

## Learning Quest Account Application



**Important Information About Opening a New Account.** Use this application to open a Learning Quest Account. Learning Quest is only available to U.S. citizens and U.S. resident aliens.

- If you are a low-income Kansas resident, you may be eligible for a matching grant of up to \$600 provided by the State of Kansas through the Kansas Investments Developing Scholars (K.I.D.S.) Matching Grant Program. For more information on the K.I.D.S. Program, visit [kansasstatetreasurer.com/kids](http://kansasstatetreasurer.com/kids).
- Type in your information and print out the completed application, or print clearly, preferably in capital letters and black ink. Mail the application 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**

Or fax this to: **1-617-559-8901**

Forms can be downloaded from our website at [learningquest.com](http://learningquest.com), or you can call us to order any form — or request assistance in completing this form — at **1-800-579-2203**.

### 1. Account type

Select one of the Account types below.

- Individual Account.** An Account established by one adult who owns and controls assets intended to be used for the Qualified Education Expenses of a Designated Beneficiary.
- Joint Tenant Account.** An Account established by more than one adult who owns and controls assets intended to be used for the Qualified Education Expenses of a Designated Beneficiary. Joint accounts will be established as joint tenants with rights of survivorship. The first Account Owner's name and Social Security number will be used for IRS reporting purposes.
- Business/Entity/Trust Account.** An Account established by a corporation, partnership, association, estate, scholarship, or trust. *(Please see **Section 2c** for instructions on documentation.)*
- UGMA/UTMA Account.** An Account funded with assets held in a UGMA/UTMA custodial account for the benefit of the Designated Beneficiary indicated in **Section 3** of this **Account Application**. The custodian will be treated as the owner of the Account and has the duty to transact on behalf of the minor until the custodianship terminates under the terms of the Act under which it was established. The Designated Beneficiary, who is the minor, cannot be changed.
- Indicate the state *(please abbreviate)* in which the UGMA/UTMA custodial account was opened.
- Minor-Owned Account.** An Account established for the benefit of a minor, who is both the Account Owner and Designated Beneficiary and cannot be changed. An adult Responsible Individual establishes and controls the Account on behalf of the minor until the minor reaches the age of majority in his or her state of residence, at which time the Responsible Individual will be automatically removed from the account and the minor will assume control of the assets. This type of Account is typically established using proceeds from a Coverdell Education Savings Account (ESA) previously set up for the minor. *(To establish a minor as the Account Owner, enter the minor's information in **Section 2a** and then enter a Responsible Individual's information in **Section 4**.)*



**2. Account Owner information** *(The Account Owner is the person, persons, or entity who owns and controls the Account.)*

- If establishing a Joint Tenant Account, complete **Section 2a** and **2b**. If the Account Owner is an Entity, only complete **Section 2c**. If establishing a UGMA/UTMA account, the custodian is considered the Account Owner. Statements will be sent to the primary Account Owner's address unless the Account Owner is a minor. Statements will then be sent to the Responsible Individual's or Custodian's address.

**a. Primary Account Owner or Custodian.**

Primary Account Owner/Custodian Legal Name (first, middle initial, last)

Social Security Number

Birth Date (mm/dd/yyyy)

U.S. Citizen  U.S. Resident Alien

Citizenship (Please provide country of citizenship, if a resident alien.)

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

Email Address

Permanent Street Address (A P.O. box is **not** acceptable.)

City

State

Zip Code

Account Mailing Address (if different from above)

City

State

Zip Code

**b. Joint Account Owner information.** *(We will use the Primary Account Owner name and Social Security number listed above for IRS reporting purposes.)*

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

Social Security Number

Birth Date (mm/dd/yyyy)

U.S. Citizen  U.S. Resident Alien

Citizenship (Please provide country of citizenship, if a resident alien.)

Check if the Joint Account Owner's address is the same as the Primary Account Owner's address above, otherwise complete the following:

Permanent Street Address (A P.O. box is **not** acceptable.)

City

State

Zip Code

Account Owner information (Continued)

c. Trust/Entity Account Owner

Trust/Entity Name

Taxpayer Identification Number

Trust Date (mm/dd/yyyy)

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

Permanent Street Address (This address will be used as the Account's address of record for all Account mailings.)

