

2. Financial Professional information

Only complete the information below if you want to add a Financial Professional to your account or replace the existing Financial Professional on your account.

Financial Professional Name (first, middle initial, last)

Financial Professional Name (first, middle initial, last)

Firm Name

Firm Name

Master Account Number

Master Account Number

Firm Address

Firm Address

City State ZIP Code

City

State

ZIP Code

Telephone Number

Telephone Number

3. Authorization level

I (We), the Account Owner(s) listed in Section 1, appoint the Financial Professional listed in Section 2, to act on my (our) behalf as indicated below (please initial the appropriate level of access that applies to the Account(s) listed in Section 1).

Note: If you have more than one Account and you wish to designate different levels of access for your other Account(s), complete a separate form for each Account.

Level 1 selection box

Level 1—Account Inquiry Access. Authorized to obtain information about my Account(s); and receive duplicate Account statements.*

Level 2 selection box

Level 2—Account Inquiry Access, Contributions, and Exchanges. Authorized to obtain information about my Account(s); receive duplicate Account statements; add or update my bank information; make a contribution and change Investment Options within my Account(s).*

Level 3 selection box

Level 3—Account Inquiry Access, Contributions, Exchanges, and Withdrawals. Authorized to obtain information about my Account(s); receive duplicate Account statements; add or update my bank information; make a contribution; change Investment Options and withdraw from my Account(s).*

* By selecting an authorization level, you hereby authorize the Financial Professional or a representative of the above named firm to act on your behalf when transacting business. The Financial Professional listed above shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
• Adding or changing the Successor Account Owner/Responsible Individual,
• Establishing or re-establishing convenience services such as telephone and online capabilities on my account(s),
• Changing the Designated Beneficiary,
• Signing or e-signing an Account Application or otherwise opening a new registration on my behalf, or
• Transferring assets to a new registration.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO ACCESS AND PERFORM TRANSACTIONS ON THE LEARNING QUEST 529 PLAN ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER(S) LISTED IN SECTION 1 OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

SIGNATURE

Signature of Financial Professional

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

4. Signature — YOU MUST SIGN BELOW

BY SIGNING BELOW, I/WE HEREBY ACKNOWLEDGE MY/OUR PRIOR APPOINTMENT OF THE INDIVIDUAL LISTED IN **SECTION 2** OF THIS FORM AS MY/OUR FINANCIAL PROFESSIONAL. I/WE ACKNOWLEDGE THAT THE DESIGNATED FINANCIAL PROFESSIONAL HAS BEEN EMPOWERED TO ACT ON MY/OUR BEHALF, WITH RESPECT TO MY/OUR LEARNING QUEST 529 PLAN ACCOUNT(S), UNDER A SEPARATE AGREEMENT WITH THE LISTED BROKER/DEALER FIRM. SUCH AGREEMENT AUTHORIZES MY FINANCIAL PROFESSIONAL TO ACT ON MY BEHALF TO THE EXTENT OF THE AUTHORIZATION LEVEL INDICATED IN **SECTION 3** OF THIS FORM. MY FINANCIAL PROFESSIONAL'S AUTHORITY DOES NOT INCLUDE TRANSFERRING OWNERSHIP OF UNITS, CHANGING THE DESIGNATED BENEFICIARY, SUCCESSOR ACCOUNT OWNER OR SUCCESSOR RESPONSIBLE INDIVIDUAL OR ESTABLISHING OR RE-ESTABLISHING CONVENIENCE SERVICES.

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/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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