



1st Request

RE:

To Whom It May Concern:

A mutual client has requested that the assets referenced on the attached Incoming Rollover Form be rolled over to the Quest529 Education Savings Plan.

The Quest529 Education Savings Plan has established an account for our client, which operates as a qualified plan under Section 529 of the Internal Revenue Code. The program hereby agrees to accept the rollover and upon receipt will apply the proceeds to the 529 college savings plan account established for our client.

Please indicate the Account Owner's name, Quest529 Education Savings Plan, the beneficiary's name and account number on the check. Also, please include the principal and earnings portion of the withdrawal for proper reporting purposes.

Account Owner:

Account Number:

Beneficiary:

Please make checks payable to: Quest529 Education Savings Plan
P.O. Box 29202
Shawnee Mission, KS 66201-9202

If you have any questions, please contact us at 1-800-579-2203 Monday to Friday 8 a.m. to 7 p.m. CT. A Quest529 Education Savings Plan consultant will be glad to assist you.

Thank you for your prompt attention.

Sincerely,

Quest529 Education Savings Plan

Medallion Signature Guarantee — IF APPLICABLE

Important Information. Your current 529 plan may require a medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 plan for instructions before mailing this form to Quest529. You may be required to provide proof of your authority to act on behalf of this account to your bank or broker before a medallion signature guarantee will be provided.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**
- **The lack of a required Signature Guarantee could delay this rollover.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Quest529 Plan Description and Participation Agreement.

SIGNATURE

Signature of Account Owner *(In the presence of the authorized officer.)*

SIGNATURE

Signature of Joint Tenant Account Owner *(In the presence of the authorized officer.)*

SIGNATURE

Signature of 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.)*

Quest529 Education Savings Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.


 Authorized signature, Quest529 Education Savings Plan

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **Quest529 Education Savings Plan, P.O. Box 29202, Shawnee Mission, KS 66201-9202.** Make the check payable to Quest529 Education Savings Plan. Include the Account Owner name and Quest529 Education Savings Plan Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the account.

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