

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



- Use this form to request a withdrawal from your KIDS account.
- **Your beneficiary will not be eligible for a matching grant for contributions made in the same year that a withdrawal is taken from their contribution account.**
- 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 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>	For overnight delivery or registered mail, send to: <b>Learning Quest</b> <b>2534 Madison Avenue, 3rd Floor</b> <b>Kansas City, MO 64108-2335</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

Qualified Withdrawal

Enclose copies of your 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 bill from the institution. The amount of the qualified withdrawal cannot exceed the amount stated on the receipts or bill. Unless you indicate otherwise below, the amount of your qualified withdrawal will be taken 50/50 from the KIDS Contribution and Match accounts, if available.

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

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

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 Payment Method Instructions: (Choose One.)

A.  By Check to Account Owner, Designated Beneficiary, or eligible educational institution.

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

B.  By Automated Clearing House (ACH) to Bank Account of Account Owner or Designated Beneficiary.

**Important:** Electronic payment by ACH is available only if you already have established this service for your Account. It may take two to five business days for the proceeds of the withdrawal to transmit to your bank account. If the service has not been established for at least 15 calendar days, your withdrawal 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.

Please confirm bank information on file:

Bank Name

Bank Routing#

Bank Account#

Account Type:

(check one)

Checking

Savings

**5 Payee Options:** (Choose only **one** of the following three options.)

- A.  **Payable to the Account Owner.** (You will receive a check at your address of record unless you have selected ACH in **Section 4**.)
- B.  **Payable to the Designated Beneficiary.** (The Designated Beneficiary will receive a check at the mailing address below unless you have selected ACH in **Section 4**.)

\_\_\_\_\_  
Designated Beneficiary Mailing Address

\_\_\_\_\_  
City State Zip Code

- C.  **Payable to an eligible educational institution.** (Provide the exact school address below. Payments sent to the eligible educational institution are reported under the Designated Beneficiary's Social Security Number. If the Student ID is not included, we will send the check to the address on record payable to the educational institution.)

\_\_\_\_\_  
Name of School (Complete only if the withdrawal is to be sent directly to the school.)

\_\_\_\_\_  
Department / Office / Contact Name

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

**6 Signature**

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

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Official Use Only**

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

\_\_\_\_\_  
Date