

# Giftrust® Early Termination Form Instructions



Use this form to close an American Century Investments® Giftrust account prior to maturity, and to provide instructions on how to distribute the proceeds. If the Grantor (or Co-grantors) is/are deceased, the Giftrust is rendered irrevocable and must be allowed to mature on the date that the Grantor(s) originally set.

Please complete a separate *Giftrust Early Termination Form* for each Giftrust account. Multiple forms can be mailed together to American Century Investments.

## Definitions:

- Grantor: The person(s) or entity who established the Giftrust.
- Giftrust Beneficiary: The person who receives the proceeds of the Giftrust when it matures.
- Alternate Beneficiary: Individual(s) named to receive the trust's funds if the Giftrust Beneficiary dies before the Giftrust matures. Call us at 1-800-345-2021 if you are uncertain whether Alternate Beneficiaries are designated.

## Signature Requirements:

- The notarized signature(s) of the Grantor(s) is required in step 5.
  - If a co-grantor signed the original Giftrust application, the co-grantor's notarized signature is also required.
  - If a co-grantor is deceased, include a copy of the death certificate with this form.
- If the Giftrust Beneficiary is a MINOR (below the age of majority for his or her state):
  - The notarized signature of a parent or guardian of the minor beneficiary is required in step 6.
  - The signature(s) of all Alternate Beneficiaries must be provided in step 7.
    - If an Alternate Beneficiary is a minor, then the signature of the Alternate Beneficiary's parent or guardian must be provided.
    - If the value of the Giftrust account is at or above \$100,000, the signatures must be notarized.
- If the Giftrust Beneficiary is an ADULT (at or over the age of majority for his or her state):
  - The notarized signature of the Giftrust Beneficiary is required in step 6.
  - If the Giftrust Beneficiary does not revoke all Alternate Beneficiaries in step 2, page 1, the signatures of all Alternate Beneficiaries must be provided in step 7.
    - If an Alternate Beneficiary is a minor, then the signature of the Alternate Beneficiary's parent or guardian must be provided.
    - If the value of the Giftrust account is at or above \$100,000, the signatures must be notarized.

## Distributing the Proceeds:

Please refer to the options listed in step 2. If you establish a new account with the Giftrust proceeds, it must meet the fund minimum, and you may invest only in a fund or funds for which you have a current prospectus. The prospectus contains important information, including charges and expenses, and should be read carefully before you invest or send money. To obtain a prospectus, visit [americancentury.com](http://americancentury.com) or call us.

Please note that redemptions and/or exchanges into a fund other than Growth will result in a taxable event. If a new account is established with the Giftrust account proceeds, we will use the default method of Average Cost in reporting cost basis. To use a different method, you may change the method online after your account is established, return a completed *Cost Basis Election Form* (available at [americancentury.com](http://americancentury.com)) or call us.

If the Giftrust Beneficiary is not a U.S. citizen or a U.S. resident alien, please call us prior to completing this form for additional requirements.

Mail all pages of the completed *Giftrust Early Termination Form* to:

American Century Investments  
P.O. Box 419200  
Kansas City, MO 64141-6200

# Giftrust® Early Termination Form



## 1 Provide Information About the Giftrust Beneficiary

Giftrust account number

Mr./Mrs./Ms.

Beneficiary's first name

Middle initial

Last name

U.S. Social Security number

Beneficiary's date of birth (month-day-year)

Check One: ☐ U.S. citizen ☐ U.S. resident alien ☐ Other citizenship status

## 2 Provide Instructions for a Giftrust Beneficiary Who is an Adult

First, mark the box below to revoke all Alternate Beneficiaries. If you do not mark this box, then ALL Alternate Beneficiaries must sign in step 7.

☐ I am of legal age in my state of residence and hereby revoke all Alternate Beneficiaries currently designated for my Giftrust, effective immediately.

Next, select one of the following options:

☐ I wish to remain in the Growth fund in an account registered only to me.

☐ I wish to exchange the Growth fund shares to a NEW fund \_\_\_\_\_ (name of fund) registered in my name. I understand that if I do not specify a fund or an available fund, American Century Investments will invest the proceeds in the Prime Money Market Fund. I understand that fund minimums are required to be met.

☐ I wish to exchange my Giftrust shares into an existing American Century Investments account:

Account number

Note: I understand that the existing account must be registered only in my name.

