

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 Advisor 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 Advisor. 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.

Check one.

A. **Roll over all of the assets in my account to Learning Quest Advisor.** (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 Advisor.** (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 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)

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 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.

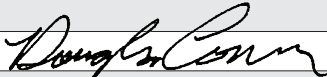
Send withdrawal proceeds by check to **Learning Quest Advisor, P.O. Box 2947, Shawnee Mission, KS 66201-1347.**

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