



CAPITAL GROUP® | AMERICAN FUNDS®

# CollegeAmerica® Account Application

Use this application to open an individual CollegeAmerica 529 Account. If opening Accounts for multiple Beneficiaries with the same Owner, submit the *CollegeAmerica Account Application (for Multiple Beneficiaries)* instead. Please prepare to collect information about the Account Owner, Beneficiary and Successor Owner, such as Social Security numbers, dates of birth and countries of citizenship.

## Accessing your Account online once it has been funded

You will receive a welcome package including your new Account number. Once you receive it, we encourage you to visit [www.capitalgroup.com/getstarted](http://www.capitalgroup.com/getstarted) to set up online Account access.

This will enable you to:

- Buy, sell and exchange shares online and establish automatic investment plans.
- View current and past Account balances as well as dividend and capital gain information.
- Manage your Account information.
- Sign up for electronic delivery of tax forms, annual and semiannual reports, quarterly statements and prospectuses.

## Fund information

For a quick guide to fund names, numbers, minimums and share class restrictions, go to [www.capitalgroup.com/fundguide](http://www.capitalgroup.com/fundguide).

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## Financial advisor

If a signature guarantee is not required and you have prior approval from both American Funds and your home office, you can complete and submit this form electronically or by fax. Once the application has been signed, you must print and deliver a copy of this application to the Account Owner.



1 Account registration

- Individual (Complete Sections 2-9.)
UGMA/UTMA (Complete Sections 4-9. To provide minor and custodian information, you must also complete a CollegeAmerica Supplemental Account Application and submit it with this application.)
Trust or entity (Complete Sections 3-9. To provide trust or entity information, you must also complete a CollegeAmerica Supplemental Account Application and submit it with this application. Entities must also complete and submit the Entity Beneficial Owners form. If there are multiple trustees, each trustee is required to sign the application in Section 9.)

Note: If the Account is being established for an employee of a broker-dealer firm or other financial advisor at NAV under the NAV privilege for registered representatives, submit a Sales Charge Exemption form available at www.capitalgroup.com/advisor or by calling American Funds Service Company at (800) 421-4225.

2 Account Owner information — Individual Accounts only

The Account Owner is the sole individual establishing and controlling a CollegeAmerica Account.

SSN of Account Owner [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Date of birth of Account Owner (mm/dd/yyyy) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Country of citizenship \_\_\_\_\_

First name of Account Owner \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Residence address (physical address required — no P.O. boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address (if different from residence address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email address\* \_\_\_\_\_ ( ) \_\_\_\_\_ Daytime phone \_\_\_\_\_

\* Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

3 Beneficiary information — Not to be completed for UGMA/UTMA registration

The Beneficiary is the person on whose behalf the Account is opened and who is entitled to receive its benefits for the purpose of education.

A. First name of Beneficiary \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

SSN of Beneficiary [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Date of birth of Beneficiary (mm/dd/yyyy) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Country of citizenship \_\_\_\_\_

B. Successor Owner designation (Not applicable to trust or entity Accounts.)

The Successor Owner must be at least age 18 and a U.S. citizen or legal U.S. resident, and becomes the Owner of the Account in the event the Account Owner dies. The Successor Owner cannot be the same person as the Account Owner.

First name of Successor Owner \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_
Date of birth of Successor Owner (mm/dd/yyyy) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]



## 4 Investment instructions

You must complete A, B AND C.

**A. Select a share class.** (If you **DO NOT** select a share class, the investments will be placed in Class 529-A shares by default.)

Class 529-A **OR**  Class 529-C **OR**  Class 529-F-1\*

\* Class 529-F-1 shares are available only for CollegeAmerica Accounts sold through Registered Investment Advisors.

**B. Provide information regarding your contribution method.** (Select all that apply.)

1.  **One-time purchase with a check made payable to "CollegeAmerica":** Provide your investment selection(s) in 4-C.

2.  **One-time purchase via Automated Clearing House (ACH):** Provide your investment selection(s) in 4-C.

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

- Notes:**
- The transaction will be processed on the same day the Account is established.
  - The maximum ACH purchase limit is \$100,000 per investor per day.
  - Provide bank information in Section 5.

3.  **Recurring automatic ACH purchase:** Complete the information below, and provide your investment selection(s) in 4-C.

- Notes:**
- American Funds must receive your request at least five business days prior to the first transaction date requested.
  - If requesting monthly recurring automatic purchases and a start date is not provided, the option will be established the date received and the bank account will be drafted the following month and each month thereafter.
  - Provide bank information in Section 5.

