## Learning Quest

## **Registered Investment Advisor Authorization**



- Complete this form to designate or change a Registered Investment Advisor (RIA) on your account.
- You may designate only one level of authorization.
- 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

**Account Owner information** 

Shawnee Mission, KS 66201-9202

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

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

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**.

	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) or Entity	
Name of Joint Account Owner (first, middle, last)	

Name of RIA fliest, middle initial, lasty    Initial Agriculture	•	ed Investment Advisor (RIA) information te the information below if you want to add an RIA to your accour	nt or replace the existing RIA on your account.
Firm Name (8 applicable)  IARD Number  Malling Address  City State Zip Code  Authorization level  If Web, 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), comple separate form for each Account.  Level 1 — Account Inquiry Access. Authorized to obtain information about my Account(s); change my address record and receive duplicate Account statements.*  Level 2 — Account Inquiry Access, Contributions, and Exchanges. Authorized to obtain information about Account(s); change my address of record; receive duplicate Account statements; add or update my bank information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank 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 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 withdrawals. Authorized to obtain information; make a contribution; change Investment Options and withdraw from the above-referenced Account statements; add or update my bank information; make a contribution; change Investment Options and withdraw from the above-referenced Account statements; add or update my bank information; and the address of record; receive duplicate Account statements; add or updat			
IARD Number  Mailing Address  City  State  Zip Code  City  State  Zip Code  City  State  State  State  State  State  State  State  State  State  City  Code  City  State	Name of RIA (i	irst, middle initial, last)	
Mailing Address  City State Zip Code  Telephone Number  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), comple separate form for each Account.  Level 1 — Account Inquiry Access. Authorized to obtain information about my Account(s); change my address record and receive duplicate Account statements.*  Level 2 — Account Inquiry Access, Contributions, and Exchanges. Authorized to obtain information about Account(s); change my address of record; receive duplicate Account statements; add or update my bank informat 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 withdrawals. Authorized to obtain information information; make a contribution; change Investment Options and withdrawals. Authorized to obtain information; make a contribution; change Investment Options and withdrawals from the above-referenced Acc 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 O	Firm Name (if a	applicable)	
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ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER(S) LISTED IN <b>SECTION 1</b> OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.  SIGNATURE  ———————————————————————————————————	• Sig	ning or e-signing an Account Application or otherwise opening	g a new registration on my behalf, or
	ACCOUNT(S	) ON BEHALF OF THE ACCOUNT OWNER(S) LISTED IN <b>SECTION</b>	
Signature of RIA Date (mm/dd/yyyy)	SIGNA	TURE	

## 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 INDICTED 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	
SIGNATURE Signature of Joint Account Owner	

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