

Learning Quest Advisor Broker Dealer Change Request Form



- This form will authorize the change of the Financial Advisory firm listed on your Learning Quest Advisor Account.
- Investments may be made through Financial Professionals who have entered into a selling agreement with American Century Investments®.
- 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.

Return this form and any other required documents to: Or fax this to: **1-617-559-8904**

Learning Quest Advisor
P.O. Box 2947
Shawnee Mission, KS 66201-1347

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. Account information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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Account Number(s) (To list more than three Accounts, use a separate sheet.)

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

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

2. New Financial Professional information (To be completed by the Financial Professional.)

Firm Name

Financial Professional Name (first, middle initial, last)

Branch Number (if applicable)

Advisor ID Number/IRD Number

BIN Number (if applicable)

Matrix Level

Mailing Address

City

State

Zip Code

Telephone Number



3. SIGNATURE — MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Learning Quest Advisor Handbook and understand the rules and regulations governing Learning Quest Advisor.

SIGNATURE

Signature of Account Owner/Responsible Individual/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Financial Professional

□□ — □□ — □□□□

Date (mm/dd/yyyy)