☐ I wish to close my Giftrust account and receive a check payable to me at the address below:

Giftrust Beneficiary's address

City

State

ZIP

Telephone number (daytime)

Telephone number (evening)

### Provide Instructions for a Giftrust Beneficiary Who is a Minor

Select A, B or C below—choose only one.

**A.** Transfer to a new or existing Uniform Transfers to Minors Act (UTMA) account:

☐ To a new UTMA account with the Giftrust Beneficiary listed as the account owner:

☐ With the funds remaining in the Growth fund.

☐ With the funds exchanged to another fund: \_\_\_\_\_  
Specify the name of the fund

Note: A new *UTMA Account Application* must accompany this form with one adult member of the beneficiary's family designated as the Custodian.

☐ To an existing American Century Investments UTMA account with the Giftrust Beneficiary listed as the account owner \_\_\_\_\_  
Specify the account number

**B.** Transfer to a new or existing Learning Quest account:

☐ To a new Learning Quest® 529 Education Savings Program for the benefit of the Giftrust Beneficiary.

Note: A new *Learning Quest Account Application* must accompany this form with one adult designated as the Responsible Individual.

☐ To an existing Learning Quest account registered for the benefit of the Giftrust Beneficiary: \_\_\_\_\_  
Specify the account number

**C.** Redeem the account:

☐ Close the Giftrust account and mail a check to the Grantor or the Parent as instructed below.

Note: The check will be made payable to the Grantor or the Parent as Custodian for the Giftrust Beneficiary, and the proceeds must be used for the benefit of the Giftrust Beneficiary. If no instructions or conflicting instructions are received, the check will be issued in the name of the Grantor as Custodian and mailed to his or her address.

\_\_\_\_\_  
Printed name of Grantor or Parent

\_\_\_\_\_  
Address of Grantor or Parent

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Telephone number (daytime)

\_\_\_\_\_  
Telephone number (evening)

The Grantor(s), Giftrust Beneficiary and all Alternate Beneficiaries (unless revoked in step 2) must sign this form. The signatures of the Grantor(s) and Giftrust Beneficiary must be notarized. The signatures of the Alternate Beneficiaries (if required) must be notarized if the Giftrust account value is at or above \$100,000. If the Beneficiary is a minor, a Parent must sign on their behalf.

All individuals who sign this form agree as follows:

- If a Beneficiary is a minor, the undersigned individual represents and states the following: (i) that he/she is a Parent of the named Beneficiary(ies) of the Giftrust account listed on this form; (ii) that as a Parent of the Beneficiary(ies), the undersigned agrees to act as the representative (as that term is used in Section 456.3-301 to 456.3-305, RSMo.) of the Beneficiary(ies), as well as the representative of all of the Parent's minor or unborn children; and (iii) that no guardian for any of said children has been appointed and that there is no conflict of interest between the Parent and said children that would prevent the Parent from acting as representative for said children for the purposes of this document. By signing this document, the undersigned Parent hereby fully approves, agrees to and consents to all of the provisions of this document, as well as all choices made in the document on behalf of the children represented by the Parent.
- The undersigned Grantor and all adult Beneficiaries hereby join in all of the requests and representations set out in this document with respect to all of the matters referred to in this document.
- Each adult Alternate Beneficiary who signs below further represents and states the following: (i) that he/she is acting as a representative for all other contingent Beneficiaries under this Giftrust who are not otherwise identified in this document; (ii) that he/she is a representative as that term is used in Section 456.3-304, RSMo.; (iii) that there is no conflict of interest in his/her so acting; and (iv) that as their representative, he/she consents to these actions on behalf of such other contingent beneficiaries of the Giftrust identified above.
- Each and every person signing this document hereby states under oath that all of the information and statements set out in this document are true and correct. Each of the undersigned persons agree, jointly and severally, to defend, hold harmless and indemnify Blackwood, Langworthy and Tyson, L.C. (the Trustee of the Giftrust) and its agent, American Century Services, LLC ("American Century"), American Century Mutual Funds, Inc., and its officers, agents, employees, affiliates and successors from any and all losses, claims, expenses and liabilities that may be asserted against any of them by reason of they or any of them having acted upon the information, requests and representations set out in this document.
- The undersigned individuals understand that there are legal and tax consequences that arise from this request and have consulted an attorney or qualified tax professional.
- **Mailings:** We generally deliver a single copy of fund documents (e.g., prospectuses) to clients with the same last name and address. These clients may also receive account statements in the same envelope. Contact us by phone, fax or in writing to change your preferences. No notice from you means you consent to shared delivery.
- **Important Information About New Accounts:** A federal tax law established to help stop the funding of terrorism and money laundering activities requires financial institutions to verify the identity of each person who opens an account. American Century will verify your identity using the name, street address, date of birth and Social Security number that you provide on this form. In some instances, we may request additional documentation.

