Learning Quest Advisor

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 Advisor.
- 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 **1-877-882-6236.** 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 Learning Quest Account in a different share class or from another Kansas 529 Plan Account. Note: This option is considered an exchange and will count towards your twice per calendar year exchange limit.
Learning Quest Advisor 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)

Learning Quest Advisor Account. Please contact your current 529 Plan Manager or Custoo	, ,
Account Number of 529 Plan or ESA	
Name of Current 529 Plan Manager or Custodian (Usually a financial institution)	
Full Name of 529 Plan (If applicable)	
Address	
City State	Zip Code
Contact Person Telepho	one Number
Check this box if the Designated Beneficiary on this account differs from the Designated	ated Beneficiary indicated in Section 2 .
Instructions to current 529 Plan Manager or ESA Custodian	
I authorize you to liquidate the investments specified below and rollover the proceeds to L contributions and earnings breakdown for the rollover amount so the entire amount is not Note: The assets described below must all be held by the Financial Institution indicated in	treated as earnings.
invested according to the standing allocation instructions on file at the time the assets are	
Check one.	
A. Roll over all of the assets in my account to Learning Quest Advisor. (To his separate sheet.)	ist more than two Accounts, use a
Account Number	\$,
Account Number	S,
B. Roll over a portion of the assets as directed below to Learning Quest Adseparate sheet.)	lvisor. (To list more than two Accounts, use a
Account Number	Name of Investment Portfolio
\$, Amount	
Account Number	Name of Investment Portfolio
Amount	

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 Advisor 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 Advisor 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	
Signature of Joint Account Owner	Date (mm/dd/yyyy)
Cinnetons Consults of IF ADDITION I	
Signature Guarantee — IF APPLICABLE	
A signature guarantee is a warranty by the guarantor that the signature is genuin authorized to sign. The signature(s) must correspond in every particular, without a account registration. Each signature must be guaranteed by a participant in a Sec Program. Many domestic banks, trust companies, credit unions, brokers, dealers, associations, clearing agencies and savings associations participate in such program that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on Note: Acknowledgement of signature by a notary public is NOT acceptal below with appropriate signature, title of officer and date.	Iteration, with the name(s) printed on the current urities Transfer Association Signature Guarantee national securities exchanges, registered securities ams. Each guarantee must be an original ink stamp behalf of the guarantor by an authorized person.
ISHINATIBE	Authorized Officer to place stemp have
Signature Guarantor	Authorized Officer to place stamp here
	Authorized Officer to place stamp here
	Authorized Officer to place stamp here
Signature Guarantor	Authorized Officer to place stamp here
Signature Guarantor	Authorized Officer to place stamp here
Signature Guarantor Title	Authorized Officer to place stamp here
Signature Guarantor Title Name of Institution	Authorized Officer to place stamp here
Signature Guarantor Title	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 Advisor, 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 Advisor. ACIM has delegated to American Century Services, L.L.C. (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 Advisor Account for the benefit of the named Designated Beneficiary and is willing to accept the transfer requested on the enclosed form.

Send withdrawal proceeds by check to Learning Quest Advisor, P.O. Box 2947, Shawnee Mission, KS 66201-1347.

Make the check payable to **Learning Quest Advisor**. Include the Account Owner name and the Learning Quest Advisor 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 the check. If you have any questions, please contact a Learning Quest Advisor Specialist at **1-877-882-6236**.

American Century Services, L.L.C.

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

Doug Comer

Vice President, Head of Client Development