Learning Quest Advisor



Designated Beneficiary Change Form

- Complete this form if you would like to change the Designated Beneficiary on your Learning Quest Advisor Account. Please also contact your Financial Professional to inform him or her of this change.
- 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.
- **Important:** To avoid adverse tax consequences on the Account transfer, the new Designated Beneficiary must be an eligible family member of the former Designated Beneficiary, as defined in the Learning Quest Advisor *Handbook* (*Handbook*). If the new Designated Beneficiary is not an eligible family member, the change will be considered a non-qualified withdrawal, which means that it may be subject to both state and federal income tax and a 10% federal penalty tax on any earnings.
- A gift tax may apply if you name a new Designated Beneficiary who is one generation or more younger than the current Designated Beneficiary. If the new Designated Beneficiary is two or more generations younger than the current Designated Beneficiary, a federal generation-skipping tax may apply. Check with your tax advisor for more information.

Return this form and any other required documents to:

Learning Quest Advisor P.O. Box 2947 Shawnee Mission, KS 66201-1347 Or fax this to: 1-617-559-8904

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 **1-877-882-6236**.

1. Current Account information

Account Number
Name of Account Owner/Custodian (first, middle initial, last) or Entity
Name of Joint Account Owner (first, middle initial, last)
Telephone Number (In case we have a question about your Account.)
Name of Existing Designated Beneficiary (first, middle initial, last)
Designated Reneficiary Social Security Number



Name of New Des	ignated Bend	eficiary (first, mi	iddle ini	itial, lasi	t)													_	
Social Security Nu											Rirth I	 Date <i>(m</i>	 m/dd/v	anad .	-					
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U.S. Citizen	U.S. Re	esident A	dien																	
Citizenship (If othe	r than U.S. c	itizen, pl	ease in	dicate d	country (of citize	enship.)													
Permanent Street	Address <i>(A P.</i>	O. box is	not ac	ceptabl	e.)															
City											State		Zip	Code						
Transfer an	ount (Cl	neck an	nd com	nolete	Secti	on 3a	or 3h	.)												
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Note: If the amount you want transferred exceeds the maximum contribution limit, the excess will remain in the existing Account for your current Designated Beneficiary.

4. Select your 529 Investment Option for your New Designated Beneficiary

- Before choosing your Investment Options, see the Learning Quest Advisor Handbook (available at **learningquest.com**) for complete information about the Investment Options offered.
- You must allocate at least 1% to each Investment Option that you choose. Use whole percentages only. Your percentages must total 100%.

		A Units	C Units
Age-Based Tracks: Your contributions will be invested in the appropriate portfolio based on the age of the Designated Beneficiary and the track selected below. As your Designated Beneficiary gets older, your assets will move to a progressively more conservative portfolio.	Aggressive Track Moderate Track Conservative Track	% %	% %
Diversified (Static) Portfolios: The assets will remain in the portfolio(s) until you choose a new Investment Option.	100% Equity 90% Equity 70% Equity 60% Equity 50% Equity 30% Equity 20% Equity		
Single-Fund Portfolios: The assets will remain in the portfolio(s) until you choose a new Investment Option.	International Growth Disciplined Growth Heritage Small Cap Growth Sustainable Equity Value Mid Cap Value Global Real Estate Inflation Protection Bond Global Bond Diversified Bond		
	Cash and Cash Equivalents		100%

Successor Account Owner (Optional)

• Complete this section to name a Successor Account Owner in the event of the death of all the Account Owners. The Successor Account Owner must be 18 or over. • You may revoke or change the Successor Account Owner at any time. See the Learning Quest Advisor Handbook (Handbook) for more information. Successor Account Owner Legal Name (first, middle initial, last) Social Security Number Birth Date (mm/dd/yyyy) U.S. Citizen U.S. Resident Alien Telephone Number Citizenship (Please provide country of citizenship, if a resident alien.) Permanent Street Address (A P.O. box is not acceptable.) City State Zip Code 6. Recurring Contributions (Optional)

I would like to continue my existing recurring contributions for the new Designated Beneficiary.

Through recurring contributions, you can have funds transferred electronically —on a regular basis — from your bank account to your Learning Quest Advisor Account. You may add, change, or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at learningquest.com or call 1-877-882-6236.

7. SIGNATURE—YOU MUST SIGN BELOW

By signing below, I hereby apply for a Learning Quest Advisor Account. I certify that:

- I (We) acknowledge that I (we) have received and read the Handbook and this form, and agree to be bound by their terms and all amendments. I am (We are) of legal age. Capitalized terms used, but not otherwise defined, herein shall have the meanings assigned to them in the Handbook.
- I (We) understand that Learning Quest Advisor will not accept any contributions in excess of the Maximum Account Balance.
- I (We) understand that providing my (our) email address gives American Century Investments permission to send me (us) information about the Learning Quest Advisor program and services via email.
- Notice: Accounts established under Learning Quest Advisor and their earnings are neither insured nor guaranteed by the State of Kansas, the Kansas State Treasurer or American Century Investments.
- I (We) authorize American Century Investment Management, Inc. and American Century Services, LLC (collectively, American Century), its affiliated companies and agents, to act upon my (our) instructions provided on this form. We understand that any Account Owner is authorized to transact business on this Learning Quest Advisor Account by telephone, online, by fax, in writing or by any other means. In consideration of American Century accepting this form, I (we) agree to defend, hold harmless and indemnify American Century and its affiliated companies and agents, the State of Kansas and the Kansas State Treasurer from liability for any loss I (we) may sustain as a result of their acting on transaction instructions they believe to be genuine. American Century will use reasonable procedures to confirm that instructions communicated by these same means are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction. A failure on their part to employ such procedures may subject them to liability for any loss due to unauthorized or fraudulent instructions. This authorization applies to all Learning Quest Advisor Accounts registered under the Social Security number shown on this form.
- I (We) acknowledge that my (our) designated Financial Professionals have been empowered to act on my (our) behalf, with respect to my (our) Learning Quest Advisor accounts, under a separate agreement with the broker/dealer firm. Such agreement authorizes my (our) Financial Professionals to direct the following types of transactions: change portfolio selection, direct withdrawals, change address of record, change bank account information, request statements and account information. This authority does not include transferring ownership of units, changing the Designated Beneficiary, Successor Account Owner or Successor Responsible Individual.
- I (We) understand that neither American Century nor it's affiliated companies or agents shall be responsible or liable for any damages related to online service including but not limited to those caused by theft, unauthorized access, failure of electronic or mechanical equipment, communications line failure or telephone or interconnectivity problems or other occurrences beyond their control
- Important Information About New Accounts: A federal law, established to help stop the funding of terrorism and money laundering activities, requires financial institutions to verify the identity of each person who opens an account. American Century Investments will verify your identity using the name, street address, date of birth and Social Security number that you provide in this form. In some instances, we may request additional documentation.

SIGNATURE	
Signature of Account Owner/Custodian	Date (mm/dd/yyyy)
SIGNATURE	
Signature of Joint Account Owner	Date (mm/dd/yyyy)
SIGNATURE	
Signature of Authorized Signer/Title (if applicable)	Date (mm/dd/yyyy)
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Signature of Authorized Signer/Title (if applicable)	Date (mm/dd/ywy)



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