City State Zip Code

List Authorized Signers. List the names and titles of all individuals authorized by governing documents to direct transactions with respect to this Account. You must attach a copy of the appropriate documentation that supports the identity of your organization and its authorized signers.\*

Corporation: Attach a certified copy of the articles of incorporation, and either a corporate resolution or the minutes of a board meeting that document the authorized signers for your organization.

Government: Attach a copy of the legal documents that support the identity of your government organization and documents that support the identity of the authorized signers.

Other business entity: Attach a copy of your charter document and the minutes from a meeting that document the authorized signers for your business.

Trust: Attach copies of pages within the Trust document that include 1) Title of Trust, 2) Date of Trust agreement, 3) Full names of Trustees, and 4) All Trustee signatures.

\* Do not send any portions of the Trust document beyond those that provide the Trust name, date of execution, Trustee's(s') name(s) and signatures. Any other portions submitted will not be acknowledged, reviewed, or monitored for compliance.

Authorized Signer Name (first, middle initial, last)

Social Security Number

Birth Date (mm/dd/yyyy)

Authorized Signer Name (first, middle initial, last)

Social Security Number

Birth Date (mm/dd/yyyy)

The signatures of at least [ ]\*\* of the authorized signers are required by the applicable governing documents to transact on the Account and provide instructions about the Designated Beneficiary. American Century Investments® may rely on the authority of the named individuals until it receives written notification to the contrary.

\*\* Please specify a number. If left blank, you are indicating that the governing documents grant individual authority to each authorized signer.

**3. Designated Beneficiary information** (The person whose qualified education expenses will be paid from the Account.)

Designated Beneficiary Legal Name (first, middle initial, last)

Social Security Number

Birth Date (mm/dd/yyyy)

U.S. Citizen U.S. Resident Alien

Citizenship (Please provide country of citizenship, if a resident alien.)

Check if the Designated Beneficiary's address is the same as the Primary Account Owner's address, otherwise complete the following:

Permanent Street Address (A P.O. box is not acceptable.)

City

State

Zip Code

**4. Responsible Individual information** (Only complete this section if the Account Owner in Section 2a is a minor.)

- A Responsible Individual is required when the Account Owner is a minor. The Responsible Individual is the person who can transact on the Account until the minor reaches the age of majority in his or her state of residence. The Responsible Individual's address will be used as the Account's address of record for all Account mailings.

Responsible Individual Legal Name (first, middle initial, last)

Social Security Number

Birth Date (mm/dd/yyyy)

U.S. Citizen U.S. Resident Alien

Citizenship (Please provide country of citizenship, if a resident alien.)

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

Permanent Street Address (A P.O. box is not acceptable.)

City

State

Zip Code

Account Mailing Address if different from above

City

State

Zip Code

**5. Successor Account Owner/Responsible Individual information** *(Optional, but recommended.)*

- Complete this section to name a Successor Account Owner in the event of the death of all the Account Owners or a Successor Responsible Individual in the event of the death of the Responsible Individual. Disregard this section if the Account Owner is a Business, Entity or Trust.
- The Successor Account Owner must be 18 or older.
- If you choose to complete **Section 5**, you are required to provide full legal name, Social Security number, and date of birth.
- You may revoke or change the Successor Account Owner/Responsible Individual at any time. See the Learning Quest Handbook (Handbook) for more information.

Successor Account Owner/Responsible Individual Legal Name *(first, middle initial, last)*

 -  - 

Social Security Number

 -  - 

Birth Date *(mm/dd/yyyy)*

 U.S. Citizen     U.S. Resident Alien

Citizenship *(Please provide country of citizenship, if a resident alien.)*

 -  - 

Telephone Number

Permanent Street Address *(A P.O. box is **not** acceptable.)*

City

State

 - 

Zip Code

## 6. Registered Investment Advisor (RIA) authorization (Optional)

- Complete this section to designate an RIA with limited authority to act on your Account(s).
- You may only designate one level of authorization.
- If you want to designate someone other than an RIA to act on your behalf as the Account Owner, please contact us.

