

# Kansas Investments Developing Scholars (K.I.D.S.) Program Withdrawal Form



## Use this form to request a withdrawal from your K.I.D.S. account.

If you are only withdrawing funds from your regular (non-KIDS) Learning Quest account, please use the Learning Quest Withdrawal Form or request a withdrawal by phone or online.

- **Your beneficiary will not be eligible to receive a matching grant for contributions made in the same year that a withdrawal is taken from their contribution account.**
- You must provide an **itemized statement** showing the Qualified Higher Education Expenses covered by the withdrawal.
- If you are requesting reimbursement for expenses that you have paid, you must also include documentation of the amount that you have paid.
- If you are requesting that we pay the educational institution, also provide the **itemized bill** from the eligible institution.
- If you are including room and board as a qualified expense, please provide documentation that confirms the beneficiary is enrolled in at least 6 hours of credit.
- If you have questions, please contact the Treasurer's Office at 1-866-504-5898 or by email at [LQ@treasurer.state.ks.us](mailto:LQ@treasurer.state.ks.us) or call American Century Investments at 1-800-579-2203.
- Print clearly, preferably in capital letters and black ink. Mail the forms to the address below. Do not staple.

Return this form and any other required documents to: <b>Learning Quest</b> <b>P.O. Box 29202</b> <b>Shawnee Mission, KS 66201-9202</b>	Or fax to: <b>1-617-559-8901</b> For overnight delivery or registered mail, send to: <b>Learning Quest</b> <b>920 Main Street, Suite 900</b> <b>Kansas City, MO 64105</b>
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## 1 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

## 2 Beneficiary Information:

\_\_\_\_\_

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

\_\_\_\_-\_\_\_\_-\_\_\_\_

Social Security Number

### 3 Withdrawal Information:

#### Provide Your Learning Quest Contribution Account Number

First nine digits only

#### Indicate the Type of Withdrawal and the Amount

Please refer to the Learning Quest Handbook or IRS Publication 970 for the definition of Qualified Higher Education Expenses.

Qualified Withdrawal

Enclose copies of your **itemized** receipts for the beneficiary's 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 **itemized** bill from the institution. The amount of the qualified withdrawal cannot exceed the amount stated on the receipts or bill. The amount of your qualified withdrawal will be taken 50/50 from the KIDS Contribution and Match accounts, if available. If the amount requested is greater than the balance in your Contribution and Matching Grant accounts, we will use funds from your regular Learning Quest (non-KIDS) account for the designated beneficiary.

\$ \_\_\_\_\_ Dollar Amount

Please check here if you want your qualified withdrawal taken from your regular Learning Quest account (if applicable) instead of the KIDS accounts.

Nonqualified Withdrawal

The earnings portion of a nonqualified withdrawal is taxable and may be subject to a 10% federal penalty tax. Your nonqualified withdrawal will be taken from your regular Learning Quest (non-KIDS) account, if available. If you do not have a regular Learning Quest account, the withdrawal will be taken from the KIDS Contribution account and an amount equal to the amount of your withdrawal will be forfeited back to the state from your Match account.

\$ \_\_\_\_\_ Dollar Amount

### 4 Payee and Payment Method: *(Choose one)*

IMPORTANT: Electronic payment by Automated Clearing House (ACH) is only available if you have already established this service for your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. If the service has not been established for at least seven calendar days, withdrawal proceeds will be sent by check. To establish bank services, contact Learning Quest or download the **Account Features Form** at [learningquest.com](http://learningquest.com). Payment by ACH to an eligible educational institution is not available.

If you would like a check sent via expedited delivery (**no P.O. mailboxes permitted**), a \$10 fee will be applied to your account. With expedited delivery the withdrawal check should be received within three business days once your request is received in good order and processed.

A.  **Payable to the Account Owner.**

By check to address of record.

Check here if you would like expedited service. (\$10 fee)

By Automated Clearing House (ACH) to Bank Account of Account Owner.

Please confirm bank information on file.

Bank Name

Bank Routing#

Bank Account#

Account Type:    
(check one) Checking Savings

## 4 Payee and Payment Method: *Continued*

B.  **Payable to the Designated Beneficiary.**

By check to the Beneficiary's address of record.

Check here if you would like expedited service. (\$10 fee)

By Automated Clearing House (ACH) to Bank Account of Beneficiary.

Please confirm bank information on file.

\_\_\_\_\_

Bank Name

\_\_\_\_\_

Bank Routing#

\_\_\_\_\_

Bank Account#

Account Type:

(check one)

Checking

Savings

C.  **Payable to an educational institution.** (Checks made payable to the eligible educational institution are reported under the Designated Beneficiary's Social Security number.)

Check here if you would like expedited service. (\$10 fee)

\_\_\_\_\_

Name of School

*Provide the exact school address below to send the check directly to the school. If the Student ID is not included or no address is provided, the check will be sent to the Account Owner's address on record payable to the educational institution.*

\_\_\_\_\_

Department / Office / Contact Name

\_\_\_\_\_

Student ID **(Required.** For security reasons, a Social Security number will not be accepted.)

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_ - \_\_\_\_\_

Zip Code

## 5 Signature

Each Account Owner must sign exactly as your name appears on the account.

I certify that the expenses in the attached **itemized** receipts or invoices are for Qualified Higher Education Expenses at an eligible educational institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For Official Use Only

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date