Quest529 Education Savings Plan

Change of Investment Form

- Use this form to request one of your twice per calendar year Investment Portfolio changes or to change your allocation for future contributions.
- For faster processing, you can complete this request online at **www.Quest529.com**.
- Complete **Section 2** to perform an exchange from your current Investment Portfolios to new Investment Portfolios. *(You can do this only twice per calendar year.)*
- Complete **Section 3** to change your Investment Portfolio for future contributions into your account.
- 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 listed.

To request assistance in completing this form call us at **1.800.579.2203**, Monday to Friday 8 a.m. to 7 p.m. CT.

1.800.579.2203
Monday to Friday 8 a.m. - 7 p.m. CT

www.Quest529.com

Regular mailing address:
Quest529 Education Savings Plan
P.O. Box 29202
Shawnee Mission, KS 66201-9202

Overnight mailing address:
Quest529 Education Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Current Account Information

Account Number

Account Owner or Trustee/Custodian or Entity *(First name)* *(M.I.)*

Account Owner *or Trustee/Custodian or Entity (Last name)*

Joint Tenant Account Owner or Trustee/Custodian or Entity *(First name)* *(M.I.)*

Joint Tenant Account Owner *or Trustee/Custodian or Entity (Last name)*

Telephone Number

Beneficiary *(First name)* *(M.I.)*

Beneficiary *(Last name)*

QUEST529 INV CHANGE

2. Exchange Current Investment Portfolio(s)

- For each Investment Portfolio you wish to change, indicate the percentage of assets you want moved and where you want the assets invested.
- See the Quest529 Plan Description and Participation Agreement, available at **www.Quest529.com**, for complete information on Investment Portfolios.
- Please select one or more Investment Portfolios from the choices below. If you choose to exchange into only one Investment Portfolio please indicate **100%** next to that Portfolio. If you choose more than one Investment Portfolio please indicate the percentage amount of the assets you would like to invest into each of the selected Portfolios with the total equaling **100%**.

Remember: Federal law allows Account Owners to make changes to your Investment Portfolio(s) twice per calendar year.

Note: This change applies only to the assets currently held in your Account. To update your Allocation Instructions for future contributions go to **Section 3**.

Exchange FROM: *All*		Exchange FROM: *Percentage*	Investment Portfolio	Exchange TO
			ENROLLMENT YEAR PORTFOLIOS	
☐	**OR**	☐☐ %	2044-2045 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	2042-2043 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	2040-2041 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	2038-2039 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	2036-2037 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	2034-2035 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	2032-2033 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	2030-2031 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	2028-2029 Enrollment Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	Enrolled Portfolio	☐☐☐ %
			MULTI-FUND PORTFOLIOS	
☐	**OR**	☐☐ %	Aggressive Growth Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	Aggressive Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	Moderate Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	Conservative Portfolio	☐☐☐ %
			INDIVIDUAL FUND PORTFOLIOS	
☐	**OR**	☐☐ %	U.S. Equity Index Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	U.S. Small Cap Index Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	International Equity Index Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	Bond Index Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	Long-Term Treasury Portfolio	☐☐☐ %
☐	**OR**	☐☐ %	Principal Plus Interest Portfolio	☐☐☐ %
			TOTAL	1 0 0 %

Note: Please review the Quest529 Plan Description and Participation Agreement for risks with Investment Portfolios.

3. Allocation Instructions for Future Contributions

A. Please check one box below if you would like to update your Allocation Instructions for future contributions to your account:

If you do not complete this section, your allocation percentages will NOT be changed. Thus, your future contributions will continue to be invested in the existing Portfolio(s), not the Portfolio(s) you selected in **Section 2**.

☐ Direct all new contributions to the same allocation percentages selected in **Section 2**. *(No further action is necessary in* ***Section 3****)*

☐ Direct all new contributions to the allocation percentages selected below *(complete* ***Section 3B****)*.

B. Complete this section only if you want to direct your future contributions to a different Investment Portfolio(s) than what you selected in *Section 2.*

ENROLLMENT YEAR PORTFOLIOS	
2044-2045 Enrollment Portfolio	%
2042-2043 Enrollment Portfolio	%
2040-2041 Enrollment Portfolio	%
2038-2039 Enrollment Portfolio	%
2036-2037 Enrollment Portfolio	%
2034-2035 Enrollment Portfolio	%
2032-2033 Enrollment Portfolio	%
2030-2031 Enrollment Portfolio	%
2028-2029 Enrollment Portfolio	%
Enrolled Portfolio	%
MULTI-FUND PORTFOLIOS	
Aggressive Growth Portfolio	%
Aggressive Portfolio	%
Moderate Portfolio	%
Conservative Portfolio	%
INDIVIDUAL FUND PORTFOLIOS	
U.S. Equity Index Portfolio	%
U.S. Small Cap Index Portfolio	%
International Equity Index Portfolio	%
Bond Index Portfolio	%
Long-Term Treasury Portfolio	%
Principal Plus Interest Portfolio	%
TOTAL	1 0 0 %

* See the Quest529 Plan Description and Participation Agreement for details.

** Subject to the twice per calendar year limit on investment strategy changes for previously contributed amounts.

4. SIGNATURE — YOU MUST SIGN BELOW

By signing this form, I authorize the transfer of funds from my current Investment Portfolio(s) to the Investment Portfolio(s) indicated in Section 2 and I acknowledge the following:

- I understand a rebalance, or transfer of assets, among Investment Portfolios for my Account can only be requested twice per calendar year.
- If I am participating in Recurring Contribution, I understand my contributions will continue into my original Investment Portfolio(s) unless an updated **Account Features Form** accompanies this form.

I understand this rebalance, or transfer of assets will become effective upon the Plan's receipt of all required documentation in good order.

I certify that I am the Account Owner or the Trustee/Custodian, or I have the authority to act as the Account Owner.

SIGNATURE

Signature of Account Owner or Trustee/Custodian or Entity Name

Date *(mm-dd-yyyy)*