### a. RIA information

Name of RIA (first, middle initial, last)

Firm Name (if applicable)

CRD Number

Mailing Address

City

State

Zip Code

Telephone Number

### b. Authorization level

I (We), the Account Owner(s) listed in **Section 2**, appoint the RIA and their firm listed above. *(Please initial the appropriate level of access that applies to the Account.)*

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

**Level 2—Account Inquiry Access, Contributions, and Exchanges.** Authorized to obtain information about my Account; change my address of record; receive duplicate Account statements; add or update my bank information; make a contribution and change Investment Options within my Account.\*

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

\* The authority granted herein is limited to the level of authority specified above. The RIA listed above and their firm 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 or 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 on behalf of the Account Owner(s) listed in **Section 2** of this **Account Application** in accordance with the authorization level selected above.

SIGNATURE

Signature of RIA

Date (mm/dd/yyyy)

## 7. Investment Option selection

- Before choosing your Investment Option(s), see the Handbook (*also available at [learningquest.com](http://learningquest.com)*) for complete information about the investments offered.
- Your initial and subsequent contributions will be invested in the portfolio you select. If you do not select an option, your contributions will be purchased in our Age-Based Conservative Track in the appropriate portfolio based on the age of the Designated Beneficiary.
- You must allocate at least **1%** of your contributions to each Investment Option that you choose. Use whole percentages only.  
**Your percentages must total 100%.**

### Age-Based Track\*

Aggressive Track    %

Moderate Track    %

Conservative Track    %

Index Track    %

### Static Portfolios\*\*

100% Equity    %

Total Growth Index    %

500 Index    %

90% Equity    %

70% Equity    %

60% Equity    %

Balanced Index    %

50% Equity    %

30% Equity    %

20% Equity    %

Total Bond Market Index    %

Short-Term    %

Cash and Cash Equivalents    %

**Total**    %

\*Your contributions will be invested in the appropriate portfolio based on the age of the Designated Beneficiary and the track selected. As your Designated Beneficiary gets older, your assets will move to a progressively more conservative portfolio.

\*\*The assets will remain in the portfolio(s) you select until you choose a new Investment Option.

## 8. Contribution Method

**Source of funds** (Check all that apply.)

a.  **Personal check.**

**Important:** All checks must be payable to **Learning Quest**.

\$     ,     .

Amount

b.  **Bank information.** This is required to establish one-time and recurring contributions (see below) from your bank account. If you select either of these options and a preprinted voided check is not provided, the information on the investment check will be used, if applicable. At least one of the Account Owners must be listed on the bank account registration to establish bank instructions for investments and withdrawals. If you'd like to establish bank instructions from a bank account owned by someone other than yourself, you and the bank account owner(s) must complete an **Account Features Form**.

• **Enclose a voided preprinted check.**

**Important:** By completing this Application, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Bank Name

b1.  **One-Time Contributions.** Through Electronic Funds Transfer (EFT), you can make a contribution whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future contributions. To set this up, please provide bank information as instructed above. The Plan may place a limit on the total dollar amount per day you may contribute to an account by EFT. (The amount below will be a one-time contribution to open your Account.)

\$     ,     .

Amount

b2.  **Recurring Contributions.** You can have a set amount automatically transferred from your bank account at regular intervals to your Learning Quest Account. You may change the investment amount and frequency at any time by logging onto your Account at **learningquest.com**.

**Amount of Debit:** \$     .

**Frequency** (Check one):  Monthly  Quarterly  Semi-Annually  Annually

**Start Date:\***   /   -   /

Date (mm/dd/yyyy)

\* Your instructions must be received at least 3 business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. If a date is not specified, the investment will be made on the 15th of the month. If the date you select falls on a weekend or a holiday, the investment will be made the next business day. The frequency is based on start date, not calendar date.



**Annual Increase.** You may increase your recurring contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

**Amount of increase:** \$

**Month:\*\***

\*\* The month in which your recurring contribution will be increased. The first increase will occur at the first instance of the month selected. Annual increases are subject to the general contribution limits of Learning Quest and will also count toward annual federal gift tax exclusion limits.

**Note:** A series of regular investments cannot assure a profit or protect against a loss in a declining market.

c1.  **Transfer from an American Century Investments account.** This may be a taxable transaction. You should consult a tax advisor. If the Account Owners are not the same on both accounts, attach a letter of instruction signed by all American Century Account Owners.

<b>From Account:</b>	<b>Dollar amount</b>	<b>OR</b>	<b>Percentage</b>
<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"/> <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"/> <input type="text"/> %
Account Number			

c2.  **Transfer from an existing Learning Quest or Learning Quest Advisor Account.** If the Account Owners are not the same on both accounts, also include an Account Owner Change Form or a letter of instruction signed by the current Account Owners.

