Learning Quest

Account Features Form



- Complete this form to add, change, or delete important account features and services. Please refer to Section 2 for more details.
- 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: Or fax this form to: **1-617-559-8901**

Learning Quest P.O. Box 29202 Shawnee Mission, KS 66201-9202 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**.

3. Bank information

- To establish bank services, enclose a preprinted voided check.
- Complete this section to add, change, or delete bank information.
- If you select "Add" below, your new bank information will be added to the existing list of bank accounts on file, if any. To replace all existing bank account information on file with new bank instructions, please select "Change" below.
- Anyone can make subsequent contributions to a Learning Quest Account at anytime if bank instructions are on file. If the bank
 Account Owners are not the same as the Learning Quest account owners, bank instructions will be established for investments only.
- At least one of the Account Owners must be listed on the bank account registration to establish withdrawal bank instructions.
 You can begin using ACH services for withdrawals seven calendar days after American Century Services, LLC (American Century) or
 its designee approves and processes this form. Once the withdrawal is transmitted, the monies usually reach your bank within three
 to five business days. This authorization applies to all Learning Quest Accounts listed under the Account Owner's Social Security
 Number on this form.

Number on this form.
 All Learning Quest Account Owners and bank account owners, if different, must sign this form to establish bank services.
Add Change Delete
Important: By completing this form, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank of other financial services company located outside the territorial jurisdiction of the United States.
Bank Name
Recurring Contributions
• Complete this section to add, change, or delete a recurring contribution from your bank account, which can be done by accessing your Account online at learningquest.com .
• Account Owners, family members, and friends can all contribute to a Learning Quest Account through a recurring contribution. To add a bank account, complete Section 3 .
• Your minimum contribution must be at least \$25.
• Recurring contributions will be unavailable for withdrawal for seven calendar days following the date of purchase.
Note: A series of regular investments cannot assure a profit or protect against a loss in a declining market.
Recurring Contribution. You can transfer money from your bank account to your Learning Quest Account on a set schedule. (Check all that apply.)
Establish a recurring contribution on my Account according to the instructions below using the existing bank account on file.
Add a recurring contribution on my Account using the bank information provided on the enclosed preprinted, voided check.
Change my investment amount, frequency, and/or debit date. (Provide the new amount and/or debit date below.) Note: If you wish to skip a scheduled contribution, please call 1-800-579-2203 or go online at learningquest.com.
Delete my recurring contribution.
Amount of Investment: \$,
Frequency (Check one.): Quarterly Semi-Annually Annually
Start Date:*

Date (mm/dd/yyyy)

^{*} Your instructions must be received at least three business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. If a date is not specified, the investment will be made on the 15th of the month. If the date you select falls on a weekend or a holiday, the investment will be made the next business day. The frequency is based on start date, not calendar year.

5.

Recurring Contrib	utions (continued)			
adjusted e	crease. You may increase your contribution automatically on an annuach year in the month that you specify by the amount indicated. A corth before it is scheduled to begin.			
Amount o	Amount of increase: \$,			
Month:**				
selected. A	in which your contribution will be increased. The first increase will of Annual increases are subject to the general contribution limits of the Loual federal gift tax exclusion limits.			
Systematic Withd	rawal Plan			
Complete this section	to add, change, or delete periodic withdrawals for your Learning Ques	st Account.		
•	e IRS Form 1099-Q annually for withdrawals taken from your Learning			
 If the balance of the i instructions will be st 	nvestment portfolio is less than the Systematic Withdrawal amount s opped.	specified, the Systematic Withdrawal		
Add	Change Delete			
days or if you have requ	Is will be delayed if you are distributing contributions that have not be ested the withdrawal to be sent to an address that has changed with ased when the specified waiting period has been satisfied.			
Frequency (Check one.): Quarterly	Semi-Annually Annually		
Dollar Amount: \$				
Start Date:*				
End Date (Optional):				
will be withdrawn from	be received at least three business days from the date we receive the your Learning Quest Account. Your withdrawal will be processed on the date falls on a weekend or holiday, it will be processed on the follow the calendar year.	the 15th of the month, unless you specify		
I authorize Learning C	Quest to withdraw from the following Investment Option:			
		\$		
Investment Option		Amount**		
Investment Option		\$,		
		\$		
Investment Option		Amount**		

^{**} Please specify only dollar amounts, not percentages.

