

Iowa Advisor 529 Plan Withdrawal Request Form

Complete this form to request a distribution from your 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**.



1 ACCOUNT INFORMATION AND MAILING ADDRESS

Name of Account Owner or Custodian (first, middle initial, last), or entity _____ Social Security/taxpayer ID number _____

If trust, name of trustee(s) (first, middle initial, last) _____ Date of trust (mm/dd/yyyy) _____

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 _____

U.S. residential mailing address _____ City _____ State _____ ZIP code _____

Account number _____ Account number _____

Note: If the address above is different than the address currently listed on our records, we will update all accounts for the Account Owner, Custodian, or entity. All future correspondence will be sent to the new address until you advise us otherwise. The Beneficiary address will be updated on accounts for which the same Account Owner, Custodian, or entity is authorized. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 30 days of the address change.**

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

2 TYPE OF DISTRIBUTION

Choose one:

Systematic Withdrawal Plan

Establish this plan on an **existing** Iowa Advisor 529 plan account

Establish this plan on a **new** Iowa Advisor 529 plan account:
A new Account Application must also be completed.

Option name _____ Option name _____

Option name _____ Option name _____

For Systematic Withdrawal, proceed to section 3

One Time Distribution

Full Distribution: Liquidate the entire Iowa Advisor 529 plan account balance
If the entire balance is requested, any Automatic Investment Plan on the account will be stopped, unless you check the following box:

I have an existing Automatic Investment Plan and would like the contributions to continue.

Partial distribution: \$ _____ or % _____
If the amount requested is greater than the balance in the account, the entire account balance will be liquidated.

For One Time Distribution, proceed to section 4

Your account must have a minimum balance of \$5,000 to establish a SWP.

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

3 SYSTEMATIC WITHDRAWAL PLAN PAYMENTS

Payment amount: \$ _____ (\$100 minimum)

Payment frequency (choose one):

- Monthly**, beginning (specific month and date): _____
- Periodically**, on the (specific date of month) _____ of the following months:
- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

The SWP will begin as soon as administratively possible following the receipt of this properly completed form. Unless specified above, distributions will be made on the 25th day of the month. If the date falls on a weekend or holiday, the distribution will occur on the next business day. If the next business day falls in the next month, the distribution will cycle on the previous business day.

To terminate the SWP, submit a request in writing or call 1-800-774-5127.

4 REASON FOR WITHDRAWAL

If you take a withdrawal, we'll send IRS Form 1099-Q by January 31 of the following year. If the withdrawal is sent to the participant, Form 1099-Q will be sent out under the participant's Social Security number, individual taxpayer ID number, or EIN. If the withdrawal is sent to the beneficiary or directly to the school, Form 1099-Q will be sent out under the beneficiary's Social Security or individual taxpayer ID number.

Choose ONLY ONE of the following six options.

- A. **Qualified withdrawal to the participant.*** My withdrawal will be used to pay for the beneficiary's qualified education expenses. (You will receive a check at your address of record.)
- B. **Qualified withdrawal to the beneficiary.*** My withdrawal will be used to pay for the beneficiary's post-secondary education expenses. (The beneficiary will receive a check at the address you indicated in Section 2.)
- C. **Qualified withdrawal to an eligible college, university, technical school or any other eligible higher education institution.*** (Provide the exact school address below. Please verify this address with the school, if necessary.)

Name of School (Complete only if the withdrawal is to be sent directly to the school.)

Department/Office

Student ID (A student identification number may be required by some colleges and universities.)

Mailing Address

City

State

Zip

Telephone Number

- D. **Qualified withdrawal to a K-12 Institution.*** (Provide the exact school address below. Please verify this address with the school, if necessary.)

Name of School (Complete only if the withdrawal is to be sent directly to the school.)

Department/Office

Student ID (A student identification number may be required by some colleges and universities.)

Mailing Address

City

State

Zip

Telephone Number

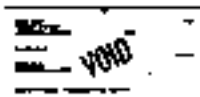
- E. **Qualified rollover.** Send a check to me at my address of record. I will invest it in another qualified 529 plan within the next 60 days and in accordance with the other requirements for a qualified rollover, as described in the Program Description.
- F. **Nonqualified withdrawal to the participant.**** My withdrawal will not be used to pay for the beneficiary's qualified education expenses. (You will receive a check at your address of record.)

* The IRS may require you to prove that your withdrawal is qualified and in accordance with the other requirements for a qualified rollover, as described in the Program Description. Consult the IRS or your tax advisor for current documentation requirements.