<b>From Account:</b>	<b>Dollar amount</b>	<b>OR</b>	<b>Percentage</b>
<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"/> <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"/> %
Account Number			

d.  **Rollover from another 529 plan, ESA, or qualified savings bond to Learning Quest.** By law, rollovers between 529 plans with the same Designated Beneficiary are permitted only once every 12 months. If you are including a check with this application you will need to provide a statement from the prior provider that reflects the amount of principal and earnings represented by the rollover; otherwise, the entire amount will be considered earnings. If you are not including a check, please complete and include an **Incoming Rollover Form**, available online at [learningquest.com](http://learningquest.com).

e.  **Payroll Deduction.** If you want to make contributions to your Learning Quest Account directly as a Payroll Deduction, you must contact your employer’s payroll office to verify that you can participate. Payroll Deduction contributions will not be made to your Learning Quest Account until you have received a **Payroll Deduction Confirmation Form** from us, provided your signature and Social Security number or Taxpayer Identification number on the Form, and submitted the Form to your employer’s payroll office. The amount you indicate below will be in addition to Payroll Deductions that you may have previously established for other Learning Quest Accounts.

Amount of Payroll Deduction each pay period: \$

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

## 9. Account Certification and Authorization

**Please make your check payable to Learning Quest. We cannot accept third-party checks.**

All Account Owners must sign below. Please sign exactly as your name appears in **Section 2**. If the Account Owner is a minor, the Responsible Individual named in **Section 4** must sign below.

- I (We) acknowledge that I (we) have received and read the Handbook and this application, and agree to be bound by their terms and all amendments. I am (We are) of legal age. Capitalized terms used, but not otherwise defined, herein shall have the meanings assigned to them in the Handbook.
- I (We) understand that if this Account is established by transferring money from an American Century Investments account, it may be a taxable transaction.
- I (We) understand that Learning Quest will not accept any contributions in excess of the Maximum Account Balance.
- I (We) understand that providing my (our) email address gives American Century Investments permission to send me (us) information about the Learning Quest program and services via email.
- I (We) certify that any ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.
- Notice: Accounts established under Learning Quest and their earnings are neither insured nor guaranteed by the state of Kansas, the Kansas State Treasurer or American Century Investments.
- I (We) authorize American Century Investment Management, Inc. and American Century Services, LLC (collectively, American Century), its affiliated companies and agents, to act upon my (our) instructions provided on this form. We understand that any Account Owner is authorized to transact business on this Learning Quest Account by telephone, online, by fax, in writing or by any other means. In consideration of American Century accepting this **Account Application**, I (we) agree to defend, hold harmless and indemnify American Century and its affiliated companies and agents, the state of Kansas and the Kansas State Treasurer from liability for any loss I (we) may sustain as a result of their acting on transaction instructions they believe to be genuine. American Century will use reasonable procedures to confirm that instructions communicated by these same means are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction. A failure on their part to employ such procedures may subject them to liability for any loss due to unauthorized or fraudulent instructions. This authorization applies to all Learning Quest Accounts registered under the Social Security number shown on this form.
- I (We) acknowledge that my (our) designated Financial Professional named in **Section 6** has been empowered to act on my (our) behalf, with respect to my (our) Learning Quest accounts, under a separate agreement with the listed broker/dealer firm, consistent with the authority level I (we) have indicated in **Section 6b** of this application. This authority does not include transferring ownership of units, changing the Designated Beneficiary, Successor Account Owner or Successor Responsible Individual or establishing convenience services.
- I (We) understand that neither American Century nor its affiliated companies or agents shall be responsible or liable for any damages related to online service including but not limited to those caused by theft, unauthorized access, failure of electronic or mechanical equipment, communications line failure or telephone or interconnectivity problems or other occurrences beyond their control.
- Important Information About New Accounts: A federal law, established to help stop the funding of terrorism and money laundering activities, requires financial institutions to verify the identity of each person who opens an account. American Century Investments will verify your identity using the name, street address, date of birth and Social Security number that you provide in this application. In some instances, we may request additional documentation.

**CONTINUED ON NEXT PAGE.**

**10. Signature — YOU MUST SIGN BELOW**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

Signature of Primary Account Owner/Responsible Individual/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Authorized Signer/Title (if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Authorized Signer/Title (if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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