Transactions should begin during the month of \_\_\_\_\_

Transactions should occur on the following date(s) of the month \_\_\_\_\_, \_\_\_\_\_ (e.g., 8th, 19th)

Frequency:  Monthly  Every other month  Quarterly  Annually

4.  **Rollover/Transfer:** The Account is being funded via a rollover from another non-American Funds 529 Plan (including 529s funded with UGMA/UTMA assets), a transfer from a Coverdell ESA or a transfer from a brokerage-held CollegeAmerica account.\* You must submit a *CollegeAmerica Rollover/Transfer Request* with this application.

If the Account is being funded via a rollover or transfer, the assets will be sent by the entity holding those assets.

\* American Funds must receive a statement from your prior institution showing basis and earnings of the funds being rolled over or transferred. If American Funds does not receive this documentation, the entire amount will be treated as earnings in computing the earnings portion of any future withdrawal from the Account. Please refer to the "Rollovers and transfers" section of the Program Description.



## 5 Bank information

*Before completing this section, read the signature guarantee requirements below.*

### Signature guarantee requirements:

- **To purchase shares or to fund the Account electronically via ACH:** The bank account owner's/co-owner's signature(s) must be guaranteed if the name of the CollegeAmerica Account Owner is not on the bank account registration.
- **To sell shares electronically:** The Account Owner's signature must be guaranteed if the bank account registration does not include the CollegeAmerica Account Owner's name.

If a signature guarantee is required, obtain and submit a completed *Add/Update Bank Information* form. An application that requires a signature guarantee cannot be signed electronically or faxed. Mail the completed forms to the appropriate service center for your state using the maps on page 8.

**Important: To avoid delays in processing this application, attach an unsigned, voided check where indicated below. The check you attach must be preprinted with the bank name, registration, routing number and account number. Please do not staple.**

Tape your check here.

John Doe

DATE \_\_\_\_\_

**Bank account registration**

PAY TO THE ORDER OF \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Anytown Bank

← **Bank name**

| : 999999999 | :

0000000000 | | :

**Bank routing number**

**Bank account number**

**Note:** In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number and account number. The letter must be on the bank's letterhead.

**Complete the following ONLY if you are signing this document electronically. Approval from American Funds must be obtained by your financial advisor before this application can be signed electronically. If signing electronically, a voided check is not required.**

|                     |  |
|---------------------|--|
| Bank name           | Bank routing number  |
| Bank account number | Bank account registration (the name preprinted on the check) |

### Link my bank information to purchase and/or sell shares (optional):

I would like the option to perform the following transactions by telephone and online at **www.capitalgroup.com**. (Select only one option.)

- Purchase     Sell     Both

- Notes:**
- Your election will apply to all of your current and future accounts.
  - You may cancel the ACH option at any time online at **www.capitalgroup.com** or by calling us at (800) 421-4225.
  - Once the sell option is established, there will be a 10-day waiting period before it can be used. ACH purchase is available once the account has been established.

## 6 Reducing the sales charge on Class 529-A shares

### Rights of Accumulation (cumulative discount)

Account Owner, spouse and children under 21 or disabled adult children with ABLE accounts can aggregate accounts of any share class to reduce sales charges. The account numbers or Social Security numbers are:

### Statement of Intention (SOI)

I plan to invest over a 13-month period in one or more American Funds accounts. The aggregate amount will be at least:

\$25,000    \$50,000    \$100,000    \$250,000    \$500,000    \$750,000    \$1,000,000

**Notes:** • If you do not invest the intended amount within 13 months, the sales charge will be adjusted.

- Investments in Class A, ABLE-A, C, F-1, F-2, 529-A, 529-C and 529-F-1 shares apply toward the completion of a Class A share SOI; purchases in the money market fund **DO NOT** apply toward a Class A share SOI or Rights of Accumulation.

## 7 Additional options

**A. Telephone and website exchange and redemption privileges will automatically be enabled on your Account unless you decline below. To decline these privileges, read the individual statements and check the applicable box(es).**

**Note:** If either option is declined, no one associated with this Account, including your financial advisor, will be able to request exchanges or redemptions by telephone or via the website. Requests would need to be submitted in writing.

**Exchanges:** I **DO NOT** want the option of using the telephone and website exchange privilege.

**Redemptions:** I **DO NOT** want the option of using the telephone and website redemption privilege.

### Important note:

IRS guidelines limit changes in 529 investment strategy to two per year. You may establish an automatic exchange plan or rebalance option at the time of Account setup. Adding or changing an automatic exchange plan or requesting the rebalance option on an existing Account will be considered a change in investment strategy. The request may be denied if a change in investment strategy exceeds two per year. Refer to the *CollegeAmerica Program Description* for additional information or speak with a financial advisor. You may only exchange from one fund to another or rebalance funds within the same share class.

**B. Automatic exchange plan and rebalance (optional) — requires additional paperwork**

To avoid delays in establishing these options, you must attach a completed *CollegeAmerica Account Options* form. Check all that apply.

Establish an automatic exchange plan (Section 5-A of the *Account Options* form).

Establish a rebalance option (Section 5-B of the *Account Options* form).

