

TOMORROW'S SCHOLAR® Incoming Rollover Form



Complete this form to transfer an existing 529 plan into your Tomorrow's Scholar account or to redeposit funds into your Tomorrow's Scholar account within 60 days of distribution from any 529 plan. **If you do not already have a Tomorrow's Scholar account, you must also complete a Tomorrow's Scholar Account Application to complete the rollover.** 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.

1 TOMORROW'S SCHOLAR ACCOUNT INFORMATION

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

_____ Name of Account Owner, Custodian (first, middle initial, last), or entity	_____ Social Security/taxpayer ID number	_____ Fund and account number (write "new" if new)	
_____ Name of Joint-Account Owner (first, middle initial, last)	_____ Social Security/taxpayer ID number		
_____ 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	
_____ Name of designated Beneficiary (first, middle initial, last)	_____ Social Security/taxpayer ID number		

If you are rolling funds into a new account, enclose a completed Tomorrow's Scholar Account Application.

Note: If the Account Owner's, Custodian's, or entity's address above is different from the address currently listed on our records, we will change all accounts under the Social Security/taxpayer ID number listed above to reflect this new address. All future correspondence will be sent to the new address above until you advise us otherwise. **Distributions to this new address will not be allowed for 30 days after the address change unless your signature is Medallion Guaranteed on a Tomorrow's Scholar Withdrawal Request Form.**

2 CURRENT 529 PLAN ACCOUNT INFORMATION

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		

3 ROLLOVER INSTRUCTIONS

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

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 two times per calendar year without a change in designated Beneficiary.

- 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 account referenced in section 2 of this form
or
 (partial) \$ _____ or _____% of my assets in the account referenced in section 2 of this form.
(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.

4 SIGNATURE(S)

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 3 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 3 of this form, the entire amount of the rollover contribution will be treated as earnings that may be taxable upon withdrawal.

To complete the rollover, you must sign and date here.

x _____
Signature of Account Owner, Custodian, trustee, partner, or officer Date

x _____
Signature of Joint Account Owner, co-trustee, partner, or officer Date

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.

Affix Medallion Signature Guarantee(s) 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.**

5 MAILING INSTRUCTIONS

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

- Before you mail, have you:
- Completed a Tomorrow's Scholar Account Application if you are opening a new account?
 - Included documents from your current plan administrator, if required?
 - Signed the Rollover form in section 4?
 - If requesting reimbursement for transfer costs from your previous 529 plan provider, please complete the Rollover Reimbursement Form.

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.

