

# TOMORROW'S SCHOLAR® Change of Beneficiary Form

Complete this form to make changes to the Beneficiary on your Tomorrow's Scholar account. You must complete section 1 of this form and any other sections as applicable. 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).



## 1 CURRENT ACCOUNT INFORMATION AND MAILING ADDRESS

Complete this section with current account information.

Name of Account Owner or Custodian as currently registered (first, middle initial, last) Social Security/taxpayer ID number

Name of Joint Account Owner as currently registered (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)

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

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

E-mail address Daytime phone Evening phone

Name of designated Beneficiary (first, middle initial, last) Social Security/taxpayer ID number

Option and account number Option and account number

Option and account number Option and account number

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, if provided in section 2 of this form, will be updated on accounts for which the same Account Owner, Custodian, or entity is authorized. Distributions to a new address will require a copy of a utility bill or driver's license reflecting the new address.

A change of Beneficiary is not allowed on an UGMA/UTMA account.

### New Beneficiary Information

The new Beneficiary must be a "member of the family" of the current designated Beneficiary, as defined by Section 529 of the Internal Revenue Code. If the new designated Beneficiary is NOT a "member of the family," you must instead complete a Tomorrow's Scholar Withdrawal Request Form and a Tomorrow's Scholar new Account Application, as the transaction will be considered a non qualified withdrawal that is subject to income tax and a 10% additional tax on earnings.

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

If no Option is chosen, the Investment Option for the new Beneficiary will be the same as the current Beneficiary.

### Investment Selection

Indicate below if you would like to change your current Investment Option.

Note: If no amount is indicated below or the current account is less than the amount requested, the entire balance will be transferred to the new Beneficiary.

Total Amount to be Transferred \$ \_\_\_\_\_ or \_\_\_\_\_ %

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

Refer to the "Important Information about Account Options" section on page 4 for further details about future investments into the new account.

#### Investment Option 1 – Age-Based Options

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.

☐ 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

\$ \_\_\_\_\_ or % \_\_\_\_\_ Voya 529 Aggressive Growth Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya 529 Conservative Plus Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya 529 Growth Plus Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya 529 Ultra Conservative Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya 529 Balanced Option

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.

This section continues on the next page

### Investment Option 3 – Single Fund Options

Select your Investment Option(s) below and write the amount you would like transferred next to each Option in which you choose to invest.

\$ \_\_\_\_\_ or % \_\_\_\_\_ American Century Small Cap Value Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Fidelity Global ex-US Index Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Fidelity U.S. Bond Index Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ BlackRock Global Allocation Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Nuveen Balanced Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Nuveen Equity Index Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Nuveen Small Cap Blend Index Opt  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ TIAA-CREF Principal Protection Option\*  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya Corporate Leaders 100 Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya GNMA Income Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya High Yield Bond Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya Intermediate Bond Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya Large Cap Growth Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya Large Cap Value Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya Mid Cap Opportunities Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya Multi-Manager International Equity Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya Multi-Manager Mid Cap Value Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Voya Small Cap Growth Option  
 \$ \_\_\_\_\_ or % \_\_\_\_\_ Total Amount Transferred to the Single Fund Options

Total Amount Transferred \$ \_\_\_\_\_ or % \_\_\_\_\_

### Important Information about Account Options

#### New Account Established

By changing the designated Beneficiary or by selecting a new Investment Option, you are electing to open a new account, which will have a new account number. Your current account will be closed to new investments unless you are transferring only a portion of the balance.

#### Future Automatic Investment Plan (AIP) Contributions (\$25 minimum)

Moving entire current account balance

If you are opening only one new account and have an active AIP, it will be suspended on your current account and automatically established on your new account. Any AIP in process will be purchased into the new account. If opening multiple accounts, a new AIP will not be established on the new accounts unless instructed below. Complete a Tomorrow's Scholar Account Maintenance Form if the current account does not have an AIP or you wish to update your bank information.

☐ Start an AIP of \$ \_\_\_\_\_ on all new accounts. Only existing active banking information will be used.

Investment frequency for all Options selected (choose one):

☐ Monthly or semimonthly, on the \_\_\_\_\_ and \_\_\_\_\_ day(s) of each month.

☐ Periodically, on the \_\_\_\_\_ and \_\_\_\_\_ day(s) of the month(s) indicated below.

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

This privilege will be effective upon receipt of valid bank information. If no amount is chosen, your bank account will be debited \$25 on the date(s) you have chosen. If no date is chosen, your account will be debited on the 25th day of the month. If the date falls on a weekend or holiday, your AIP purchase will occur on the next business day. If the next business day falls in the next month, the AIP will cycle on the previous business day.

Moving only a portion of the current account balance

Any active AIP will remain on the current account and a new AIP will not be established on the new account unless instructed below. If opening multiple accounts, complete a Tomorrow's Scholar Account Maintenance Form if the current account does not have an AIP or you wish to update your bank information.

- ☐ Move entire AIP to the new account and suspend on my current account.
- ☐ Change the dollar amount on the current account to \$\_\_\_\_\_ and start an AIP on the new account for \$\_\_\_\_\_. Only existing active banking information will be used.

#### Express Purchase

If you have Express Purchase as a contribution method on your current account, it will be established on your new account unless you indicate otherwise. To make changes to your existing Express Purchase, or if you wish to establish this option on an account that does not currently have this option, complete a Tomorrow's Scholar Account Maintenance Form.

#### Redemption Option

If you have the Redemption Option on your current account, it will be established on your new account(s) unless you indicate otherwise. To make changes to your existing Redemption Option or if you wish to establish this option on your account(s), complete a Tomorrow's Scholar Account Maintenance Form.

#### Future Payroll Direct Deposits

If you are a participant in your employer's payroll direct deposit program, you must inform your employer of your new account number(s). Any contributions received via payroll direct deposit into your current account will be returned if moving the entire balance.

- ☐ You may be able to contribute to your account via payroll direct deposit. We will send information that you can forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

#### Change of Beneficiary Signatures

By signing this form, I hereby elect to change the Beneficiary on my Tomorrow's Scholar account. I certify that the account will be used 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, as well as that of the designated Beneficiary, 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 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.

✕

Signature of Account Owner or Custodian  
(Individual or Joint Accounts)

Print name (and title, if applicable)

Date

✕

Signature of Joint Account Owner  
(Joint Accounts)

Print name

Date

✕

Signature of trustee, partner, or officer  
(Trust, Partnership, Corporation, 501(c)(3), or Other Entity Accounts)

Print name (and title, if applicable)

Date

✕

Signature of co-trustee, partner, or officer  
(Trust, Partnership, Corporation, 501(c)(3), or Other Entity Accounts)

Print name (and title, if applicable)

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.



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