





**4. 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 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.

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

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Current Joint Account Owner (if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of New Joint Account Owner (if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**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)

SIGNATURE

Signature of Guarantor

\_\_\_\_\_

Title

\_\_\_\_\_

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**