

Kansas Investments Developing Scholars (K.I.D.S.) Program Withdrawal Form



Use this form to request a withdrawal from your K.I.D.S. Program account.

- If you are only withdrawing funds from your regular (non-KIDS) Learning Quest account, please use the *Learning Quest Withdrawal Form* or request a withdrawal by phone or online.
- **Your beneficiary will not be eligible to receive a matching grant for contributions made in the same year that a withdrawal is taken from their contribution account.**
 - To make a qualified withdrawal, you must provide documentation showing the withdrawal is for Qualified Higher Education Expenses.
 - If you are requesting reimbursement for expenses that you have paid, you must also include documentation of the amount that you have paid. Please maintain records of all reimbursable expenses in your files. We will scan and dispose of any paper documents received in connection with your withdrawal request. Do not send original receipts or other documents.
 - If you are requesting that we pay the educational institution, also provide the **itemized bill** from the eligible institution.
 - If you are including room and board as a qualified expense, please provide documentation confirming the beneficiary is enrolled at least half time, as defined by the educational institution, for the applicable period.
 - If you have questions, please contact the Kansas State Treasurer’s Office at 1-866-504-5898 or by email at LQ@treasurer.ks.gov or call American Century Investments at 1-800-579-2203.
 - Print clearly, preferably in capital letters and black ink. Mail the forms to the address below. Do not staple.

Return this form and any other required documents to:	Fax: 1-617-559-8901
Learning Quest	For overnight delivery or registered mail, send to:
P.O. Box 29202	Learning Quest
Shawnee Mission, KS 66201- 9202	1001 E 101st Terrace, Suite 200
	Kansas City, MO 64131

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Account Owner Information:

Account Owner's Name (First, Middle Initial and Last Name)
Joint Account Owner's Name (First, Middle Initial and Last Name)
Daytime Phone Number

2

Beneficiary Information:

Beneficiary's Name (First, Middle Initial and Last Name)
Social Security Number

3 Withdrawal Information:

Provide Your Learning Quest Contribution Account Number

First nine digits only

Indicate the Type of Withdrawal and the Amount

Please refer to the *Learning Quest Handbook* or IRS Publication 970 for the definition of Qualified Education Expenses.

☐ Qualified Withdrawal

Enclose copies of itemized receipts for the beneficiary's Qualified Higher Education Expenses that you have paid (including, if applicable, any qualifying tuition at a K-12 institution). If you have requested that the withdrawal be paid directly to an eligible educational institution, please submit a copy of the **itemized** bill from the institution. The amount of the qualified withdrawal cannot exceed the amount stated on the receipts or bill. We will request further documentation as needed to confirm the withdrawal is for Qualified Higher Education Expenses. The amount of your qualified withdrawal will be taken 50/50 from the KIDS Contribution and Match accounts, if available. If the amount requested is greater than the balance in your Contribution and Matching Grant accounts, we will use funds from your regular Learning Quest (non-KIDS) account for the designated beneficiary.

\$ _____ Dollar Amount

☐ Please check here if you want your qualified withdrawal taken from your regular Learning Quest account (if applicable) instead of the KIDS accounts.

☐ Nonqualified Withdrawal

The earnings portion of a nonqualified withdrawal is taxable and may be subject to a 10% federal penalty tax. Your nonqualified withdrawal will be taken from your regular Learning Quest (non-KIDS) account, if available. If you do not have a regular Learning Quest account, the withdrawal will be taken from the KIDS Contribution account and an amount equal to the amount of your withdrawal will be forfeited back to the state from your Match account.

\$ _____ Dollar Amount

4 Payee and Payment Method: (Choose one)

IMPORTANT: Electronic payment by Automated Clearing House (ACH) is only available if you have already established this service for your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. If the service has not been established for at least seven calendar days, withdrawal proceeds will be sent by check. To establish bank services, contact Learning Quest or download the **Account Features Form** at learningquest.com. Payment by ACH to an eligible educational institution is not available.

A. ☐ Payable to the Account Owner.

☐ By check to address of record.

☐ By Automated Clearing House (ACH) to Bank Account of Account Owner.

Please confirm bank information on file.

Bank Name

Bank Routing#

Bank Account#

Account Type:
(check one)

☐

Checking

☐

Savings

4

Payee and Payment Method: (Choose one)

B. ☐ **Payable to the Designated Beneficiary.**

☐ By check to the Beneficiary's address of record.

☐ By Automated Clearing House (ACH) to Bank Account of Beneficiary.

Please confirm bank information on file.

Bank Name

Bank Name

Bank Routing#

Bank Account#

Account Type:
(check one)

☐

Checking

☐

Savings

C. ☐ **Payable to an educational institution.** (Checks made payable to the eligible educational institution are reported under the Designated Beneficiary's Social Security number.)

Name of School

Provide the exact school address below to send the check directly to the school. If the Student ID is not included or no address is provided, the check will be sent to the Account Owner's address on record payable to the educational institution.

Department / Office / Contact Name

Student ID **(Required.** For security reasons, a Social Security number will not be accepted.)

Mailing Address

City

State

_____ - _____

Zip Code

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Signature

Each Account Owner must sign exactly as your name appears on the account.

I certify that the expenses in the attached **itemized** receipts or invoices are for Qualified Education Expenses at an eligible educational institution.

Signature

Date

Signature

Date

For Official Use Only

Approved by

Date