

Learning Quest Incoming Rollover Form



- Complete this form to initiate a direct rollover from another 529 college savings plan (529 Plan) or an Education Savings Account (ESA) to an existing Account in Learning Quest. *(If you have not established an Account, you must also complete and enclose an **Account Application.**)*
- You may roll over assets for the same Designated Beneficiary once every 12 months. You may roll over assets at any time if you name a new Designated Beneficiary who is an eligible family member of the current Designated Beneficiary of the 529 Plan Account. You may roll over proceeds from an ESA to a 529 Plan Account. The Designated Beneficiary of the ESA must be both the Designated Beneficiary and the Account Owner of the 529 Plan Account.
- 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

Or fax this form 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**.

1. Rollover type

- Rollover from 529 Plan
- Rollover from ESA
- Transfer from another Kansas 529 Plan Account.

Note: This option is considered an exchange and will count towards your twice per calendar year exchange limit.

2. Learning Quest Account information

Account Number (If you have not established an Account, also complete and enclose an **Account Application.**)

Social Security Number

Name of Account Owner/Responsible Individual/Custodian (first, middle initial, last) or Entity

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

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

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

Designated Beneficiary Social Security Number



3. Current 529 Plan Manager or ESA Custodian (Financial Institution)

The account from which you are moving assets must have the same Account Owner name as well as Social Security number as your Learning Quest Account. Please contact your current 529 Plan Manager or Custodian for the proper mailing address.

Account Number of 529 Plan or ESA

Account Number of 529 Plan or ESA

Name of Current 529 Plan Manager or Custodian (Usually a financial institution)

Name of Current 529 Plan Manager or Custodian (Usually a financial institution)

Full Name of 529 Plan (If applicable)

Full Name of 529 Plan (If applicable)

Address

Address

City

City

State

State

ZIP Code

ZIP Code

Contact Person

Contact Person

Telephone Number

Telephone Number

Check this box if the Designated Beneficiary on this account differs from the Designated Beneficiary indicated in **Section 2**.

4. Instructions to current 529 Plan Manager or ESA Custodian

I authorize you to liquidate the investments specified below and rollover the proceeds to Learning Quest. Please provide the contributions and earnings breakdown for the rollover amount so the entire amount is not treated as earnings.

Note: The assets described below must all be held by the Financial Institution indicated in **Section 3**. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the **Account Application**.

Check one.

A. **Roll over all of the assets in my account to Learning Quest.** (To list more than two Accounts, use a separate sheet.)

Account Number

Account Number

Estimated Account Value

Estimated Account Value

Account Number

Account Number

Estimated Account Value

Estimated Account Value

B. **Roll over a portion of the assets as directed below to Learning Quest.** (To list more than two Accounts, use a separate sheet.)

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Amount

Amount

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Amount

Amount

5. Signature — YOU MUST SIGN BELOW

- Check with your current plan to see if you need a signature guarantee, or additional documentation or forms to facilitate the transfer. If required, provide your signature guarantee below.
- All Learning Quest Account Owners must sign as their names appear in **Section 2**. If the Account Owner is a minor, the Responsible Individual or Custodian must sign this form.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Learning Quest Handbook, and understand the rules and regulations governing rollover contributions from other 529 Plans and Education Savings Accounts. I understand that IRS regulations permit only one such rollover for the same Designated Beneficiary in a 12-month period for 529 Plan Accounts.

SIGNATURE

Signature of Account Owner/Responsible Individual/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Signature Guarantee — IF APPLICABLE

A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The signature(s) must correspond in every particular, without alteration, with the name(s) printed on the current account registration. Each signature must be guaranteed by a participant in a Securities Transfer Association Signature Guarantee Program. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations participate in such programs. Each guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person.

Note: Acknowledgement of signature by a notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature, title of officer and date.

SIGNATURE

Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

6. Authorization and acceptance *(No Account Owner action is necessary in this section.)*

The State of Kansas sponsors Learning Quest[®], a college savings program authorized under Section 529 of the Internal Revenue Code. The State of Kansas has appointed American Century Investment Management Inc. (ACIM) as the program manager of Learning Quest. ACIM has delegated to American Century Services, LLC (ACS LLC) certain administrative duties, including maintaining account records and accepting transfers. Accordingly, on behalf of ACIM, ACS LLC hereby certifies that the Account Owner named on this form has established a Learning Quest account for the benefit of the named Designated Beneficiary and is willing to accept the transfer requested on this form.

Send withdrawal proceeds by check to **Learning Quest, P.O. Box 29202, Shawnee Mission, KS 66201-9202.**

Make the check payable to **Learning Quest**. Include the Account Owner name and the Learning Quest Account number *(if provided)* on the check.

Please furnish a breakdown showing the portion of the proceeds attributable to contributions and the portion attributable to earnings with your check. If you have any questions, please call a Learning Quest Specialist at **1-800-579-2203**.

American Century Services, LLC



Michael J. Raddie
As Agent for American Century Investment Management Inc., Program Manager
Senior Vice President, Client Operations