

# 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**.



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) <i>Must be 18 or older</i>	
_____ 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	_____ City	_____ State
_____ ZIP code		_____ 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) <i>Must be 18 or older</i>	
_____ 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](http://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 the account is 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 Single Fund Investment Options, only one option may be selected for an account.*

**1 ■ Age-Based Investment**

Contributions will be allocated to the appropriate Age-Based Option corresponding to your Beneficiary's current age unless you indicate a hypothetical age upon which contributions will be invested. Age-Based Options are designed for college savings and may not be appropriate for K-12 time horizons.

- Iowa Advisor 529 Age-Based Option

I 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 \_\_\_\_\_%

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

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

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

**3 ■ Single Fund 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.

\$ _____ or _____% Voya Gov. Money Market Option	\$ _____ or _____% Voya Multi-Mgr. Mid Cap Value Option
\$ _____ or _____% Voya Intermediate Bond Option	\$ _____ or _____% Voya Short Term Bond Option
\$ _____ or _____% Voya Large Cap Growth Option	\$ _____ or _____% Voya U.S. Stock Index Option
\$ _____ or _____% Voya Large Cap Value Option	\$ _____ or _____% VY BlackRock Inflation Protected Bond Opt.
\$ _____ or _____% Voya MidCap Opportunities Option	\$ _____ or _____% VY JPMorgan Small Cap Core Equity Opt.
\$ _____ or _____% Voya Multi-Mgr. International Equity Opt.	

**Total Amount Invested in the Single Fund Investment Options** \$ \_\_\_\_\_



**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.**

**x**

\_\_\_\_\_  
Signature of financial advisor

\_\_\_\_\_  
Date

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

**10 TRUSTED PERSON**

**If a "Dealer Information" was provided in the section 9, please do not provide a "Trusted Person" to Voya.**

In 2018, FINRA, the primary regulator of Voya Investment Management (Voya), put in place regulations designed to protect retail customers from financial exploitation. These regulations, which are set forth in FINRA Rule 4512, require that FINRA members such as Voya make reasonable efforts to obtain the name of and contact information for a trusted contact person at the time a customer's account is opened. In instituting these regulations, FINRA has stated that the trusted contact person is intended to be a resource for the member firm in administering the customer's account, protecting assets and responding to possible financial exploitation. Voya may use its discretion in relying on any information provided by the trusted contact person. Voya may also elect to notify an individual that he or she was named as a trusted contact person; however, the Rule does not require such notification.

If you choose to provide Voya with the name and contact information of a trusted contact person, Voya or a Voya-associated person is authorized to contact the trusted contact person and disclose information about your account to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rules. In such circumstances, if you have chosen to provide Voya with the name and contact information of a trusted contact person, Voya is authorized under FINRA Rule 2165, if it reasonably believes that financial exploitation has occurred, is occurring, has been attempted or will be attempted, to place a temporary hold on the disbursement of funds or securities from the account of a customer. Be advised that Rule 2165 creates no obligation for Voya to withhold a disbursement of funds or securities in such circumstances.

Do you wish to provide Voya with the name and contact information of a trusted contact person?

Yes, my trusted contact person is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

No, I decline to provide a name and contact information of a trusted contact person

\_\_\_\_\_  
Initial above

**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 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**.

**12 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.**

**x** \_\_\_\_\_  
Signature of Account Owner, Custodian, or Trustee/Executor      Print name      Date

**x** \_\_\_\_\_  
Signature of Co-Trustee or Co-Executor (if applicable)      Print name      Date

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE



**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	

**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)

## 14 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](http://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 (select only one):

- African American       Caucasian       Native American  
 Asian       Hispanic       Other

### Gender of Beneficiary:

- Female       Male

## 15 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 12?
- 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.