**8 Financial advisor/Firm**

*If you are affiliated with a broker-dealer firm, provide the information in A. If you are affiliated with a Registered Investment Advisor (RIA) firm, provide the information requested in B.*

**A. Financial advisor/Broker-dealer firm**

We authorize American Funds Service Company (AFS) to act as our agent for this Account and agree to notify AFS of purchases made under a Statement of Intention or Rights of Accumulation.

|   |  |               |                         |      |
|---|--|---------------|-------------------------|------|
| Name(s) of advisor(s)   | Advisor/team ID number   | Branch number | (    )<br>Daytime phone | Ext. |
| Address   | City   | State         | ZIP                     |      |
| Name of broker-dealer firm (as it appears on the Selling Group Agreement) | <b>X</b><br>Signature of person authorized to sign for the broker-dealer |               |                         |      |

**B. Investment Advisor Representative (IAR)/RIA firm**

**IAR information**

|  |  |       |               |
|--|--|-------|---------------|
| Name of IAR                              | Advisor number*                                  |       |               |
| Address (if different from firm address) | City   | State | ZIP           |
| Email address                            | (    )<br>Daytime phone (if different from firm) | Ext.  | (    )<br>Fax |

**RIA firm information**

|   |                 |                               |      |
|---|-----------------|-------------------------------|------|
| Name of RIA firm (as it appears on Form ADV or home office) | Firm number*    | (    )<br>Daytime phone       | Ext. |
| Address   | City            | State                         | ZIP  |
| 801-<br>SEC number  | IARD/CRD number | State registration and number |      |

By signing below, I certify that the firm listed above: **1)** is an RIA with a current Form ADV filed with the U.S. Securities and Exchange Commission or a state regulatory agency, **2)** is providing investment advisory services to the Account Owner, and **3)** indemnifies and holds harmless American Funds Service Company and any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents for any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of misrepresentations or omissions by the firm in connection with the firm making American Funds available to its clients.

|  |                                |
|--|--------------------------------|
| <b>X</b><br>Signature of person authorized to sign for the RIA | Date    /    /<br>(mm/dd/yyyy) |
|--|--------------------------------|

\* Advisor number or firm number may be assigned by American Funds. If you are an Investment Advisor Representative (IAR) and need assistance, call **(800) 421-5450**.

## 9 Signature of CollegeAmerica Account Owner

I hereby establish a CollegeAmerica Account with Virginia529 through American Funds and acknowledge that I have received, read and agree to the terms set forth in the *CollegeAmerica Program Description*, the prospectus(es) of the fund(s) selected and this application, as these documents may be modified from time to time. I understand that I and all shareholders at my address will receive one copy of fund documents (such as annual reports and proxy statements) unless I opt out by calling **(800) 421-4225**. I authorize the instructions set forth in this application.

I agree to hold harmless and indemnify Virginia529; American Funds Service Company (AFS); any of their affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred in connection with these application instructions, the exercise of the telephone and website purchase, exchange and/or redemption privileges, or arising from such instructions once the telephone and website exchange and redemption privileges have been established, or in connection with the establishment of an Account with a minor Account Owner. I understand that amounts invested may not be redeemed for 7 business days.

I authorize the financial advisor assigned to my Account to have access to my Account and to act on my behalf with respect to my Account. I certify that I, as well as the Beneficiary and the Successor Owner named in this application, are either U.S. citizens or legal residents. I understand that to comply with federal regulations, information provided on this application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If AFS is unable to verify my identity, I understand it may need to take action, possibly including closing my Account and redeeming the shares at the current market price and that such action may have tax consequences, including a tax penalty.

If I have requested ACH privileges, I authorize AFS, upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to **1)** redeem fund shares from this account and deposit the proceeds into the bank account identified on this application, and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronically signed copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document.

**X** \_\_\_\_\_ / /  
Signature of Account Owner (or parent/guardian if Owner is a minor), trustee(s) or authorized signer for the entity Date (mm/dd/yyyy)

**This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.**

CollegeAmerica is a nationwide plan sponsored by **Virginia529**

Please mail or fax this form to the appropriate service center.  
*(If you live outside the U.S., mail the form to the Indiana Service Center.)*



**Indiana Service Center**  
American Funds Service Company  
P.O. Box 6273  
Indianapolis, IN 46206-6273  
**Overnight mail address**  
12711 N. Meridian St.  
Carmel, IN 46032-9181  
**Fax** (888) 421-4351



**Virginia Service Center**  
American Funds Service Company  
P.O. Box 2713  
Norfolk, VA 23501-2713  
**Overnight mail address**  
5300 Robin Hood Rd.  
Norfolk, VA 23513-2430  
**Fax** (888) 421-4351

If you have questions or require more information, contact your financial advisor or call American Funds Service Company at **(800) 421-4225**.