

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

[illegible]

Account Number

[illegible]

Name of Account Owner/Custodian (first, middle initial, last) or Entity

[illegible]

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

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

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

[illegible]

Name of Existing Designated Beneficiary (first, middle initial, last)

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Designated Beneficiary Social Security Number



2. New Designated Beneficiary information

Please contact your Financial Professional to inform him or her of this change.

Name of New Designated Beneficiary (first, middle initial, last)

Social Security Number

Birth Date (mm/dd/yyyy)

☐

U.S. Citizen

☐

U.S. Resident Alien

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Permanent Street Address (A P.O. box is not acceptable.)

City

State

Zip Code

3. Transfer amount (Check and complete **Section 3a** or **3b.**)

- a. ☐ **Entire balance.** Learning Quest Advisor will change the Designated Beneficiary on your Account and will assign you a new Account number if you do not already have an Account for the new Designated Beneficiary. Once the transfer is completed, any service features will be discontinued, and the old Account will be closed.

Do you already have an Account for the new Designated Beneficiary? (Check one.)

☐

Yes.

Account Number

If yes, go to Section 7.

☐

No.

If not, go to Section 4.

- b. ☐ **Partial balance.** Learning Quest Advisor will keep the Account for the current Designated Beneficiary's Account open. The dollar amount you specify below will be transferred to the new Designated Beneficiary's Account.

Name of Portfolio Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
<input type="text"/>	\$ <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>		<input type="checkbox"/>

Do you already have an Account for the new Designated Beneficiary? (Check one.)

☐

Yes.

Account Number

If yes, go to Section 7.

☐

No.

If not, go to Section 4.

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.

3. Allocation instructions for future contributions

- 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:	Aggressive Track	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
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.	Moderate Track	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Conservative Track	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Diversified (Static) Portfolios:	100% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
The assets will remain in the portfolio(s) until you choose a new Investment Option.	90% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	70% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	60% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	50% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	30% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	20% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Short-Term	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Single-Fund Portfolios:	International Growth	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
The assets will remain in the portfolio(s) until you choose a new Investment Option.	Ultra	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Heritage	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Small Cap Growth	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Sustainable Equity	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Value	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Mid Cap Value	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Global Real Estate	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Inflation Protection Bond	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Global Bond	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Diversified Bond	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
	Cash and Cash Equivalents	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
		1 0 0 %	1 0 0 %

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 its 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)

SIGNATURE

Signature of Authorized Signer/Title (if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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