

TOMORROW'S SCHOLAR® Account Application & Rollover Form

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) _____ (if applicable)

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 Investment Management for instructions on properly establishing the account.

1 REGISTRATION AND MAILING ADDRESS FOR INDIVIDUAL OR UGMA/UTMA ACCOUNTS

Choose One:

Individual Account

Joint Account

UGMA/UTMA: State _____ If I am funding this account with cash proceeds from the sale of assets held in a UGMA/UTMA custodial account for the benefit of the designated Beneficiary of this account, I am doing so in my capacity as Custodian for the designated Beneficiary. I understand, as Custodian for a UGMA/UTMA 529 account, that I will not be able to change the designated Beneficiary for this account or make withdrawals, other than for the benefit of the designated Beneficiary, as permitted under the laws governing the UGMA/UTMA custodial account. I understand that these same restrictions apply to other contributions made into this account, regardless of the source of funds.

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

Name of primary Account Owner or Custodian (first, middle initial, last) _____ Social Security number _____ Date of birth (mm/dd/yyyy) _____
Must be 18 or older

Name of Joint Account Owner or Custodian (first, middle initial, last) _____ Social Security number _____ Date of birth (mm/dd/yyyy) _____
Must be 18 or older

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 _____

Citizenship of primary Account Owner: U.S. Citizen Resident alien (Nonresident aliens are not eligible to participate in the Program.)

Citizenship of Joint Account Owner: U.S. Citizen Resident alien (Nonresident aliens are not eligible to participate in the Program.)

I am an employee of Voya Investment Management

2 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 in section 1 of this application.

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.

3 SUCCESSOR ACCOUNT OWNER FOR INDIVIDUAL ACCOUNTS

Call 1-866-677-6933 for the appropriate form to designate a Successor Account Owner on a UGMA/UTMA custodial account.

An Account Owner may designate a Successor Account Owner to assume control of the account upon the Account Owner's death. The Account Owner may revoke or change a Successor Account Owner at any time.

Name of Successor Account Owner (first, middle initial, last) or entity _____ Social Security/taxpayer ID number _____ Date of birth (mm/dd/yyyy) _____
Must be 18 or older

U.S. residential street address _____ City _____ State _____ ZIP code _____

Citizenship: The Successor Account Owner must be a U.S. citizen or a resident alien.

4 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.

Beneficiary #1

Name of designated Beneficiary (first, middle initial, last) Social Security/taxpayer ID number Date of birth (mm/dd/yyyy)
Mailing street address City State ZIP code
Relationship to Account Owner Citizenship: U.S. Citizen Resident alien (Nonresident aliens are not eligible to participate in the Program.)

Beneficiary #2

Name of designated Beneficiary (first, middle initial, last) Social Security/taxpayer ID number Date of birth (mm/dd/yyyy)
Mailing street address City State ZIP code
Relationship to Account Owner Citizenship: U.S. Citizen Resident alien (Nonresident aliens are not eligible to participate in the Program.)

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 - Complete section 10 "Rollover Instructions"
Automatic Investment Plan (AIP) - Complete the AIP information in Section 7 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:

6 INVESTMENT OPTIONS

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.

Select the Share Class you are purchasing.

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

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

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 Options for Beneficiary #1 as specified in Section 4

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.

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-Based 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 \$ _____

Investment Option 2 – Static Allocation Options

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

Total Amount Invested in the Static Allocation Options \$ _____

Investment Option 3 – Single Fund Options

If you are completing this application for more than two Beneficiaries with different Investment Options, please attach copies of this page and indicate who the Beneficiary is for each Investment Option.

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

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

Total Amount Invested in the Single Fund Options \$ _____

*TIAA-CREF Principal Protection Option does not have a class designation

Investment Options for Beneficiary #2 as specified in Section 4

Investment Option 1 – Age-Based 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.

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-Based 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 \$ _____

Investment Option 2 – Static Allocation Options

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

Total Amount Invested in the Static Allocation Options \$ _____

Investment Option 3 – Single Fund Options

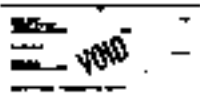
If you are completing this application for more than two Beneficiaries with different Investment Options, please attach copies of this page and indicate who the Beneficiary is for each Investment Option.

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

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

Total Amount Invested in the Single Fund Options \$ _____

*TIAA-CREF Principal Protection Option does not have a class designation



Include a voided check if you are establishing an AIP or express purchase by EFT.

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

To establish subsequent contribution options by Automatic Investment Plan (AIP) or Electronic Funds Transfer (EFT), your bank account registration MUST have one name in common with the Tomorrow's Scholar Account Owner/Custodian.

- Automatic Investment Plan (AIP) - Automatic purchases can be made from your bank account into your Tomorrow's Scholar account. There is a \$25 minimum per investment, per account.

