LearningQuest®
529 Education Savings Program

Learning Quest 529 Plan

Payroll Deduction Form

- Check with your employer to see if you can direct part of your paycheck to your Learning Quest 529 Plan Account.
- Complete this form to start or change the allocation of your Payroll Deduction instructions on your existing Learning Quest 529 Plan Account(s). You may also provide your Payroll Deduction instructions when you log on to our website at **schwab.com**.
- After we process this form, you will receive a **Payroll Deduction Confirmation Form,** which you must sign and submit to your employer's payroll department. This confirmation form contains the information your employer needs to set up the direct investments by Automated Clearing House (ACH) from your paycheck to your Learning Quest 529 Plan Account(s). Your Payroll Deduction instructions will not take effect until your employer has established and initiated this process.
- To change the amount, or to stop Payroll Deductions, please contact your payroll office.
- 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 the completed form and any other required documents to:

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

Or Fax this form to: **1-617-559-8903**.

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**.

1. Account Owner/Employee information

Account Number

Name of Account Owner/Responsible Individual/Custodian *(first, middle initial, last)* or Trust

Name of Joint Account Owner *(first, middle initial, last)*

Telephone Number *(In case we have a question about your Account.)*

2. Employer information

Name of Employer

Address

City

State

ZIP Code

Payroll Department Contact Name

Telephone Number

Extension *(if any)*

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SCHWAB LEARNING QUEST PAYROLL

3. Payroll Deduction instructions

Check one: ☐ New Payroll Deduction ☐ Change Allocation Instructions

Deduct $ ☐,☐☐☐.☐☐ from my paycheck each pay period and allocate the amount among my Learning Quest 529 Plan Accounts as detailed below.

Important: You must allocate a minimum of $25 per month to each Account. Please use an additional sheet if you have more than four Accounts.

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Account Number Dollar Amount

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Name of Designated Beneficiary *(first, middle initial, last)*

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Account Number Dollar Amount

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Name of Designated Beneficiary *(first, middle initial, last)*

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Account Number Dollar Amount

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Name of Designated Beneficiary *(first, middle initial, last)*

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Account Number Dollar Amount

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Name of Designated Beneficiary *(first, middle initial, last)*

4. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Learning Quest 529 Plan Guide and Participation Agreement and understand the rules and regulations governing the Learning Quest 529 Plan.

SIGNATURE ☐☐ — ☐☐ — ☐☐☐☐

Signature of Account Owner/Responsible Individual/Employee Date *(mm/dd/yyyy)*

Notice: Accounts established under the Learning Quest 529 Plan and their earnings are neither insured nor guaranteed by the State of Kansas, the Kansas State Treasurer, American Century Investments or Charles Schwab & Co., Inc. Accounts established under the Learning Quest 529 Plan are domiciled at American Century Investments and not at Schwab.

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