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.
- 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.
- Certain fields on this form are prefilled based on information that you've already entered. Please complete the remaining fields of this form before mailing. Print clearly, preferably in capital letters and black ink.
- 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**. Mail this form and any other required documents to the address populated in Section 3 of this form.

. 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 (<i>first, middle initial, last</i>)
	Telephone Number (In case we have a question about your Account.)
	Name of Designated Beneficiary (first, middle initial, last)
	Designated Beneficiary Social Security Number



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					
Name of Current 529 Plan Manager or Custodian (Usually a financial institution)					
Full Name of 529 Plan <i>(If applicable)</i>					
Address					
City	State Zip Code				
Contact Person	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: he 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.

Check one.

Β.

2 Amount

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

Account Number	S S Stimated Account Value
Account Number	S
Roll over a portion of the assets as directed below to Le <i>separate sheet.)</i>	earning Quest. (To list more than two Accounts, use
Account Number	Name of Investment Portfolio
Amount	
Account Number	Name of Investment Portfolio

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 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]	— — Date (mm/dd/yyyy)
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	Authorized Officer to place stamp here
Signature Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	

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, L.L.C.

As Agent for American Century Investment Management Inc., Program Manager

Doug Comer Vice President, Head of Client Development



