

Learning Quest

Account Features Form



- Complete this form to add, change, or delete important account features and services. Please refer to **Section 2** for more details.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Return this form and any other required documents to:

Learning Quest
P.O. Box 29202
Shawnee Mission, KS 66201-9202

Or fax this form to: **1-617-559-8901**

Forms can be downloaded from our website at **learningquest.com**, or you can call us to order any form—or request assistance in completing this form—at **1-800-579-2203**.

1. Current Account Owner information

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Account Number(s) *(To list more than three Accounts, use a separate sheet.)*

Name of Account Owner/Responsible Individual/Custodian *(first, middle initial, last)* or Entity/Trust

Name of Joint Account Owner *(first, middle initial, last)*

— —

Telephone Number *(In case we have a question about your Account.)*

2. Features to add, update, or delete *(Check all that apply.)*

- Bank Information — **Section 3**
- Recurring Contributions — **Section 4**
- Systematic Withdrawal Plan — **Section 5**
- Systematic Exchange — **Section 6**
- Interested Party Information — **Section 7**



* LEARNING QUEST ACCT FEAT *

3. Bank information

- To establish bank services, enclose a **preprinted voided check**.
- Complete this section to add, change, or delete bank information.
- If you select "Add" below, your new bank information will be added to the existing list of bank accounts on file, if any. To replace all existing bank account information on file with new bank instructions, please select "Change" below.
- Anyone can make subsequent contributions to a Learning Quest Account at anytime if bank instructions are on file. If the bank Account Owners are not the same as the Learning Quest account owners, bank instructions will be established for investments only.
- At least one of the Account Owners must be listed on the bank account registration to establish withdrawal bank instructions. You can begin using ACH services for withdrawals seven calendar days after American Century Services, LLC (American Century) or its designee approves and processes this form. Once the withdrawal is transmitted, the monies usually reach your bank within three to five business days. This authorization applies to all Learning Quest Accounts listed under the Account Owner's Social Security Number on this form.
- All Learning Quest Account Owners and bank account owners, if different, must sign this form to establish bank services.

 Add

 Change

 Delete

Important: By completing this form, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Bank Name

4. Recurring Contributions

- Complete this section to add, change, or delete a recurring contribution from your bank account, which can be done by accessing your Account online at **learningquest.com**.
- Account Owners, family members, and friends can all contribute to a Learning Quest Account through a recurring contribution. To add a bank account, complete **Section 3**.
- Your minimum contribution must be at least \$25.
- Recurring contributions will be unavailable for withdrawal for seven calendar days following the date of purchase.

Note: A series of regular investments cannot assure a profit or protect against a loss in a declining market.

Recurring Contribution. You can transfer money from your bank account to your Learning Quest Account on a set schedule. *(Check all that apply.)*

Establish a recurring contribution on my Account according to the instructions below using the existing bank account on file.

Add a recurring contribution on my Account using the bank information provided on the enclosed preprinted, voided check.

Change my investment amount, frequency, and/or debit date. *(Provide the new amount and/or debit date below.)*

Note: If you wish to skip a scheduled contribution, please call **1-800-579-2203** or go online at **learningquest.com**.

Delete my recurring contribution.

Amount of Investment: \$

Frequency *(Check one.):* Monthly Quarterly Semi-Annually Annually

Start Date:*
Date (mm/dd/yyyy)

* Your instructions must be received at least three business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. If a date is not specified, the investment will be made on the 15th of the month. If the date you select falls on a weekend or a holiday, the investment will be made the next business day. The frequency is based on start date, not calendar year.

Recurring Contributions (continued)

Annual Increase. You may increase your contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled to begin.

Amount of increase: \$

Month:**

** The month in which your contribution will be increased. The first increase will occur at the first instance of the month selected. Annual increases are subject to the general contribution limits of the Learning Quest Plan and will also count toward annual federal gift tax exclusion limits.

