Learning Quest Advisor Account Owner Change Form



- Use this form to add or replace a Joint Account Owner on your account. To complete this request, all account owners, existing and new must sign in **Section 4**. A new Account Application is not necessary.
- Use this form to transfer assets or control of the existing account to a new Account Owner, Responsible Individual or Custodian. To complete the transfer, the new Account Owner/Responsible Individual/Custodian must complete an Account Application if he or she doesn't already have an account established for the beneficiary. If the transfer exceeds \$100,000, you must also provide a signature guarantee in **Section 5**.
- The new Account Owner will control the Account and will become the legal owner of all the assets held in the Account.
- Type in your information and print out the complete 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 Advisor P.O. Box 2947 Shawnee Mission, KS 66201-1347 Or fax this form 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**.

Current Account Information

Account Number
Name of Primary Account Owner/Responsible Individual/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 Designated Beneficiary (first, middle initial, last)
Designated Beneficiary Social Security Number



2. Joint Account Owner

Complete this section if you want to add a Joint Account Owner or change or delete the existing Joint Account Owner. All parties
must sign this form in Section 4. All Account Owners must be U.S. citizens or U.S. resident aliens.

Add	Change	Delete

New Joint Account Owner Information (We will continue to use the Primary Account Owner's Social Security number listed in **Section 1** for IRS reporting purposes.)

Joint Account Owner Legal Name (first, middle initial, last)							
Social Security Number	Birth Date (mm/dd/yyyy)						
U.S. Citizen U.S. Resident Alien							
Citizenship (Please provide country of citizenship, if a resident alient)							
Check if Joint Account Owner's address is the same as the address of record, otherwise complete the following.							
Permanent Street Address (A P.O. box is not acceptable.)							
City	State ZIP Code						

3. New Account Owner/Responsible Individual/Custodian

- Complete this section if you want to transfer assets or control of the existing Account to a new Account Owner, Responsible Individual or Custodian.
- A signature guarantee is required in **Section 5** if the transfer exceeds \$100,000.
- If the new Account Owner/Responsible Individual/Custodian has an existing account for the same beneficiary, provide the account number below. Otherwise, he or she must also complete an Account Application to complete the transfer.

Account Number	
Name of New Account Owner/Responsible Individual/Custodian (first, middle initial, last)	
Social Security Number	Birth Date (mm/dd/yyyy)
Name of New Joint Account Owner (first, middle initial, last) (Not applicable for minor-owned account Owner (first, middle initial, last)	counts.)
Social Security Number	Birth Date (mm/dd/yyyy)

Signature — **YOU MUST SIGN BELOW** (However, if you are changing a Responsible Individual/Custodian or transferring ownership of your Account(s) to a new Account Owner, and the assets in the Account are over \$100,000 skip this section and complete **Section 5** instead.)

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

- I (We) acknowledge that I (we) have received and read the Learning Quest Advisor 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 listed 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 Responsibile 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.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

Signature of Current Primary Account Owner/Responsible Individual/Custodian

SIGNATURE

Signature of Current Joint Account Owner (if applicable)

SIGNATURE

Signature of New Joint Account Owner (if applicable)

Date (<i>mm/dd/yyyy</i>)	

5. Signature Guarantee — IF APPLICABLE

Please sign exactly as your new name will appear on the account. A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The signature(s) must correspond in every particular, without alteration, with the name(s) printed on the current Account registration. Each signature must be guaranteed by a participant in a Securities Transfer Association Signature Guarantee Program. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations participate in such programs. Each guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person.

Note: Acknowledgement of signature by a notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature, title of officer and date.

SIGNATURE	
Signature of Current Account Owner/Responsible Individual/Custodian	
SIGNATURE	
Signature of Current Joint Account Owner (if applicable)	
CICNATURE	
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	



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