Learning Quest

Limited Durable Power of Attorney



- 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.

DO NOT STAPLE

Telephone Number

1. Account Owner information

	Account Number (List all that apply. To list more than three Accounts, use a separate sheet.)
Social Security Number	
Name of Account Owner/Responsible Individual/Custodian (first, middle initial, last) / Trustee* or E	ntity
Permanent Street Address (A P.O. box or rural route number is not acceptable.)	
Terminate direct Address (A 1.0. Box of futur folice futures is not deceptable.)	
City	State ZIP Code
Telephone Number (In case we have a question about your Account.)	
*Trustees of personal trusts must submit a copy of the portion of the trust instrument that author	rizes them to delegate their authority to another person.
	,
Agent information	
Name of Agent (first, middle initial, last)	
Mailing Address	
ividilining Adultess	
City	State ZIP Code

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. (<i>Please initial the appropriate level of access that applies to the Account(s) listed in</i> 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 Date (mm/dd/yyyy)

4. Signature and notarization—YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS LIMITED DURABLE POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED DURABLE POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

THIS LIMITED DURABLE POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS LIMITED DURABLE POWER OF ATTORNEY IS SIGNED AND ACCEPTED BY LEARNING QUEST AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I agree that any third party who receives an executed copy of this document may rely on it. No person relying upon this Durable Power of Attorney, in good faith and without actual written notice of revocation of this authority shall incur any liability to me or my estate as a result of permitting my Attorney-in-Fact to exercise any power or discretion on my behalf granted herein, nor shall any person dealing with my Attorney-in-Fact be required to see to the application and disposition of any monies, stocks, bonds, securities or other property paid to or delivered to my Attorney-in-Fact, pursuant to the provisions hereof. Revocation or termination of this Durable Power of Attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives actual written notice of such revocation or termination and has had a reasonable time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify American Century Investment Management, Inc, American Century Services, LLC and their affiliated companies, employees and Agents, the state of Kansas and the Kansas State Treasurer, Ascensus College Savings Recordkeeping Services, LLC and any of their respective affiliates, Agents and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with Learning Quest, for any claims that arise against the third party because of reliance on this Durable Power of Attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, CONSULT YOUR LAWYER BEFORE SIGNING.

SIGNATURE		
Signature of Account Owner/Responsible Individual/Custo	dian	Date (mm/dd/yyyy)
Your signature must be notarized. See below	w. We cannot accept a sign	ature guarantee in place of a notary's seal.
STATE OF	_)	
)ss.:	
COUNTY OF	_)	
This document was acknowledged before me or		
(name of Account Owner, who certifies the corre	ectness of the signature of the	Account Owner(s).
SIGNATURE Signature of Notary		
Name of Notary (first, middle initial, last)		
My commission expires:		Notary to place seal here
		Applies to signature in Section 4 .

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