

Learning Quest Designated Beneficiary Change Form



- Complete this form if you would like to change the Designated Beneficiary on your Learning Quest Account.
- 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 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
P.O. Box 29202
Shawnee Mission, KS 66201-9202

Or fax this to: **1-617-559-8901**

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 **1-800-579-2203**.

1. Current Account information

Account Number

Name of Primary Account Owner (*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 Beneficiary Social Security Number



4. Select your Investment Option for your New Designated Beneficiary

- Before choosing your Investment Option(s), see the Learning Quest 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%.
- If you do not select an option, your contributions will be purchased in our Age-Based Conservative Track in the appropriate portfolio based on the age of the Designated Beneficiary.

Age-Based Track*

Aggressive Track	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Track	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Track	<input type="text"/> <input type="text"/> <input type="text"/> %
Index Track	<input type="text"/> <input type="text"/> <input type="text"/> %

Static Portfolios**

100% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %
Total Growth Index	<input type="text"/> <input type="text"/> <input type="text"/> %
500 Index	<input type="text"/> <input type="text"/> <input type="text"/> %
90% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %
70% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %
60% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Index	<input type="text"/> <input type="text"/> <input type="text"/> %
50% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %
30% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %
20% Equity	<input type="text"/> <input type="text"/> <input type="text"/> %
Total Bond Market Index	<input type="text"/> <input type="text"/> <input type="text"/> %
Short-Term	<input type="text"/> <input type="text"/> <input type="text"/> %
Cash and Cash Equivalents	<input type="text"/> <input type="text"/> <input type="text"/> %
Total	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> %

*Your contributions will be invested in the appropriate portfolio based on the age of the Designated Beneficiary and the track selected. As your Designated Beneficiary gets older, your assets will move to a progressively more conservative portfolio.

**The assets will remain in the portfolio(s) you select until you choose a new Investment Option.

5. Registered Investment Advisor (RIA) Information *(Optional)*

If you have previously appointed a RIA to act on your behalf, the authorization will be carried over to the account for the new Designated Beneficiary **unless** you check the box below.

Do **not** carry over the RIA information to the new account.

- You may change your RIA at any time by completing a RIA Authorization form, available at **learningquest.com** or by calling **1-800-579-2203**. If you wish to revoke the designation, please call us.

6. 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 older.
- You may revoke or change the Successor Account Owner at any time. See the **Learning Quest 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

7. 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 Account. You may add, change, or delete bank information, or change the investment amount and frequency at any time at **learningquest.com** or call **1-800-579-2203**.

8. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I hereby apply for a Learning Quest 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 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 program and services via email.
- Notice: Accounts established under Learning Quest 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 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 Accounts registered under the Social Security number shown on this form.
- 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 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 Primary Account Owner

□□ — □□ — □□□□

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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