



Kansas Investments Developing Scholars (KIDS) Program Withdrawal Form

You will need to provide copies of your receipts when requesting a withdrawal to pay for qualified education expenses of the beneficiary, except as noted below. If you take a withdrawal from your contribution account, you will not be eligible for a matching grant for contributions to any account for the same designated beneficiary during the same year.

If you have questions, please contact the Treasurer's Office at 785-296-3171 or by email at LQ@treasurer.state.ks.us or call American Century at 1-800-579-2203.

*Return the completed form and receipts to American Century at:
Learning Quest, P.O. Box 29202, Shawnee Mission, KS 66201-9292*

Account Owner Information:

Account Owner's Name _____
(First, Middle Initial and Last Name)

Joint Account Owner's Name _____
(First, Middle Initial and Last Name)

Daytime Phone Number _____

Beneficiary Information:

Beneficiary's Name _____
(First, Middle Initial and Last Name)

Social Security Number _____ - _____ - _____

Withdrawal Information:

Provide Your Learning Quest Account Number(s)

Learning Quest Participant Account Number _____ - _____

Learning Quest Matching Grant Account Number _____ - _____
(Only for qualified withdrawals)

Learning Quest Account Number _____ - _____
(Account outside of KIDS Program)

Indicate Type of Withdrawal and the Amount

Qualified Withdrawal

Enclose copies of your receipts for the beneficiary's qualified education expenses that you have paid. If you have requested that the withdrawal be paid directly to an eligible educational institution, please submit a copy of the bill from the institution. The amount of the qualified withdrawal cannot exceed the amount stated on the receipts or bill. For all qualified withdrawals, one half of the withdrawal requested will be taken from both the Participant and Match account, if available.

\$ _____ Dollar Amount

Nonqualified Withdrawal

The earnings portion of a nonqualified withdrawal is taxable and may be subject to a 10% federal penalty tax. An amount equal to the amount of your non-qualified withdrawal from your participant account will be forfeited back to the state from your match account.

\$ _____ Dollar Amount

Check Instructions:

Withdrawals are paid by check. If no instruction is provided, we will make the check payable to the Account Owner and send it to the address of record. Checks made payable to the institution can only be mailed to the account owner or beneficiary's address.

Make check payable to (Select one.):

Account Owner

Beneficiary

Eligible Educational Institution

(type of withdrawal above must be a qualified withdrawal to select this option)

Name of Eligible Educational Institution

Send check to (Select one.):

Address of record

The Account Owner or Beneficiary's alternate address below

Street

City

State

Zip

Signature Section:

Each Account Owner must sign exactly as your name appears on the account. If the Account Owner is a minor, the Responsible Individual must sign the form.

Withdrawals made payable to an institution

If I have requested the check for this withdrawal to be made payable to an institution, I certify that the institution is an eligible educational institution and that the check will be used to pay for qualified education expenses.

A signature guarantee is required below if you withdraw more than \$5,000 and the check is payable to the Beneficiary.

Signature

Date

Signature

Date

Provide Signature Guarantee

A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The signatures(s) must correspond in every particular, without alteration, with the name(s) as printed on the current account registration.

Each signature must be guaranteed by a domestic bank or trust company, credit union, broker, dealer, national security exchange, registered securities association, clearing agency or savings association as defined by federal law.

Each guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the grantor by an authorized person.

Note: Acknowledgement of signature by a notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature, title of officer and date.

For Official Use Only

Approved by

Date