



## 2 Account Owner or Custodian change

(continued)

### B. Transfer instructions — required

Transfer the entire amount from the CollegeAmerica Account listed in Section 1 to the new Account.

**OR**

Transfer the following amount(s) from the CollegeAmerica Account listed in Section 1 to the new Account:

Fund name or number	Amount	Percentage
_____	\$ _____	<b>OR</b> _____%
_____	\$ _____	<b>OR</b> _____%

**Note:** Funds will be transferred in kind to the new or existing Account in the same share class(es), fund(s) and percentage(s) as they were withdrawn, unless otherwise instructed below.

#### New investment instructions:

Fund name or number	Amount	Percentage
_____	\$ _____	<b>OR</b> _____%
_____	\$ _____	<b>OR</b> _____%

## 3 Beneficiary change

Complete both **A** and **B** below. See Section 8 for signature guarantee requirements.

**Note:** The current Successor Owner will remain the Successor Owner for the new Account unless Section 4 is completed.

### A. Beneficiary information

\_\_\_\_\_  
Name of current Beneficiary

The new Beneficiary must be a member of the current Beneficiary's family and either a U.S. citizen or resident alien. If the new Beneficiary is not a member of the family, this change will be treated as a withdrawal, and the transaction will be subject to federal income tax and a 10% federal penalty tax on earnings. A member of the Beneficiary's family is: **1)** a son or daughter or a descendant of either; **2)** a stepson or stepdaughter; **3)** a brother, sister, stepbrother or stepsister; **4)** a father or mother or an ancestor of either; **5)** a stepfather or stepmother; **6)** a brother or sister of the father or mother; **7)** a son or daughter of a brother or sister; **8)** a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law; **9)** the spouse of the Beneficiary or the spouse of any individuals described above; or **10)** a first cousin of the Beneficiary. All legally adopted children are treated as children of the adoptive parent by blood, and the terms brother and sister include half-brothers and half-sisters.

-   -

SSN of new Beneficiary

-   -

Date of birth of new Beneficiary (mm/dd/yyyy)

\_\_\_\_\_  
Country of citizenship

\_\_\_\_\_  
First name of new Beneficiary (print)

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last

If the new Beneficiary has an existing American Funds CollegeAmerica Account, list that Account number here \_\_\_\_\_

If you do not have an existing American Funds CollegeAmerica Account, a new Account number will be assigned.

Check this box if the new Beneficiary is not a member of the current Beneficiary's family.

**Continued on next page**

### 3 Beneficiary change

(continued)

**B. Transfer instructions — required**

Transfer the entire amount from the CollegeAmerica Account listed in Section 1 to the new Account.

**OR**

Transfer the following amount(s) from the CollegeAmerica Account listed in Section 1 to the new Account:

Fund name or number	Amount	Percentage
_____	\$ _____	<b>OR</b> _____%
_____	\$ _____	<b>OR</b> _____%

**Note:** Funds will be transferred in kind to the new or existing Account in the same share class(es), fund(s) and percentage(s) as they were withdrawn, unless otherwise instructed below.

**New investment instructions:**

Fund name or number	Amount	Percentage
_____	\$ _____	<b>OR</b> _____%
_____	\$ _____	<b>OR</b> _____%

### 4 Successor Owner or Successor Custodian change

Complete either **A** or **B** in this section. If a new Account Owner has been named in Section 2, complete **A** below. If a new Custodian has been named in Section 2, complete **B** below. This section is not applicable to corporate and trust accounts.

**A.**  The new **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. A Successor Owner cannot be named for an Account funded with UGMA/UTMA assets.

_____	MI	_____	_____ - _____ - _____
First name of new Successor Owner (print)		Last	Date of birth of new Successor Owner (mm/dd/yyyy)

**B.**  A new **Successor Custodian** can only be designated if allowed in the state where the UGMA/UTMA is established (for Accounts funded with UGMA/UTMA assets only).

_____	MI	_____	_____ - _____ - _____
First name of new Successor Custodian (print)		Last	Date of birth of new Successor Custodian (mm/dd/yyyy)

\_\_\_\_\_  
Relationship of new Successor Custodian to minor

_____	<b>X</b>	_____
Name of witness (print)		Signature of witness

**Note:** The witness cannot be the current or new Custodian or the person named as Successor Custodian above.

## 5 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.

**Important:** If a new Account Owner or Custodian has been named in **Section 2**, this section must be completed to retain financial advisor/firm information.

### 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      (    )      Ext.      \_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Branch address      City      State      ZIP

\_\_\_\_\_  
Name of broker-dealer firm (as it appears on the Selling Group Agreement)      **X**      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      (    )      Ext.      (    )      \_\_\_\_\_  
Daytime phone (if different from firm)      Fax

#### RIA firm information

\_\_\_\_\_  
Name of RIA firm (as it appears on Form ADV or home office)      Firm number\*      (    )      Ext.      \_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Firm address      City      State      ZIP

#### 801-

\_\_\_\_\_  
SEC number      IARD/CRD number      State registration and number

By signing below, I certify that the firm listed above: **1)** has 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 named in Section 2-A, 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.

**X**      \_\_\_\_\_      /      /      \_\_\_\_\_  
Signature of person authorized to sign for the RIA      Date      (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**.

## 6 Additional options — if applicable

*If a new Account Owner or Custodian has been named in Section 2, this section should be presented to them for review.*

**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).

## 7 Signature of new CollegeAmerica Account Owner — if applicable

*A signature is required if a new Account Owner or Custodian has been named in Section 2.*

I hereby establish a CollegeAmerica Account with Virginia529<sup>SM</sup> 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 document, as these documents may be modified from time to time. I authorize the instructions set forth in this document. 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 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 document instructions, the exercise of the telephone and website exchange and/or redemption privileges or in connection with the establishment of an Account with a minor Account Owner.

I authorize the registered representative assigned to my Account in Section 5-A, or the IAR assigned to my Account in Section 5-B, 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 document, are either U.S. citizens or legal residents. I understand that to comply with federal regulations, information provided on this document 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 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 new Account Owner (or parent/guardian if Owner is a minor)  
or signature of Successor Owner if current Account Owner is deceased

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

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

**8 Signature of current CollegeAmerica Account Owner — required**  
A signature guarantee **is required** if a new Owner or Custodian was named in Section 2.

- Notes:**
- If the current Account Owner is naming a new Successor Owner or changing the Beneficiary, a signature guarantee is **NOT** required.
  - If the current Custodian (for an UGMA/UTMA account) is naming a new Successor Custodian or is transferring the Account to the current Beneficiary, a signature guarantee is **NOT** required.
  - Other scenarios may require a signature guarantee of the person acting on the Account. If your scenario is not described above, call us at **(800) 421-4225** for more information.

I direct AFS to make changes to my CollegeAmerica Account in the manner that I have indicated on this form, and I assume sole responsibility for any tax consequences. I certify that the instructions and information provided herein are true and correct.

**X** \_\_\_\_\_ / /  
Signature of current Account Owner (or parent/guardian if Owner is a minor) Date (mm/dd/yyyy)  
or signature of Successor Owner if current Account Owner is deceased

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

**If required**, signatures must be guaranteed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulatory Authority that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.** The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal.

**GUARANTOR:**  
Stamp signature guarantee or medallion guarantee here.

**Note:** A medallion guarantee is acceptable in place of a signature guarantee.

**If a signature guarantee is NOT required, you may fax this completed form to (888) 421-4351; otherwise, mail it to the appropriate service center for your state using the maps below.**

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.