

Learning Quest 529 Plan

Withdrawal Request Form

• Complete this form to request a full or partial withdrawal from your Learning Quest 529 Plan Account. The earnings portion of non-qualified withdrawals from your Account may be subject to federal income tax and a 10% federal penalty tax as well as state and local income taxes. See the Learning Quest 529 Plan Guide and Participation Agreement (Plan Guide) for more information.

Note: You can also request a withdrawal by telephone or online at schwab.com.

- The Learning Quest 529 Plan is required to file IRS Form 1099-Q when you take a withdrawal from your Learning Quest 529 Plan Account.
- Kansas taxpayers: If you take a non-qualified withdrawal at any time, the earnings portion of the withdrawal as well as the contribution portion that you previously deducted on your Kansas tax return will be subject to Kansas state taxes. The IRS and the Kansas Department of Revenue may require you to prove that your withdrawal is for Qualified Education Expenses. Check with your tax advisor, or review the instructions for filling your Kansas income tax return, for more information.
- Qualified education expenses may vary by state. Please consult with a qualified tax advisor to discuss your individual situation.
- If you are requesting a withdrawal by check and your address has changed within the last seven days, the check will be held until the seven days have passed unless you obtain a signature guarantee in **Section 5**.
- If the amount of the withdrawal is more than \$100,000, a signature guarantee of both account owners, if applicable, is required in **Section 5.**
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Return the form to the address or fax number below. Do not staple.
- Forms can be downloaded from our website at **schwab.com/forms**, or you can call us to order any form—or request assistance in completing this form—at **1-888-903-3863**.

Return the completed form and any other required documents to:

Learning Quest 529 Plan P.O. Box 2905 Shawnee Mission, KS 66201-2905

Or, fax to: 1-617-559-8903

1. Account Owner information

7 2 — — — Account Number	Social Security Number
Name of Account Owner/Responsible Individual/Custodian (first, middle initial, last) or Tru	ust
Name of Joint Account Owner (first, middle initial, last)	
Telephone Number (In case we have a question about your Account.)	

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Payable to an eligible educational institution. <i>under the Designated Beneficiary's Social Security I</i>		ligible educational institution are reported
Check here if you would like the expedited ser	vice. <i>(\$10 fee)</i>	
Name of School		
Provide the exact school address below to send the check dire sent to the Account Owner's address on record, payable to the		not included or no address is provided, the check will be
Department / Office / Contact Name		
Student ID (Required. For security reasons, a Social Security N	lumber will not be greented	
Student to Negatieu. Foi security reasons, a social security N	number will not be accepted.)	
Mailing Address		
City	State	ZIP Code
Withdraw the entire amount, keep this Account op Withdraw the entire amount, close this Account ar Important: If you contribute to your Account through	nd discontinue my Recurring Co	ntributions (if applicable).
tial withdrawal. Pro-rated partial withdrawal. Withdraw this amoun	nt proportionately from among	all my current Investment Options.
\$ Dollar Amount		
Partial amount as follows:		
Important: If the dollar amount you indicate excee of that Investment Option. Additionally, if no Invest proportionately from all Investment Options.		
Name of Investment Option	Dollar amount (For partial amounts.)	OR Total balance (Check if applicable.)
	\$	
	\$	
	\$	
	\$	
	\$	

5. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all terms and conditions of the Plan Guide and understand the rules and regulations governing withdrawals from my Learning Quest 529 Plan Account. I also certify that the information provided on this form is accurate and hereby instruct the Learning Quest 529 Plan to distribute my Account as I have indicated.

Only one signature is required, unless you've elected to do business in writing only, then all individuals on the account must sign below. A signature guarantee may be required.

SIGNATURE		
Signature of Account Owner/Responsible Individual/Custodian/Trustee(s)	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 a participant in a Securities Transfer Association Signature Guarantee Program that the signature is genuine and that the person signing is competent and authorized to sign. Your signature(s) must correspond in every particular, without alteration, with your name(s) as printed on the current account registration. Each signature must be guaranteed by a participant in a Securities Transfer Association Signature Guarantee Program. You may obtain a signature guarantee through certain domestic banks or trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies, or savings associations. 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 with appropriate signature, title of officer, and date.

SIGNATURE	Authorized Officer to place stamp here
Signature Guarantor	
Title	
lame of Institution	
Date (mm/dd/yyyy)	