Option name \$ Amount Option name \$ Amount

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.
January February March April May June
July August September October November 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...

Investment change - This option allows you to sell shares via the internet or by phone from one Option and use the proceeds to buy shares in an identically registered Tomorrow's Scholar account in another Option...

Redemption - This option allows you to sell shares by phone to have money sent to the Account Owner's address of record or bank account (via EFT or wire) if a preprinted, voided check is provided...

Express purchase - This option allows you to purchase shares via the internet or by phone with payment from your designated bank account by EFT if a preprinted, voided check is provided...

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 your bank or financial institution information below. Voya Investment Management Co. LLC, affiliates, and subcontractors... 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...

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

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.

✕

Signature of financial advisor

Date

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

Voya will reimburse rollover fees, if any, from your previous 529 plan provider up to \$75. Please complete the Rollover Reimbursement Form or call 1-866-677-6933 for more information.

Complete the information below regarding the account from which you are initiating the rollover. Include a copy of your current account statement.

Please contact your current plan administrator to confirm if additional documents are required.

Name of current 529 plan

Phone number for current plan

Account number

Current plan's mailing address

City

State

ZIP code

Name of current Beneficiary (first, middle initial, last)

Current Beneficiary's Social Security number

Name of additional current Beneficiary (first, middle initial, last)

Additional current Beneficiary's Social Security number

The current 529 plan is an UTMA/UGMA registered account.

Current administrator: Consider this your authorization to send a rollover distribution from my 529 plan account directly to the account provided in section 1 of this form. Transfer all assets immediately if no selection is checked below.

Sell all of my assets in the current 529 plan listed above

or

(partial) \$ _____ or _____ % of my assets in the current 529 plan listed above.
(Provide this figure as a dollar amount or as a percentage of the total value of your account.)

I have already withdrawn the funds and wish to deposit them into the account provided in section 1 of this form.

Note: You must submit a confirmation statement or letter on company letterhead from the previous plan administrator indicating the total withdrawal amount, the portion of the withdrawal attributable to contributions and earnings, and the date of the withdrawal. Failure to provide this required information may cause the entire amount of the rollover contribution to be treated as earnings that could be taxable upon withdrawal.

A transfer of funds between 529 plans sponsored by the same state will be considered an investment change. Investment changes for an existing account are permitted twice per calendar year without a change in designated Beneficiary.

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

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.

I authorize Voya to act on my behalf in contacting the current 529 plan administrator to facilitate the transfer of assets. I hereby certify that (1) the information provided herein is accurate, (2) the designated Beneficiary on the Tomorrow's Scholar account is a "member of the family" of the designated Beneficiary in the current program (as defined in the Program Description and Participation Agreement), or this rollover does not change the Beneficiary and is the only rollover for the Beneficiary within the past 12 months, and, if applicable, (3) my contribution listed in Section 10 of this form will have been made within 60 days of the withdrawal from another 529 plan.

I understand that if I fail to provide the required information mentioned in Section 10 of this form, the entire amount of the rollover contribution will be treated as earnings that may be taxable upon withdrawal.

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

x _____
 Signature of Account Owner, or Custodian (Individual, Joint or UGMA/UTMA Accounts) Print name (and title, if applicable) Date

x _____
 Signature of Joint Account Owner (Joint Accounts) Print name Date

Affix Medallion Signature Guarantee stamp here:

x _____
 Medallion Signature Guarantee (if required)*

*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.

Important: Many plan administrators require a Medallion Signature Guarantee. To prevent delay, contact your current plan administrator to determine if a Medallion Signature Guarantee is required.

12 ACCOUNT PROFILE (OPTIONAL)

The following information is being requested by the state administrator of the Program for internal reporting purposes. Your responses will be kept confidential. If you have questions regarding our privacy policy, visit www.tomorrowsscholar.com or call 1-866-677-6933.

Annual Household Income (from all sources):

- Under \$25,000 \$40,000–\$74,999 \$100,000–\$249,999
- \$25,000–\$39,999 \$75,000–\$99,999 \$250,000+

Education Level of the Account Owner (select highest level completed):

- High school graduate Associate’s degree Master’s degree Other
- GED Bachelor’s degree Ph.D.

Ethnicity of Beneficiary:

- African American Caucasian Native American
- Asian Hispanic Other

Gender of Beneficiary:

- Female Male

13 MAILING INSTRUCTIONS

Before you mail, have you:

- Provided all required information in section 1?
- Completed designated Beneficiary information in section 4?
- Selected Investment Options in Section 6?
- Had your financial advisor complete Section 9?
- Signed your application in section 11?
- Included a preprinted, voided check (if applicable)?
- Enclosed your check made payable to Tomorrow’s Scholar?

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.

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE