Iowa Advisor 529 Plan Account Application

Complete this application to establish an lowa 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)			
Social Security/taxpayer identi	Prior to opening an account, we require that you provide us wit fication number. If you are establishing an account as attorney-in operly establishing the account.			
1 REGISTRATION A	ND MAILING ADDRESS			
	Choose One:			
	□ Individual Account			
	□ UGMA/UTMA: State If I am funding this acc UTMA custodial account for the benefit of the designated Benef for the designated Beneficiary. I understand, as Custodian for a designated Beneficiary for this account or make withdrawals, oth under the laws governing the UGMA/UTMA custodial account. I made into this account, regardless of the source of funds. □ Trust/Estate: We require a copy of the title and signature page.	UGMA/UTMA 529 account, that I will n her than for the benefit of the designat understand that these same restrictior	my capacity as Custodian ot be able to change the ed Beneficiary, as permitted as apply to other contributions	
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 (Nor	nresident aliens are not eligible to part	icipate in the Program.)	
	Country of organization: □ United States (entity must be organized in □ I am an employee of Voya	n the United States to be eligible to pa	rticipate in the Program)	
2 TRUSTEE OR EVE	ECUTOR INFORMATION			
2 IROSTEE OR EXE	ECOTOR INFORMATION			
To list additional	Name of trustee/executor (first, middle initial, last)	Name of trustee/executor (first, midd	dle initial, last)	
trustees, include all information in this section on a separate	Social Security number Date of birth (mm/dd/yyyyy)	Social Security number	Date of birth (mm/dd/yyyy)	
sheet.	U.S. residential street address of trustee	U.S. residential street address of trustee		
	City State ZIP code	City	State ZIP code	
3 SUCCESSOR ACC	COUNT OWNER FOR INDIVIDUAL ACCOUNTS			
Call 1-800-774-5127 for the appropriate form to	An Account Owner may designate a Successor Account Account Owner's death. The Account Owner may revol	ke or change a Successor Acc	count Owner at any time.	
designate a Successor Account Owner on a UGMA/UTMA custodial account.	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	
account.	U.S. residential street address	City	State ZIP code	

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

The Beneficiary is the
prospective student. All
information in this sectior
is required to establish ar
account.

Name of designated Beneficiary (first, middle initial, last)	Social Security/taxpayer ID	number Date of b	Date of birth (mm/dd/yyyy)	
U.S. residential street address	City	State	ZIP code	
Relationship to Account Owner	Citizenship: ☐ U.S. Citize			

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	ı are purchasing. If no	class of shares is selected,	, Class A will be selected for you
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 \square 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

1 .	Age	e-Based Investment		
	curi		ge up	-Based Option corresponding to your Beneficiary's on which contributions will be invested. Age-Based to be appropriate for K-12 time horizons.
		Iowa Advisor 529 Age-Based Option		
	l wi	sh to invest in the Age-Based Option that cor	respo	nds to:
		Beneficiary's current age		Hypothetical age:
		Total Amount Invested in the Age-Based 0	Optio	n \$or%
2 .	Sta	ntic Allocation Investments Select only	y 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 Alloca	ition	Options \$ or%
3 .		gle Fund Investments You may select		•
		ect your Investment Option(s) below and write tion in which you choose to invest.	e the	amount of your initial investment next to each
\$		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 _____% VY BlackRock Inflation Protected Bond Opt.

\$______ or _____% VY JPMorgan Small Cap Core Equity Opt.

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

____ or _____% Voya Large Cap Value Option

____ or _____% Voya MidCap Opportunities Option

___ or _____% Voya Multi-Mgr. International Equity Opt.

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 lowa 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 lowa 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 lowa 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:
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:

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.

Please make a purchase by withdrawing funds from my bank listed in "Bank Information" (in Section 7).

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

Option name \$_____ Option name \$_____ \$_Amount

Investment frequency for all Options selected (choose one):

☐ One time bank draft from bank account. Amount \$_

□ Monthly or semimonthly, on the			d da	y(s) of each month.	
$\ \square$ Periodically,	on the	and	_ day(s) of the mo	onth(s) indicated belo	DW.
□ 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. Funds are drawn two to three days prior to the date provided above so that the funds are available to invest on the dates provided above.

8 BANK INFORMATION

To establish account options by EFT at any time, your bank account registration MUST have one name in common with the lowa 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

Street Address

Name of financial advisor (fire	st, middle initial, last)		Name of dealer		
U.S. street address			Rep number	Branch number	
City	State	ZIP code	Daytime phone	Fax number	
Securities and Exchange business or is exempt fr dealer; and (3) that, to the investigation, or arbitratiagrees to indemnify and reasonable attorneys' fe 529 Plan believes to har of the FA is the addresse to promptly forward all F529 Plan required by ruthat the FA describes or Advisor 529 Plan and direlating to the Options. relating to the Option pr Plan; (2) distribute, dissemisleading or otherwise Professional Use Only" of	e Commission (SEC om such registration be best of the FA's on by or before the lighted hold the lowa Edu es) resulting from we originated from the of record for the program description le, statute, or other distributes perform sseminate to his/h The FA further agree ovided to him/her minate, or publish in violation of app	c) and under the control of the cont	ne laws of each state e/she is a registered of proceeding, enforce self-regulatory organizings Plan Trust harmles by verbal, written, or ear authorized individuater's account(s) in sector reports, and other regulation to be provided tion concerning an Orospective clients the ear will not: (1) alter or cloor 529 Plan without the regulation to describe the will serials regarding loward/or (3) disseminate as	in which he/she does or intends to do representative of a licensed broker/ement action, disciplinary action, zation is pending against the FA. The less for any loss, cost, or damage (include electronic instructions that lowa Advisor als in connection with this authorization 1 of this authorization, the FA agree egulatory mailings from lowa Advisor and to the Account Owner. To the exterption, the FA agrees to obtain from low most current performance information hange in any respect any sales materine prior consent of lowa Advisor 529 Advisor 529 Plan or the Options that	FA ding or on. ees nt owa n rials
				Date	
☐ Check here if you a	re a Registered In	vestment Ad	visor (RIA)		
N					
In 2018, FINRA, the prima retail customers from fina	ry regulator of Voya ncial exploitation. T	a Investment M hese regulatio	anagement (Voya), pu	t in place regulations designed to prote	
at the time a customer's a is intended to be a resou to possible financial expl	account is opened. rce for the member bitation. Voya may u ect to notify an indi	In instituting th firm in admini use its discretion	ese regulations, FINRA stering the customer's on in relying on any inf	act information for a trusted contact person has stated that the trusted contact person account, protecting assets and respond formation provided by the trusted contact person; however, the formation is a trusted contact person is a trusted contact perso	son erson ding act
	City The financial advisor (FA Securities and Exchange business or is exempt from dealer; and (3) that, to the investigation, or arbitratian agrees to indemnify and reasonable attorneys' fer 529 Plan believes to have lift the FA is the addressed to promptly forward all Fiscales or Advisor 529 Plan and direlating to the Options. The relating to the Option of Plan; (2) distribute, dissessed misleading or otherwise Professional Use Only of Check here if you are the Check here if you	The financial advisor (FA) represents and we Securities and Exchange Commission (SEC business or is exempt from such registration dealer; and (3) that, to the best of the FA's linvestigation, or arbitration by or before the agrees to indemnify and hold the lowa Edu reasonable attorneys' fees) resulting from a 529 Plan believes to have originated from If the FA is the addressee of record for the to promptly forward all Program description 529 Plan required by rule, statute, or other that the FA describes or distributes perform Advisor 529 Plan and disseminate to his/hirelating to the Options. The FA further agree relating to the Option provided to him/her Plan; (2) distribute, disseminate, or publish misleading or otherwise in violation of app Professional Use Only" or similarly restricted. ** Signature of financial advisor Check here if you are a Registered In 2018, FINRA, the primary regulator of Voyaretail customers from financial exploitation. T	City State ZIP code The financial advisor (FA) represents and warrants: (1) that Securities and Exchange Commission (SEC) and under the business or is exempt from such registration; or (2) that he dealer; and (3) that, to the best of the FA's knowledge, not investigation, or arbitration by or before the SEC or any stagrees to indemnify and hold the lowa Educational Savin reasonable attorneys' fees) resulting from acting upon an 529 Plan believes to have originated from the FA or other of the FA is the addressee of record for the Account Own to promptly forward all Program descriptions, shareholded 529 Plan required by rule, statute, or other applicable rethat the FA describes or distributes performance informated Advisor 529 Plan and disseminate to his/her clients or propositing to the Options. The FA further agrees that he/sharelating to the Option provided to him/her by lowa Advisting to the Option provided to him/her by lowa Advisting Plan; (2) distribute, disseminate, or publish any sales materials and professional Use Only" or similarly restricted as to distribute the Check here if you are a Registered Investment Advisor Check here if you are a Registered Investment Advisor Check here if you are a Registered Investment Advisor Check here if you are a Registered Investment Advisor Check here if you are a Registered Investment Advisor Check here if you are a Registered Investment Advisor Check here if you are a Registered Investment Advisor Check here if you are a Registered Investment Advisor Check here if you are a Registered Investment Missing Investment Mi	City State ZIP code Daytime phone The financial advisor (FA) represents and warrants: (1) that he/she is registered Securities and Exchange Commission (SEC) and under the laws of each state business or is exempt from such registration; or (2) that he/she is a registered dealer; and (3) that, to the best of the FA's knowledge, no proceeding, enforce investigation, or arbitration by or before the SEC or any self-regulatory organizagrees to indemnify and hold the lowa Educational Savings Plan Trust harmler reasonable attorneys' fees) resulting from acting upon any verbal, written, or 529 Plan believes to have originated from the FA or other authorized individual if the FA is the addressee of record for the Account Owner's account(s) in sect to promptly forward all Program descriptions, shareholder reports, and other r 529 Plan required by rule, statute, or other applicable regulation to be provide that the FA describes or distributes performance information concerning an O Advisor 529 Plan and disseminate to his/her clients or prospective clients the relating to the Options. The FA further agrees that he/she will not: (1) alter or c relating to the Option provided to him/her by lowa Advisor 529 Plan without till Plan; (2) distribute, disseminate, or publish any sales materials regarding lowal misleading or otherwise in violation of applicable law; and/or (3) disseminate a Professional Use Only" or similarly restricted as to distribution. ***Signature of financial advisor** Check here if you are a Registered Investment Advisor (RIA)	City State ZIP code Daytime phone Fax number The financial advisor (FA) represents and warrants: (f) 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 FAs 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 agrees to indemnify and hold the lowa Educational Savings Plan Trust harmless for any loss, cost, or damage (inclureasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that lowa Adviss 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 agree to promptly forward all Program descriptions, shareholder reports, and other regulatory mailings from lowa Advisor 529 Plan required by rule, statute, or other applicable regulation to be provided to the Account Owner. To the externation to the Options, the FA further agrees that he/she will not: (1) alter or change in any respect any sales materialing to the Options. The FA further agrees that he/she will not: (1) alter or change in any respect any sales materialing to the Options. The FA further agrees that he/she will not: (1) alter or change in any respect any sales materialing to the Options. The FA further agrees that he/she will not: (1) alter or change in any respect any sales materials marked "For Finan Professional Use Only" or similarly restricted as to distribution.

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

Telephone

City

Email Address

State

Initial above

ZIP code

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 lowa 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 lowa 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 lowa 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

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

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:

ame and type of Legal Entity For Which The	e Account Is Being Opened	Tax ID Number	
reet Address	City	State	ZIP code
ection 1			
ease provide the following informa	tion for an individual(s), if any, who	, directly of manectly, timou	gir dily collidei
ease provide the following informa rangement, understanding, relation ted above. Use additional sections Check here if no individual me	ship, or otherwise owns 25% or n below for up to four individuals.	nore of the equity interests	,
rangement, understanding, relation ted above. Use additional sections Check here if no individual me	ship, or otherwise owns 25% or n below for up to four individuals.	nore of the equity interests	,
rangement, understanding, relation ted above. Use additional sections	ship, or otherwise owns 25% or n below for up to four individuals. eets this definition and complet	e Section 2.	of the legal enti

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.

itional Section				
econd Beneficial ner (If required)	Last Name	First Name	Middle Initial	Date of Birth
	Address	City	State	Zip/Postal Cod
	Country	SSN (U.S. Persons)		
	For Non-U.S. Persons (SSN, Passport Num	ber or other similar Identification number)	Country of Issu	uance
tional Section 1 - I Beneficial Owner	Last Name	First Name	Middle Initial	Date of Birth
quired)				
	Address	City	State	Zip/Postal Cod
	Country	SSN (U.S. Persons)		
	For Non-U.S. Persons (SSN, Passport Num	ber or other similar Identification number)	Country of Issu	uance
ional Section 1 - h Beneficial Owner quired)	Last Name	First Name	Middle Initial	Date of Birth
	Address	City	State	Zip/Postal Cod
	Country	SSN (U.S. Persons)		
	For Non-U.S. Persons (SSN, Passport Num	ber or other similar Identification number)	Country of Issi	uance
	Section 2		,	
	Please provide the following info the entity, including, an executiv	ormation for one individual with significant res e officer or senior manager (e.g., Chief Execut ng Member, General Partner, President, Vice F milar functions.	tive Officer, Chief Fina	ancial Officer,
	Last Name	First Name	Middle Initial	Date of Birth
	Address	City	State	Zip/Postal Cod
	Country	SSN (U.S. Persons)		

_ (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** or call **1-800-774-5127**.

ww	/w.iowaadvisor529.com or ca	all 1-800-774-5127 .		
An	nual Household Income (from	m all sources):		
	□ Under \$25,000 □ \$25,000-\$39,999	□ \$40,000-\$74,999 □ \$75,000-\$99,999	□ \$100,000-\$249,999 □ \$250,000+	
Ed	ucation Level of the Account	Owner (select highest level c	ompleted):	
	☐ High school graduate☐ GED	□ Associate's degree □ Bachelor's degree	☐ Master's degree ☐ Ph.D.	□ Other
Eth	nicity of Beneficiary (select	only one):		
	☐ African American ☐ Asian	☐ Caucasian ☐ Hispanic	☐ Native American☐ Other	
Ge	nder of Beneficiary:			
	□ Female	□ Male		

15 Mailing Instructions

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.