Note to notary public: If an individual signs multiple sections of the form, you only need to complete one notarization section for that individual.

## Grantor Signature(s)

The Grantor(s) must sign this section. If two grantors signed the original adoption agreement, both grantors must sign below. Each signature must be acknowledged by a notary public.

☐ Please check this box if the co-grantor is deceased. A copy of the deceased co-grantor's death certificate must accompany this form.

\_\_\_\_\_  
Grantor's signature

\_\_\_\_\_  
Grantor's printed name

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

\_\_\_\_\_  
Date of notarization (month-day-year)

\_\_\_\_\_  
Date your commission expires (month-day-year)

\_\_\_\_\_  
Signature of notary public (Seal)

\_\_\_\_\_  
Co-Grantor's signature (if applicable)

\_\_\_\_\_  
Co-Grantor's printed name

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

\_\_\_\_\_  
Date of notarization (month-day-year)

\_\_\_\_\_  
Date your commission expires (month-day-year)

\_\_\_\_\_  
Signature of notary public (Seal)

The Giftrust Beneficiary (or a Parent, if the Giftrust Beneficiary is a minor) must sign this section and have the signature acknowledged by a notary public.

**Under penalties of perjury, the Giftrust Beneficiary (or a parent, if the Giftrust Beneficiary is a minor) certifies that:**

1. The number shown on this form is the Giftrust Beneficiary's correct taxpayer identification number, and
2. The Giftrust Beneficiary is not subject to backup withholding because: (a) they are exempt from backup withholding, or (b) they have not been notified by the Internal Revenue Service (IRS) that they are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified them that they are no longer subject to backup withholding, and
3. The Giftrust Beneficiary is a U.S. citizen or other U.S. person.

**Certification instructions:** You must cross out item 2 above if the Giftrust Beneficiary is subject to backup withholding due to a failure to report all interest and dividends to the IRS. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Giftrust Beneficiary

Printed name

Date

(A parent must sign if the Giftrust Beneficiary is a minor)

Printed name of parent, if signing

State of \_\_\_\_\_ County of \_\_\_\_\_

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

Date of notarization (month-day-year)

Date your commission expires (month-day-year)

Signature of notary public (Seal)

## 7

**Alternate Beneficiary Signature(s)**

All Alternate Beneficiaries must sign this section, unless revoked by an adult Giftrust Beneficiary in step 2. If the Alternate Beneficiary is a minor, a Parent must sign on their behalf. If the Giftrust account value is at or above \$100,000, each Alternate Beneficiary signature must be notarized. The form cannot be accepted if Alternate Beneficiary signatures are required and this section is not completed correctly.

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 Signature of First Alternate Beneficiary

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 Printed name

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 Date

(Or a parent if Alternate Beneficiary is a minor)

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 Printed name of parent, if signing

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 State of \_\_\_\_\_ County of \_\_\_\_\_

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

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 Date of notarization (month-day-year)

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 Date your commission expires (month-day-year)

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 Signature of notary public (Seal)

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 Signature of Second Alternate Beneficiary

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 Printed name

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 Date

(Or a parent if Alternate Beneficiary is a minor)

---

 Printed name of parent, if signing

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 State of \_\_\_\_\_ County of \_\_\_\_\_

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

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 Date of notarization (month-day-year)

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 Date your commission expires (month-day-year)

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 Signature of notary public (Seal)

*Step 7 continued on page 7*

## Alternate Beneficiary Signatures (continued from page 6)

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Signature of Third Alternate Beneficiary

Printed name

Date

(Or a parent if Alternate Beneficiary is a minor)

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Printed name of parent, if signing

State of \_\_\_\_\_ County of \_\_\_\_\_

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

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Date of notarization (month-day-year)

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Date your commission expires (month-day-year)

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Signature of notary public (Seal)