Iowa Advisor 529 Plan Account Application

Complete this application to establish an Iowa Advisor 529 Plan account. If you would like help completing this application, contact your financial advisor or call **1-800-774-5127**. Information is also available online at **www.iowaadvisor529.com**.

Michael L. Fitzgerald, Treasurer of State

Broker/dealer BIN: ________________________________ (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 the Program Manager for instructions on properly establishing the account.

1 Registration and Mailing Address

Choose One:

☐ **Individual 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.

☐ **Trust/Estate:** *We require a copy of the title and signature pages of the trust/estate document with the application.*

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

Name of Account Owner, Custodian, Trustee or Executor (first, middle initial, last) | Social Security/taxpayer ID number | Date of birth (mm/dd/yyyy) *Must be 18 or older*

Name of trust or estate (if applicable) | U.S. taxpayer identification number | Date of trust (if applicable)

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

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

☐ **I am an employee of Voya**

2 Trustee or Executor Information

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

Name of trustee/executor (first, middle initial, last) | Name of trustee/executor (first, middle initial, last)

Social Security number | Date of birth (mm/dd/yyyy) | Social Security number | Date of birth (mm/dd/yyyy)

U.S. residential street address of trustee | U.S. residential street address of trustee

City | State | ZIP code | City | State | ZIP code

3 Successor Account Owner for Individual Accounts

Call 1-800-774-5127 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.

______________________________ 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

__________ ZIP code

______________________________ Relationship to Account Owner

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

5 Investment Options

Before choosing your Investment Option(s), see the Program Description and Participation Agreement (available at **www.iowaadvisor529.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 C**

____
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 opened with an Automatic Investment Plan (AIP) or payroll direct deposit. Each account will be subject to an annual $25 maintenance fee unless waived as disclosed. See Program Description and Participation Agreement for details.

Choose only one of the following three Investment Strategies

With the exception of Fixed Asset Allocation Investment Options, only one strategy may be selected for an account.

1 ■ *Age-Based Investments* ■ *Select only one option below*

Contributions will be allocated to the appropriate Age-Based Option corresponding to your Beneficiary's current age.

☐ Iowa Advisor 529 Age-Based Option

2 ■ *Static Asset Allocation Investments* ■ *Select only one option below*

☐ Iowa Advisor 529 Aggressive Option
☐ Iowa Advisor 529 Growth Option
☐ Iowa Advisor 529 Moderate Option
☐ Iowa Advisor 529 Conservative Option
☐ Iowa Advisor 529 Ultra-Conservative Option

3 ■ *Fixed Asset Allocation Investments* ■ *You may select multiple options below*

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

$__________ Voya Government Money Market Option
$__________ Voya Intermediate Bond Option
$__________ Voya Large Cap Growth Option
$__________ Voya Large Cap Value Option
$__________ Voya MidCap Opportunities Option
$__________ Voya Multi-Mgr. International Equity Opt.
$__________ Voya Multi-Mgr. Mid Cap Value Option
$__________ Voya Short Term Bond Option
$__________ Voya Small Company Option
$__________ Voya U.S. Stock Index Option
$__________ VY BlackRock Inflation Protected Bond Opt.
$__________ VY Clarion Global Real Estate Option

Total Amount Invested in the Fixed Asset Allocation Investment Options $__________________

6 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 reduced if you establish an AIP or a payroll direct deposit for your account.

☐ **Check $____________________ Make check payable to Iowa Advisor 529 Plan**. 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 Iowa Advisor 529 Plan 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.

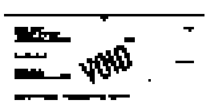
☐ **Rollover from another 529 Account** - Enclose an Iowa Advisor 529 Plan rollover form. A rollover form can be obtained by visiting **www.iowaadvisor529.com** or by calling **1-800-774-5127**.

☐ **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: ____

7 Account Options



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 Iowa Advisor 529 Plan Account Owner/Custodian.

☐ **Automatic Investment Plan (AIP)** - Automatic purchases can be made from your bank account into your Iowa Advisor 529 Plan account. There is a $50 minimum per investment, per Option.

______________________________	$ __________	______________________________	$ __________
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 $50 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.*

8 Bank Information

To establish account options by EFT at any time, your bank account registration MUST have one name in common with the Iowa Advisor 529 Plan Account Owner/Custodian. If a preprinted, voided check is not enclosed with this application, but you do include a personal investment check, we will use the information contained on the personal investment check to establish a requested AIP. The Iowa Advisor Program, Voya Investment Management Co. LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities ("Program Manager")—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 the Program Manager 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 the Program Manager receives, and has a reasonable amount of time to act upon, a subsequent notice.

9 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 the Iowa Educational Savings Plan Trust harmless for any loss, cost, or damage (including reasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that Iowa Advisor 529 Plan 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 Iowa Advisor 529 Plan 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 Iowa Advisor 529 Plan 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 Iowa Advisor 529 Plan without the prior consent of Iowa Advisor 529 Plan; (2) distribute, disseminate, or publish any sales materials regarding Iowa Advisor 529 Plan 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)

10 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.iowaadvisor529.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 **1-800-774-5127**.

11 Account Agreement and Signature(s)

By signing this application, I hereby initiate the opening of an Iowa Advisor 529 Plan 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 will be subject to a $25 annual maintenance fee 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 the Program Manager 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 the Program Manager'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, the Program Manager and the Iowa Educational Savings Plan Trust 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 the Program Manager in writing immediately if this authority is revoked and further agree that, in the case of my death, disability, incapacity, or incompetency, the Program Manager may continue to act on the instructions of the authorized individuals until a reasonable period after the Program Manager is notified in writing that my authorization has been terminated or revoked. I agree that the Program Manager and Iowa Advisor 529 Plan 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 the Program Manager and the Iowa Educational Savings Plan Trust harmless from acting upon any transactions on my Iowa Advisor 529 Plan account resulting from verbal, written, or electronic instructions that the Program Manager 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.

I certify that the information I have provided on this application—and all future information I will provide with respect to my Iowa Advisor 529 Plan account—is true, complete, and correct. I authorize the Program Manager and Iowa Advisor 529 Plan to open and maintain the account(s) based on this information.

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

✘ ______________________ ______________________ ______________

Signature of Account Owner, Custodian, or Trustee/Executor | Print name | Date

✘ ______________________ ______________________ ______________

Signature of Co-Trustee or Co-Executor (if applicable) | Print name | Date

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.iowaadvisor529.com** or call **1-800-774-5127**.

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 an Investment Option in section 5?
☐ 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 Iowa Advisor 529 Plan?

Additionally, for Trust and other entity accounts, have you:

☐ Enclosed the appropriate documents as required in section 1?

Regular Mail

Iowa Advisor 529 Plan
c/o Voya Investment Management
PO Box 9659
Providence, RI 02940-9659

Overnight/Courier

Iowa Advisor 529 Plan
c/o Voya Investment Management
4400 Computer Drive
Westborough, MA 01581-1722

Iowa Advisor 529 Plan is a part of the Iowa Educational Savings Plan Trust, a state-sponsored 529 college savings plan administered by the State of Iowa, for which the Treasurer of the State of Iowa serves as the Trustee. Voya Investment Management Co. LLC provides investment management and administrative services for the Iowa Advisor 529 Plan. Shares in the Program are distributed by Voya Investments Distributor, LLC, Member FINRA/SIPC.

IAdvisor 529
Michael L. Fitzgerald, Treasurer of State