may forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

Name of Employer: _____

- Ownership Change** - A Change of Registration Form with an medallion signature guarantee must be included to transfer the account to a new owner.

Previous Account Number: _____

- One time bank draft from bank account.** Amount \$ _____
Please make a purchase by withdrawing funds from my bank listed in "Bank Information" (in Section 7).

If you are designating multiple beneficiaries with different allocations, please use another copy of this page for each beneficiary and include the individual beneficiary's name here.

You have the flexibility to purchase an Option that is more or less aggressive than that of the Option which corresponds to the Beneficiary's age at the time of purchase, by indicating a "hypothetical age" for the Beneficiary at right.

If you are completing this application for multiple Beneficiaries with different Investment Options and share classes, please attach copies of this page and indicate who the Beneficiary is for each Investment Option and share class.

Before choosing your Investment Option(s), see the Program Description and Participation Agreement (available at www.tomorrowsscholar.com) for more information and a complete and up-to-date list of Investment Options

Share Class

Select the Share Class you are purchasing. If no class of shares is selected, Class A will be selected for you.

- Class A** with initial sales charge
- Class A** load-waived (Please indicate reason below.)
- Class AR *** for A share rollovers from another 529 plan
- Class C**
- Class C1** for TIAA-CREF Single Fund Options only
- Class W ***

Reason for waiving sales charge of Class A shares (See Program Description and Participation Agreement for allowable circumstances.)

* Please note Class AR and W Units are not available through all financial intermediaries.

The minimum initial contribution is \$250 per Option unless the account is opened with an Automatic Investment Plan (AIP) or payroll direct deposit. Each Option may be subject to an annual \$25 nonresident annual maintenance fee unless waived as disclosed. See Program Description and Participation Agreement for details.

Investment Option 1 – Age-Based Option

Contributions will be allocated to the appropriate Voya Age-Based Option corresponding to your Beneficiary's current age unless you indicate a hypothetical age upon which contributions will be invested. Aged-Base Options are designed for college savings and may not be appropriate for primary and secondary school tuition savings.

- Voya 529 Age-Based Option

I/We wish to invest in the Age-Based Option that corresponds to:

- Beneficiary's current age
- Hypothetical age: _____

Total Amount Invested in the Age-Based Option \$ _____ or _____%

Investment Option 2 – Static Allocation Options

- Voya 529 Aggressive Growth Option
- Voya 529 Growth Plus Option
- Voya 529 Balanced Option
- Voya 529 Conservative Plus Option
- Voya 529 Ultra Conservative Option

Total Amount Invested in the Static Allocation Options \$ _____ or _____%

Investment Option 3 – Single Fund Options

Select your Investment Option(s) below and write the amount of your initial investment next to each Option in which you choose to invest.

- | | |
|--|--|
| \$ _____ or _____% BlackRock Global Allocation Option | \$ _____ or _____% Voya GNMA Income Option |
| \$ _____ or _____% Columbia Dividend Opportunity Option | \$ _____ or _____% Voya High Yield Bond Option |
| \$ _____ or _____% Northern Small Cap Value Option | \$ _____ or _____% Voya Intermediate Bond Option |
| \$ _____ or _____% TIAA-CREF Balanced Option | \$ _____ or _____% Voya Large Cap Growth Option |
| \$ _____ or _____% TIAA-CREF Equity Index Option | \$ _____ or _____% Voya Large Cap Value Option |
| \$ _____ or _____% TIAA-CREF Int'l Equity Index Option | \$ _____ or _____% Voya Mid Cap Opportunities Option |
| \$ _____ or _____% TIAA-CREF Principal Protection Option * | \$ _____ or _____% Voya Multi-Mgr. International Equity Opt. |
| \$ _____ or _____% TIAA-CREF Small Cap Blend Index Opt. | \$ _____ or _____% Voya Multi-Mgr. Mid Cap Value Option |
| \$ _____ or _____% Voya Corporate Leaders 100 Option | \$ _____ or _____% Voya Small Cap Growth Option |

Total Amount Invested in the Single Fund Options \$ _____

If using percentages, ensure that your selections total 100%
 *TIAA-CREF Principal Protection Option does not have a class designation

7 BANK INFORMATION

How to find your banks ABA routing number...



The ABA routing number can be found in the lower left corner of your personal check. The account number is just to the right of the ABA number.

Or, if you bank online, your bank will very likely provide easy access to the ABA number, once you are logged into your account.

To establish account options by EFT (Electronic Funds Transfer) at any time, your bank account registration MUST have one name in common with the Tomorrow's Scholar Account Owner/Custodian.

You can establish account options by EFT by providing one of the following options (select one):

- Including a personal investment check.
- Providing the wire transfer instructions for your bank or financial institution below.

If you include a personal investment check, we will use the information contained on the personal investment check to establish a requested AIP. Voya Investment Management Co. LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, "Voya")—will not be responsible for banking system delays beyond their control.

I understand that by executing this application, I herein authorize my bank to honor all entries to my bank account initiated through BNY Mellon Investment Servicing (U.S.) Inc., or any successor, on behalf of the applicable 529 plan. I acknowledge and understand that Voya will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the Program Description and Participation Agreement or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until Voya receives, and has a reasonable amount of time to act upon, a subsequent notice.

_____	_____
Bank Name	Bank's ABA routing number (typically 9 digits)
_____	_____
Account Registration (name(s) on account)	Account Number

8 FINANCIAL ADVISOR INFORMATION (REQUIRED)

_____		_____	
Name of financial advisor (first, middle initial, last)		Name of dealer	
_____		_____	_____
U.S. street address		Rep number	Branch number
_____	_____	_____	_____
City	State	ZIP code	Daytime phone

		Fax number	

The financial advisor (FA) represents and warrants: (1) that he/she is registered as an investment advisor with the Securities and Exchange Commission (SEC) and under the laws of each state in which he/she does or intends to do business or is exempt from such registration; or (2) that he/she is a registered representative of a licensed broker/dealer; and (3) that, to the best of the FA's knowledge, no proceeding, enforcement action, disciplinary action, investigation, or arbitration by or before the SEC or any self-regulatory organization is pending against the FA. The FA agrees to indemnify and hold Tomorrow's Scholar harmless for any loss, cost, or damage (including reasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that Tomorrow's Scholar believes to have originated from the FA or other authorized individuals in connection with this authorization. If the FA is the addressee of record for the Account Owner's account(s) in section 1 of this authorization, the FA agrees to promptly forward all Program descriptions, shareholder reports, and other regulatory mailings from Tomorrow's Scholar required by rule, statute, or other applicable regulation to be provided to the Account Owner. To the extent that the FA describes or distributes performance information concerning an Option, the FA agrees to obtain from Tomorrow's Scholar and disseminate to his/her clients or prospective clients the most current performance information relating to the Options. The FA further agrees that he/she will not: (1) alter or change in any respect any sales materials relating to the Option provided to him/her by Tomorrow's Scholar without the prior consent of Tomorrow's Scholar; (2) distribute, disseminate, or publish any sales materials regarding Tomorrow's Scholar or the Options that are misleading or otherwise in violation of applicable law; and/or (3) disseminate any sales materials marked "For Financial Professional Use Only" or similarly restricted as to distribution.

The financial advisor must sign and date here or the application will be returned.

_____ Date

Signature of financial advisor

Check here if you are a Registered Investment Advisor (RIA)

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by any person opening a new account on behalf of a **legal entity** with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; and (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

When you open a new account on behalf of a legal entity, we will ask for information about the **legal entity's beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form. Beneficial owners are:

- (1) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation; **and**
- (2) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (1) below, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (i.e., one individual under section (2) and four 25 percent equity holders under section (1))

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

Last Name and title of Natural Person Opening Account	First Name	Middle Initial
Name and type of Legal Entity For Which The Account is Being Opened	Tax ID Number	
Street Address	City	State
		ZIP code

Section 1

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. Use additional sections below for up to four individuals.

Check here if no individual meets this definition and complete Section 2.

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Date of Birth
_____ Address	_____ City	_____ State	_____ Zip/Postal Code
_____ Country	_____ SSN (U.S. Persons)		
_____ For Non-U.S. Persons (SSN, Passport Number or other similar Identification number)		_____ Country of Issuance	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Second Beneficial Owner (If required)

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Date of Birth
_____ Address	_____ City	_____ State	_____ Zip/Postal Code
_____ Country	_____ SSN (U.S. Persons)		
_____ For Non-U.S. Persons (SSN, Passport Number or other similar Identification number)		_____ Country of Issuance	

Additional Section 1 - Third Beneficial Owner (If required)

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Date of Birth
_____ Address	_____ City	_____ State	_____ Zip/Postal Code
_____ Country	_____ SSN (U.S. Persons)		
_____ For Non-U.S. Persons (SSN, Passport Number or other similar Identification number)		_____ Country of Issuance	

Additional Section 1 - Fourth Beneficial Owner (If required)

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Date of Birth
_____ Address	_____ City	_____ State	_____ Zip/Postal Code
_____ Country	_____ SSN (U.S. Persons)		
_____ For Non-U.S. Persons (SSN, Passport Number or other similar Identification number)		_____ Country of Issuance	

10 LEGAL ENTITY BENEFICIAL OWNERSHIP CERTIFICATION (CONTINUED)

Section 2

Please provide the following information for one individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Date of Birth
_____	_____	_____	_____
Address	City	State	Zip/Postal Code
_____	_____		
Country	SSN (U.S. Persons)		
_____			_____
For Non-U.S. Persons (SSN, Passport Number or other similar Identification number)			Country of Issuance

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

_____	_____
Signature	Date

Legal Entity Identifier (Optional)

11 ACCOUNT OWNER CONSENT FOR E-DELIVERY

I would like to receive my account statements, transaction confirmations, Program descriptions, and Program description supplements electronically. If I do not consent below, I understand that I will receive my documents/statements in paper format.

I consent to delivery of my 529 plan documents/statements in electronic format and have provided my e-mail address below.

I understand that I will receive an e-mail notice indicating that the most recent documents or statements are available for viewing and downloading at **www.tomorrowsscholar.com** and that I will need to establish a login ID and password to view these materials. I may change my electronic delivery preferences or unsubscribe from e-delivery at any time by logging into my account online or by calling **1-866-677-6933**.

Email address

By signing this application, I hereby apply for a Tomorrow’s Scholar account. I certify that I am opening the account to provide funds for the qualified higher education expenses of the designated Beneficiary. I have received and have read and agree to the terms set forth in the Program Description and Participation Agreement and will retain a copy of this document for my records. I have had the opportunity to consult with a financial and/or legal advisor before signing this application. I understand that my account may be subject to a \$25 nonresident annual maintenance fee for each Investment Option selected unless qualifying for a waiver as disclosed in the Program Description and Participation Agreement.

I acknowledge that I am required to provide certain personal information, which will be used to verify my identity, and that my account may not be opened if I do not provide this information. I further acknowledge that Voya reserves the right to close my account, or take other reasonable steps, if it is unable to verify my identity. I represent that I am of legal age and have legal capacity to make this purchase.

I hereby authorize the FA designated on this application, and individuals acting on behalf of the FA (collectively, “authorized individuals”), to have full access to my account and acknowledge that they may receive duplicate account statements. I authorize these individuals to execute documents and act on my behalf, in accordance with Voya’s procedures. I understand that this does not grant the authorized individuals discretionary control over my account, but allows them to act according to the instructions I provide to them. **I understand that if I do not want to authorize the FA (or RIA) to act on my behalf, I must check the box below:**

- I do **not** authorize my FA (or RIA) to act on my behalf, but he/she may receive duplicate account statements.

To the extent authorized above, Voya may treat the authorized individuals as authorized to act for me and on my behalf in the same manner and with the same force and effect as I could. I agree to notify Voya in writing immediately if this authority is revoked and further agree that, in the case of my death, disability, incapacity, or incompetency, Voya may continue to act on the instructions of the authorized individuals until a reasonable period after Voya is notified in writing that my authorization has been terminated or revoked. I agree that Voya and Tomorrow’s Scholar are not responsible for suitability of investment recommendations or transactions initiated by the authorized individuals on my behalf. I further agree to indemnify and hold Voya harmless from acting upon any transactions on my Tomorrow’s Scholar account resulting from verbal, written, or electronic instructions that Voya reasonably believes to have originated from any and all acts of the authorized individuals.

I acknowledge that my FA receives compensation when I purchase shares of the Program Option and that I may incur an additional annual fee based on the value of my account.

I certify that the information I have provided on this application—and all future information I will provide with respect to my Tomorrow’s Scholar account—is true, complete, and correct. I authorize Voya and Tomorrow’s Scholar to open and maintain the account(s) based on this information.

To complete this application, you must sign and date here.

x _____
 Signature of trustee, partner, or officer (Trust, Partnership, Corporation, 501(c)(3), or Other Entity Accounts) Print name Date

x _____
 Signature of co-trustee, partner, or officer (Trust, Partnership, Corporation, 501(c)(3), or Other Entity Accounts) Print name (and title, if applicable) Date

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Before you mail, have you:

- Provided all required information in section 1?
- Completed designated Beneficiary information in section 3?
- Completed section 4 as required for Trust, Partnership, Corporation, 501(c) and other entity accounts?
- Selected an Investment Option in section 6?
- Signed your application in section 12?
- Enclosed your check made payable to Tomorrow's Scholar, if applicable?

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.



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