Payee	and Payment Method. (Choose One.):			
Α. 🗌	By Automated Clearing House (ACH) to bank account of Account Owner or Designated Beneficiary.			
	Important: Electronic payment by ACH is available only if you already have established this service for your Account. It may take three to five business days for the proceeds of the withdrawal to transmit to your bank account. If the service has not been established for at least seven calendar days, your withdrawal will be sent by check. To establish bank services, complete Section 3 . Payment by ACH to an eligible educational institution is not available.			
	Please confirm bank information on file:			
	Bank Name Last four digits of Bank Account Num	ber		
В. 🗌	By Check to Account Owner, Designated Beneficiary, or eligible educational institution (choose one).			
Sele	Please check this box if you would like your check sent by expedited delivery to the payee indicated below (no P. mailboxes permitted). A \$10 fee will be applied to your Account. With expedited delivery, your withdrawal check be received within three business days once your request is received in good order and processed. ct to whom the check is to be made payable below.			
А	Payable to the Account Owner. (You will receive a check at your address of record unless you've selected ACH abo	√e.)		
B. Payable to the Designated Beneficiary. (The Designated Beneficiary will receive a check at the beneficiary's address of record unless you've selected ACH above.)				
C	Payable to an eligible educational institution. (Payments made payable to the eligible educational institution are reported under the Designated Beneficiary's Social Security Number.)			
	Name of School			
	Provide the exact school address below to send the check directly to the school. If the Student ID is not included or no address is provided, the check visent to the Account Owner's address on record, payable to the educational institution.	/ill be		
	Department / Office / Contact Name			
	Student ID (Required. For security reasons, a Social Security Number will not be accepted.)			
	Mailing Address			

6.	Systematic	Exchange
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• Complete this section if you want to add a Systematic Exchange of a fixed-dollar amount between the same registered Accounts on a regular basis. Eligibility: You may not exchange between Age-Based Tracks. Your ability to establish, modify, or stop a Systematic Exchange during the calendar year may be limited. See the Learning Quest Handbook for more information. Semi-Annually Monthly Quarterly Annually Frequency (Check one.): **Start Date:*** Date (mm/dd/yyyy) * Your instructions must be received at least three business days from the date we receive the request. Your Systematic Exchange will be processed on the 15th of the month, unless you specify another date above. If the date falls on a weekend or holiday, it will be processed on the following business day. The frequency is based on start date, not calendar year. I authorize Learning Quest to exchange from Investment Option Amount (minimum \$100/month or \$1,200/year) to the following Investment Option Investment Option **Interested party information** (Optional) Complete this section if you want additional persons to receive quarterly statements on the Account as an Interested Party or if you are replacing, changing, or deleting existing Interested Party information on your Account. Check one: Add Replace Interested Party Delete Change current information Name (first_middle_initial_last) Address City State ZIP Code Telephone Number **Relationship to Account Owner:** Investment Advisor Other Compliance

B. Signature — YOU MUST SIGN BELOW

I/We certify that I/we have read and understand, consent, and agree to all terms and conditions of the Handbook and understand the rules and regulations governing withdrawals from my/our Learning Quest Account. I/We also certify that the information provided on this form is accurate and hereby instruct Learning Quest to distribute my/our Account as I/we have indicated.

I/We certify that any ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

All bank account owners must sign to establish banking instructions.

SIGNATURE Signature of Account Owner/Responsible Individual/Custodian		
SIGNATURE		
Signature of Joint Account Owner	Date (mm/dd/yyyy)	

Signature(s) of Bank Account Owners (complete only if different than the Learning Quest Account Owners).

By signing below, I/we acknowledge that my/our bank account information will be recorded on the Learning Quest Account(s) referenced in **Section 1**, for contributions only. I/We understand that by agreeing to record my/our bank account information in the account records, contributions into the Learning Quest Account can be initiated by me/us or by the Account Owner(s) of the Learning Quest account(s). I/We hereby consent to all such debits to my/our bank account.

I/We agree to defend, hold harmless and indemnify Learning Quest, American Century Investment Services, Inc., their officers, agents, employees, affiliates and successors from all losses, claims, expenses and liabilities that I/we may suffer as a result any such debit to my/our bank account.

SIGNATURE		
Signature of Bank Account Owner, if different from above		
SIGNATURE		

Signature of Bank Account Owner, if different from above



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