

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 Schwab 529 Plan Account. Please contact your current 529 Plan Manager or Custodian for the proper mailing address.

NOTE: INCLUDE A COPY OF A RECENT ACCOUNT STATEMENT.

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 roll over the proceeds to the Schwab 529 Plan. 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**. If you have not established an Account, they will be invested according to what you choose on the **Account Application**.

Check one.

A. **Roll over all of the assets in my account to the Schwab 529 Plan.** (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 the Schwab 529 Plan.** (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 529 Plan Account Owners must sign as their names appear in **Section 2**. If the Account Owner is a minor, the Responsible Individual or Custodian must sign this form.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Schwab 529 Plan Guide and Participation Agreement, 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/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Signature Guarantee — IF APPLICABLE

You must obtain a signature guarantee if it is required by your current plan. 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

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 the Schwab 529 Plan, 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 the Schwab 529 Plan. 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 Schwab 529 Plan account for the benefit of the named Designated Beneficiary and is willing to accept the transfer requested with this form.

Send withdrawal proceeds by check to **Schwab 529 Plan, P.O. Box 2906, Shawnee Mission KS, 66201-2906.**

Make the check payable to **Schwab 529 Plan**. Include the Account Owner name and the Schwab 529 Plan 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 Schwab at **1-888-903-3863**.

American Century Services, L.L.C.



Michael J. Raddie
As Agent for American Century Investment Management Inc., Program Manager
Senior Vice President, Client Operations