



**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)