** The earnings portion of a nonqualified withdrawal is subject to federal income tax and a 10% federal penalty tax and may incur State tax penalties. Exceptions to this penalty include withdrawals made because the beneficiary has become disabled, received a tax-free scholarship, attended a U.S. military academy, or died. Contact your tax advisor about how to report a nonqualified withdrawal.

5 PAYMENT METHOD

A Medallion Signature Guarantee may be required in section 5 of this form. See page 4 of this form for additional information.



Include a voided check or savings deposit slip for the electronic funds transfer (ETF) payment method. If you do not have a voided check or a deposit slip, please include a bank statement showing the names on the account, address, and account number.

Generally, the proceeds will arrive at your bank within two banking days. Receipt of valid bank information and verification by your bank is required before your first distribution will be made by EFT.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

Check the option you would like for receiving your one time distribution or SWP proceeds:

- Make payment directly to an Eligible Educational Institution or K-12 Institution.** Send payment by check to the mailing address listed below. *The distribution will be reported under the Beneficiary's Social Security number. Note that this is still an area of uncertainty because the IRS has not issued guidance as to whose SSN the distribution should be reported under if it is paid directly to a K-12 School.*

School _____		Attention _____	
For the benefit of (student's name) _____		Student ID or account number _____	
Mailing address _____	City _____	State _____	ZIP code _____

- Make payment directly to the Account Owner.** *The distribution will be reported under the Account Owner's Social Security number.*
- Send payment by check to the Account Owner's address listed in section 1 of this form. (see section 6)
- Electronically transfer the distribution via EFT to my bank account indicated below. I understand that this service is governed by the terms and conditions found in the Bank Information section of the new Account Application and the Program Description and Participation Agreement.

Checking (attach a voided check) Savings (attach a deposit slip)

Name of bank _____	ABA/routing number for Automated Clearing House (ACH) _____
Bank account registration _____	Bank account number _____

- Send payment by **wire** to the Account Owner's bank account (attach a voided check). A **wire fee** may be deducted from the account. *(This option is **not** available for SWP proceeds.)*
- Make payment directly to the designated Beneficiary.** *The distribution will be reported under the Beneficiary's Social Security number.*

Send payment by check to the designated Beneficiary's address listed in section 1 of this form. (see section 6)

Electronically transfer the distribution via EFT to the designated Beneficiary's bank account indicated below. I understand that this service is governed by the terms and conditions found in the Bank Information section of the new Account Application and the Program Description and Participation Agreement.

Checking (attach a voided check) Savings (attach a deposit slip)

Name of bank _____	ABA/routing number for Automated Clearing House (ACH) _____
Bank account registration _____	Bank account number _____

- Send payment by **wire** to the designated Beneficiary's bank account (attach a voided check). A **wire fee** may be deducted from the account. *(This option is **not** available for SWP proceeds.)*

6 OVERNIGHT DELIVERY OPTION

- I have requested a withdrawal payment "by check" in section 4 and I would like to have the check delivered by next-day delivery service. I understand that a fee will be deducted from the account to cover the cost of the delivery service, as defined in the Program Description.

7 AGREEMENT AND SIGNATURE(S)

I certify that the information I have provided with respect to my Iowa Advisor 529 Plan account is true, complete, and correct. I agree to the terms set forth in the Program Description and Participation Agreement. I agree that the applicable Option, Voya Investment Management Co. LLC, and their affiliates, subcontractors, and any officers, directors, employees, or agents of these entities (collectively, "Program Manager") will not be responsible for banking system delays beyond their control or for any loss, cost, or expense for acting upon my instructions, if they follow reasonable procedures designed to prevent unauthorized transactions.

I understand that the Program Manager and Iowa Advisor 529 Plan do not determine whether a distribution is qualified or not. Receipts and other forms of substantiation should not be submitted to the Program. I acknowledge that I am responsible for reporting this distribution in accordance with the current Internal Revenue Service (IRS) rules, including applicable penalties, and further acknowledge that even though this distribution was processed, it may not be considered qualified by the IRS.

You must sign and date here to complete this request. A Medallion Signature Guarantee may also be required.

x _____
Signature of Account Owner, Custodian or Trustee/Executor

Print name

Date

Medallion Signature Guarantee*

x _____
Signature of Co-Trustee or Co-Executor (if applicable)

Print name

Date

Medallion Signature Guarantee*

- HAVE ALL SIGNATURES MEDALLION GUARANTEED TO:**
- Send proceeds to a new address prior to the expiration of the 30-day hold;
 - Send proceeds to a bank account not already on file; or
 - Send proceeds to the designated Beneficiary's bank account

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.***

8 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.

