Learning Quest Advisor

Payroll Deduction Form

LearningQuest®
529 Education Savings Program

- Check with your employer to see if you can direct part of your paycheck to your Learning Quest Advisor Account.
- You may also provide your payroll deduction instructions when you log on to our website at **learningquest.com**. *(If you have not established an Account for the Designated Beneficiary, please provide your Payroll Deduction Instruction on an **Account Application** in lieu of completing this form.)*
- You will receive a **Payroll Deduction Confirmation Form** after we process your request. You must sign the Payroll Deduction Confirmation Form and forward it to your payroll department. This confirmation form contains the information your employer needs to set up the direct investments by Automated Clearing House (ACH) from your paycheck to your Learning Quest Advisor Account(s). Your payroll deduction instructions will not take effect until your employer has established and initiated the process.
- To change the amount, or to stop payroll deductions, please contact your payroll office.
- 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:

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**.

1. Account Owner/Employee information

☐☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

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

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

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number *(In case we have a question about your Account.)*

2. Employer information

Name of Employer

Address

City | State | Zip Code

Payroll Department Contact Name | Telephone Number | Extension *(if any)*

☐ **Important:** Check here if you are an employee of the State of Kansas.

State Agency/Department

* LEARNING QUEST ADV PAYROLL *

3. Payroll Deduction instructions

Check one: ☐ New Payroll Deduction ☐ Change Allocation Instructions

Deduct $ __,___.__ from my paycheck each pay period and allocate the amount among my Learning Quest Advisor Accounts as detailed below.

Important: You must allocate a minimum of $25 to each Account per month. Please use an additional sheet if you have more than four Accounts.

Account Number __________ – __ Percentage Amount ___ %

Name of Designated Beneficiary *(first, middle initial, last)*

Account Number __________ – __ Percentage Amount ___ %

Name of Designated Beneficiary *(first, middle initial, last)*

Account Number __________ – __ Percentage Amount ___ %

Name of Designated Beneficiary *(first, middle initial, last)*

Account Number __________ – __ Percentage Amount ___ %

Name of Designated Beneficiary *(first, middle initial, last)*

4. Signature — YOU MUST SIGN BELOW

I certify 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/Employee

Date *(mm/dd/yyyy)* __ – __ – ____

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