

LearningQuest®
529 Education Savings Program

- Forms can be downloaded from our website at **learningquest.com**, or to request assistance in completing this form call us at **1-800-579-2203**, Monday through Friday from 8:00 a.m.-5:00 p.m. CT.

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**.

* EARNING QUEST ROI TO ROTH *

2. Roth IRA Custodian, Firm or Trustee (*Financial Institution*)

- The receiving Roth IRA account must already be established and registered in the name of the Learning Quest account beneficiary/student. Please contact the receiving Roth IRA Custodian, Firm or Trustee for proper mailing address. Checks cannot be mailed to the Account Owner or Beneficiary, only to the Roth IRA Custodian, Firm or Trustee.

☐ If it's a rollover out to an American Century Roth IRA account, please send the check to: American Century Investments, P.O. Box 419200, Kansas City, MO 64141. Check this box and complete the account number information below.

Account Number of Roth IRA

Name of Receiving Roth IRA Custodian, Firm or Trustee (*Usually a Financial Institution*)

Address of Receiving Roth IRA Custodian, Firm or Trustee

City

State

Zip Code

Telephone Number

3. Instructions to Learning Quest

The assets described below will be moved from your Learning Quest Account to the Financial Institution indicated in **Section 2**.

- The value of the assets being rolled over to the Roth IRA is subject to the annual contribution limit for the taxable year applicable to the beneficiary for all individual retirement plans maintained for the benefit of the beneficiary.
- Please communicate to the receiving Financial Institution the tax year to credit the rollover.
- If rolling over for multiple tax years, please complete a separate form for each rollover.

Check one.

A. ☐ **Roll over all of the assets in my Learning Quest Account to the Roth IRA indicated in Section 2.**

B. ☐ **Roll over a partial pro-rated amount of the assets to the Roth IRA.**

\$

Amount

C. ☐ **Roll over a partial fund specific amount of the assets to the Roth IRA.**

Important: If the dollar amount you indicate exceeds the total balance in the Investment Portfolio as of the previous market close, we will liquidate the entire balance of that Investment Portfolio.

Name of Investment Portfolio	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
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4. SIGNATURE — YOU MUST SIGN BELOW — Electronic signature is not accepted.

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

Note: The IRS may issue additional guidance that may impact 529 account rollovers to Roth IRAs. Please consult a financial professional or tax advisor regarding the applicability of these rollovers to your personal situation.

- I certify that I have read, understand, consent, and agree to all of the terms and conditions of the Learning Quest Plan Description, and understand the rules and regulations governing rollover contributions to Roth IRAs from 529 plans, and that the rollover I am requesting meets all of the requirements and conditions required for an eligible rollover of assets to Roth IRAs from 529 plans.
- I certify that my 529 account has been open for 15 or more years and qualifies for a rollover to a Roth IRA.
- I understand and certify that this rollover does not cause an excess above the \$35,000 IRS imposed lifetime maximum permitted to be rolled over from a 529 account to the beneficiary's Roth IRA.
- I certify that the 529 contributions and associated earnings I have asked to be rolled over have been in my account for more than 5 years and qualify for a rollover to a Roth IRA.
- I understand that I am responsible for tracking and documenting the length of time my 529 account has been open and the amount of assets in my 529 account eligible to be rolled into a Roth IRA.
- I understand that 529 assets can only be rolled over into a Roth IRA maintained for the benefit of the beneficiary on my 529 account.
- I understand and certify that this request does not cause the beneficiary an excess annual contribution in the Roth IRA and that the Roth IRA contribution is subject to the annual Roth IRA contribution limit for the taxable year applicable to the beneficiary for all individual retirement plans maintained for the benefit of the beneficiary.
- I (We) authorize American Century Investment Management, Inc. and American Century Services, LLC (collectively, American Century), its affiliated companies and agents, to act upon my (our) instructions provided on this form. In consideration of American Century accepting this form, I (we) agree to defend, hold harmless and indemnify American Century and its affiliated companies and agents, the state of Kansas and the Kansas State Treasurer from liability for any loss I (we) may sustain as a result of their acting on transaction instructions they believe to be genuine.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)

SIGNATURE

Signature of Joint Account Owner (if applicable)

□□ — □□ — □□□□

Date (mm-dd-yyyy)