

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 contributions to a Learning Quest 529 Plan Account at anytime if bank instructions are on file. If the bank Account Owners are not the same as the Learning Quest 529 Plan Account Owners, bank instructions will be established for investments only.
- At least one of the 529 Account Owners must be listed on the bank account registration to withdraw funds from the 529 account to the bank account. 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 529 Plan Accounts listed under the Account Owner's Social Security number on this form.
- All Learning Quest 529 Account Owners and bank account owners, if different, must sign this form to establish bank services.

Add Change Delete

- Enclose a voided preprinted check.

Important: By completing this form, you agree and confirm that your 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.

Bank Name

4. Recurring Contributions

- Complete this section to add, change, or delete a recurring contribution from your bank account. This can also be done by accessing your account online at **schwab.com**.
- Account Owners, family members, and friends can all contribute to a Learning Quest 529 Plan 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 plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Initiate recurring contributions from your bank or Schwab One Checking account, or your account at another financial institution, into your Learning Quest 529 Plan Account. *(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 **1-888-903-3863** or go online at **schwab.com**.

Delete my recurring contribution.

Amount of Investment: \$, .

Frequency (Check one): Monthly 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 the start date, not calendar year.

Annual Increase. You may increase your contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled to begin.

Amount of Increase: \$

Month:**

** The month in which your contribution will be increased. The first increase will occur at the first instance of the month selected. Annual increases are subject to the general contribution limits of the Learning Quest 529 Plan and will also count toward annual federal gift tax exclusion limits.

5. Systematic Withdrawal Plan

- Complete this section to add, change, or delete periodic withdrawals for your Learning Quest 529 Plan Account.
- We are required to file IRS Form 1099-Q annually for withdrawals taken from your Learning Quest 529 Plan Account.
- If the balance in the investment portfolio is less than the Systematic Withdrawal amount specified, the Systematic Withdrawal instructions will be stopped.

Add Change Delete

Important: Withdrawals will be delayed if you are distributing contributions that have not been in the Account at least five business days or if you have requested the withdrawal to be sent to an address that has changed within the past 10 days. The withdrawal will be released when the specified waiting period has been satisfied.

Frequency (Check one.): Monthly Quarterly Semi-Annually Annually

Dollar Amount: \$

Start Date:* - -
Date (mm/dd/yyyy)

End Date (Optional): - -
Date (mm/dd/yyyy)

*Your instructions must be received at least three business days from the requested start date. This is the date that your assets will be withdrawn from your Learning Quest 529 Plan Account. Your withdrawal 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 the start date, not calendar year.

I authorize the Learning Quest 529 Plan to withdraw from the following Investment Option(s).

		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option		Amount**
		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option		Amount**
		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option		Amount**

*Please specify only dollar amounts, not percentages.

Systematic Withdrawal Plan (Continued)

Payee and Payment Method. (Choose One.)

A. By electronic transfer to Bank Account of Account Owner or Designated Beneficiary.

Important: Electronic payment by Automated Clearing House (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

Bank Routing Number
Bank Account Number

Account Type: Checking Savings
(Check One.)

B. By Check to Account Owner, Designated Beneficiary, or Eligible Educational Institution. (Choose one.)

Please check this box if you would like your check sent by expedited delivery to the payee indicated below (no P.O. mailboxes permitted). A \$10 fee will be applied to your account. With expedited delivery, your withdrawal check should be received within three business days once your request is received in good order and processed.

Select to whom the check is to be made payable below.

A. **Payable to the Account Owner.** (You will receive a check at your address of record unless you have selected ACH.)

B. **Payable to the Designated Beneficiary.** (The Designated Beneficiary will receive a check at the beneficiary's address of record unless you have selected ACH.)

C. **Payable to an Eligible Educational Institution.** (Payments sent 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 will be sent to the Account Owner's address on record payable to the educational institution.

Department/Office/Contact Name
Student ID (Required. For security reasons, a Social Security number will not be accepted.)
Mailing Address
City
State -
Zip Code

6. Systematic Exchange

- Complete this section if you want to add, change, or delete a Systematic Exchange of a fixed-dollar amount between the same registered Accounts on a regular basis.

Add Change Delete

Eligibility: You may establish a Systematic Exchange on an existing Learning Quest 529 Plan Account if a change of portfolio selection has not occurred during the current calendar year. 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 Guide for more information.

Frequency (*Check one.*): Monthly Quarterly Semi-Annually Annually

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 the Learning Quest 529 Plan to exchange from

Investment Option

\$

Amount (minimum \$100/month or \$1,200/year)

to the following Investment Option

Investment Option

7. 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 Change current information Delete

Name (first, middle initial, last)

Address

City

State

 —

Zip Code

 — —

Telephone Number

Relationship to Account Owner:

Compliance Investment Advisor Other

8. 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 Learning Quest 529 Plan Guide and Participation Agreement and understand the rules and regulations governing withdrawals from my (our) Learning Quest 529 Plan Account. I (We) also certify that the information provided on this form is accurate and hereby instruct the Learning Quest 529 Plan 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 Account Owners must sign below to establish banking instructions.

SIGNATURE

Signature of Primary 529 Plan Account Owner/Responsible Individual/Trustee/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of 529 Plan Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Signature(s) of Bank Account Owners (complete only if different than the Learning Quest 529 Plan Account Owners).

By signing below, I (we) acknowledge that my (our) bank account information will be recorded on the Learning Quest 529 Plan 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 529 Plan account can be initiated by me (us) or by the account owner(s) of the Learning Quest 529 Plan 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 529 Plan, American Century Investment Services, Inc., Charles Schwab & Co., 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

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Bank Account Owner, if different from above

□□ — □□ — □□□□

Date (mm/dd/yyyy)