

2. Registered Investment Advisor (RIA) information

Only complete the information below if you want to add an RIA to your account or replace the existing RIA on your account.

Empty boxes for Name of RIA (first, middle initial, last)

Name of RIA (first, middle initial, last)

Empty boxes for Firm Name (if applicable)

Firm Name (if applicable)

Empty box for IARD Number

IARD Number

Empty boxes for Mailing Address

Mailing Address

Empty boxes for City

City

Empty boxes for State

State

Empty boxes for Zip Code

Zip Code

Empty boxes for Telephone Number

Telephone Number

3. Authorization level

I (We), the Account Owner(s) listed in Section 1, appoint the RIA and their firm listed in Section 2, to act on my (our) behalf as indicated 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.

Empty box for Level 1 selection

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

Empty box for Level 2 selection

Level 2 — Account Inquiry Access, Contributions, and Exchanges. 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 and change Investment Options for each of the above-referenced Account(s).*

Empty box for Level 3 selection

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. The RIA and their firm above 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(S) LISTED IN SECTION 1 OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

Empty box for Signature of RIA

Signature of RIA

Empty boxes for Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

4. Signature — YOU MUST SIGN BELOW

BY SIGNING BELOW, I/WE HEREBY ACKNOWLEDGE MY/OUR PRIOR APPOINTMENT OF THE INDIVIDUAL LISTED IN **SECTION 2** OF THIS FORM AS MY/OUR REGISTERED INVESTMENT ADVISOR (RIA). I/WE ACKNOWLEDGE THAT THE DESIGNATED RIA 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. SUCH AGREEMENT AUTHORIZES MY RIA TO ACT ON MY BEHALF TO THE EXTENT OF THE AUTHORIZATION LEVEL INDICATED IN **STEP 3** OF THIS FORM. MY RIA'S AUTHORITY DOES NOT INCLUDE TRANSFERRING OWNERSHIP OF UNITS, CHANGING THE DESIGNATED BENEFICIARY, SUCCESSOR ACCOUNT OWNER OR SUCCESSOR RESPONSIBLE INDIVIDUAL OR ESTABLISHING OR RE-ESTABLISHING CONVENIENCE SERVICES.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Learning Quest Handbook and understand the rules and regulations governing Learning Quest.

SIGNATURE

Signature of Account Owner/Responsible Individual/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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