

Iowa Advisor 529 Plan Certification of Authorized Individual(s)

Complete this form to designate the individuals authorized to sign on behalf of your corporation, unincorporated association, partnership, or investment club (hereinafter referred to as "organization"). 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.



1 ACCOUNT INFORMATION

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

Name of organization _____ Taxpayer ID number _____
U.S. residential street address _____ City _____ State _____ ZIP code _____
Daytime phone _____

Note: If the address above is different than the address currently listed on our records, we will update our records to reflect this new address. All future correspondence will be sent to the new address until you advise us otherwise.

2 FUND AND ACCOUNT NUMBER(S)

Choose one:

- Update the authorized signers on all accounts for the organization linked to the taxpayer ID number listed in section 1 of this form.
- Make this change only on the specific Fund and account numbers listed below.

Option and account number _____ Option and account number _____
Option and account number _____ Option and account number _____

3 AUTHORIZED INDIVIDUAL(S) AND SIGNATURE(S)

The following individual(s) is (are) duly authorized by resolution or otherwise to purchase, sell, assign, transfer, exchange, and/or deliver securities on behalf of said organization in connection with ownership of interests in the applicable Option of the 529 Plan (including, without limitation, executing forms for any account options offered by the 529 Plan and modifying such account options).

Number of signatures required for transactions: _____ (If no number is indicated, only one signature will be required.)

Note: the authorized signers listed on this form will replace all authorized signers currently on file.

| | | | |
|-----------|-------|------------|-------|
| x | _____ | _____ | _____ |
| Signature | | Print name | Title |
| x | _____ | _____ | _____ |
| Signature | | Print name | Title |
| x | _____ | _____ | _____ |
| Signature | | Print name | Title |
| x | _____ | _____ | _____ |
| Signature | | Print name | Title |

To complete this request, an authorized signature and Medallion Signature Guarantee are required in section 4 of this form.

Continued on the next page

The undersigned and the organization referenced in section 1 of this form agree to indemnify and hold the applicable 529 Plan and Board, the applicable Option, the Program Manager, and their affiliates, subcontractors, and the officers, directors, employees, and agents of these entities (collectively "529 plan indemnified parties") harmless against any loss, cost, damage, or expense resulting from acting upon any written, telephone, or electronic instructions pursuant to any account options (that is, without limitation, Express Purchase, Investment Change, Redemption, Automatic Investment Plan, and Systematic Withdrawal Plan) adopted by the organization. The undersigned represents that he/she has full authority to execute this document on behalf of the organization. The 529 plan indemnified parties will not be liable for any loss, cost, or expense for acting upon any written, verbal, or electronic instructions if they follow reasonable procedures designed to prevent unauthorized or fraudulent transactions.

If the undersigned is the only person authorized to act on behalf of the organization, and the undersigned is the sole officer of the organization, the undersigned certifies that he/she is the sole officer of the organization and that the organization's Articles of Incorporation or Charter and Bylaws provide that he/she is the only person authorized to so act.

For more details about account fees, minimums, bank information, and account options, refer to the applicable 529 Plan Program Description and Participation Agreement. Accordingly, the organization bears the risk of loss. This authorization and indemnification is a continuing one, and such authorization shall remain in full force and effect until the Program Manager receives and has had a reasonable amount of time to act upon a written notice of revocation or the authorization is amended by another properly completed form.

I hereby certify that I am an officer of the organization named in section 1 of this form and that all information contained within this form is accurate.

x _____
 Signature of secretary, officer, or partner

 Print name

 Date

Medallion Signature Guarantee*

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 barcoded stamp with the words "**MEDALLION GUARANTEED**" must be stamped near the signatures 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

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