5. Systematic Withdrawal Plan

- Complete this section to add, change, or delete periodic withdrawals for your Learning Quest Account.
- We are required to file IRS Form 1099-Q annually for withdrawals taken from your Learning Quest Account.
- If the balance of the investment portfolio is less than the Systematic Withdrawal amount specified, the Systematic Withdrawal instructions will be stopped.

Add Change Delete

Important: Withdrawals will be delayed if you are distributing contributions that have not been in the Account at least seven calendar days or if you have requested the withdrawal to be sent to an address that has changed within the past 10 calendar days. The withdrawal will be released when the specified waiting period has been satisfied.

Frequency (Check one.): Monthly Quarterly Semi-Annually Annually

Dollar Amount: \$

Start Date:* — —
Date (mm/dd/yyyy)

End Date (Optional): — —
Date (mm/dd/yyyy)

* Your instructions must be received at least three business days from the date we receive the request. This is the date that your assets will be withdrawn from your Learning Quest Account. Your withdrawal will be processed on the 15th of the month, unless you specify another date above. If the date falls on a weekend or holiday, it will be processed on the following business day. The frequency is based on start date, not calendar year.

I authorize Learning Quest to withdraw from the following Investment Option:

Investment Option

\$
Amount**

Investment Option

\$
Amount**

Investment Option

\$
Amount**

** Please specify only dollar amounts, not percentages.

6. Systematic Exchange

- Complete this section if you want to add a Systematic Exchange of a fixed-dollar amount between the same registered Accounts on a regular basis.

Eligibility: You may not exchange between Age-Based Tracks. Your ability to establish, modify, or stop a Systematic Exchange during the calendar year may be limited. See the Learning Quest Handbook for more information.

Frequency (Check one.): Monthly Quarterly Semi-Annually Annually

Start Date:* - -
Date (mm/dd/yyyy)

* Your instructions must be received at least three business days from the date we receive the request. Your Systematic Exchange will be processed on the 15th of the month, unless you specify another date above. If the date falls on a weekend or holiday, it will be processed on the following business day. The frequency is based on start date, not calendar year.

I authorize Learning Quest to exchange from

Investment Option

\$

Amount (minimum \$100/month or \$1,200/year)

to the following Investment Option

Investment Option

7. Interested party information (Optional)

- Complete this section if you want additional persons to receive quarterly statements on the Account as an Interested Party or if you are replacing, changing, or deleting existing Interested Party information on your Account.

Check one: Add Replace Interested Party Change current information Delete

Name (first, middle initial, last)

Address

City

State

ZIP Code

Telephone Number

Relationship to Account Owner:

Compliance Investment Advisor Other

8. Signature — YOU MUST SIGN BELOW

I/We certify that I/we have read and understand, consent, and agree to all terms and conditions of the Handbook and understand the rules and regulations governing withdrawals from my/our Learning Quest Account. I/We also certify that the information provided on this form is accurate and hereby instruct Learning Quest to distribute my/our Account as I/we have indicated.

I/We certify that any ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

All bank account owners must sign to establish banking instructions.

SIGNATURE

Signature of Account Owner/Responsible Individual/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Signature(s) of Bank Account Owners (complete only if different than the Learning Quest Account Owners).

By signing below, I/we acknowledge that my/our bank account information will be recorded on the Learning Quest Account(s) referenced in **Section 1**, for contributions only. I/We understand that by agreeing to record my/our bank account information in the account records, contributions into the Learning Quest Account can be initiated by me/us or by the Account Owner(s) of the Learning Quest account(s). I/We hereby consent to all such debits to my/our bank account.

I/We agree to defend, hold harmless and indemnify Learning Quest, American Century Investment Services, Inc., their officers, agents, employees, affiliates and successors from all losses, claims, expenses and liabilities that I/we may suffer as a result any such debit to my/our bank account.

SIGNATURE

Signature of Bank Account Owner, if different from above

SIGNATURE

Signature of Bank Account Owner, if different from above

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