

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 <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<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.

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

5. 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)

Successor Account Owner Legal Name (first, middle initial, last)

Social Security Number

Social Security Number

Birth Date (mm/dd/yyyy)

Birth Date (mm/dd/yyyy)

U.S. Citizen U.S. Resident Alien

Citizenship (Please provide country of citizenship, if a resident alien.)

Citizenship (Please provide country of citizenship, if a resident alien.)

Telephone Number

Telephone Number

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

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

City

City

State

State

Zip Code

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 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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