

Learning Quest  
**Limited Durable Power of Attorney**

**LearningQuest**<sup>®</sup>  
529 EDUCATION SAVINGS PROGRAM

- Complete this form to designate an individual to act as your Attorney-in-fact ("Agent") with limited authority on your Learning Quest Account(s).
- If joint owners wish to designate an attorney-in-fact, each individual must complete a separate form.
- You may only designate one agent and one level of authorization in **Section 3** for the Account(s) listed on this form. If you have more than one Account and you wish to designate different levels of access for your other Account(s), complete a separate form for each Account.
- Execution of this Limited Durable Power of Attorney revokes any prior Attorney-in-Fact designation previously filed with Learning Quest.
- 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**  
**P.O. Box 29202**  
**Shawnee Mission, KS 66201-9202**

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**.

NOTICE: THIS IS A DURABLE POWER OF ATTORNEY AND THIS POWER OF MY ATTORNEY-IN-FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE. THIS DURABLE POWER OF ATTORNEY SHALL BE CONSTRUED AND THE RIGHTS OF ALL PARTIES HEREUNDER (WHETHER NOW OR HEREAFTER ARISING) SHALL BE DETERMINED IN ACCORDANCE WITH THE LAWS OF THE STATE OF MISSOURI AND THE DURABLE POWER OF ATTORNEY LAW OF MISSOURI, Mo. Rev. Stat. §§ 404.700 to 404.865.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") LIMITED POWERS TO HANDLE YOUR ACCOUNTS WITH THE LEARNING QUEST 529 EDUCATION SAVINGS PROGRAM, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE LEARNING QUEST 529 EDUCATION SAVINGS PROGRAM WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND MUST KEEP COMPLETE RECORDS OF ALL TRANSACTIONS ENTERED INTO AS YOUR AGENT UNTIL YOU REVOKE THIS POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER MISSOURI LAW NOT SPECIFIED ON THIS FORM.



\* LEARNING QUEST LIMITED POA \*



### 3. Authorization level

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent and to act on my behalf in accordance with the authority level I have checked below. *(Please initial the appropriate level of access that applies to the Account(s) listed in Section 1).*

**Note:** If you have more than one Account and you wish to designate different levels of access for your other Account(s), complete a separate form for each Account.

**Level 1—Account Inquiry Access.** Authorized only to obtain information about my Account(s); change my address of record, and receive duplicate Account statements.\*

**Level 2—Account Inquiry Access, Contributions, and Exchanges.** Authorized only to obtain information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank information; make a contribution, and change Investment Options for each of the above-referenced Account(s).\*

**Level 3—Account Inquiry Access, Contributions, Exchanges, and Withdrawals.** Authorized to obtain information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank information; make a contribution; change Investment Options, and withdraw from the above-referenced account(s).\*

\* The authority granted herein is limited to the level of authority specified above. My Agent shall have no authority to take any other action, including, but not limited to:

- Adding or changing the Successor Account Owner/Responsible Individual,
- Establishing or re-establishing convenience services such as telephone and online capabilities on my account(s),
- Changing the Designated Beneficiary,
- Signing or e-signing an Account application or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO ACCESS AND PERFORM TRANSACTIONS ON THE LEARNING QUEST ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER LISTED IN SECTION 1 OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

SIGNATURE

Signature of Agent

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Date (mm/dd/yyyy)

