

CollegeAmerica to Roth IRA Rollover Request

Use this form to request a rollover from a CollegeAmerica 529 account to a new or existing American Funds Roth IRA owned by the CollegeAmerica account beneficiary.

If you are requesting a rollover from an external (non-CollegeAmerica) 529 plan to an American Funds Roth IRA, contact us for forms and requirements.

CollegeAmerica account information							
			CollegeAmerica	a account	number		
First name of CollegeAmerica account owner	MI	Last					
Address		City			State	ZIP	
			()			
Email address*			Daytime	phone			
First name of 529 beneficiary/Roth IRA owner	MI	Last					
*Your privacy is important to us. For information on our privacy policies	s, visit www	.capitalgroup.cor	n.				

2 Rollover instructions

- Note: Rollovers made by the tax-filing deadline without extension (usually April 15) can be coded as current or prior year IRA contributions. Rollovers made after the tax-filing deadline will be coded as current year contributions. The rollover amount counts toward the beneficiary's cumulative annual contribution limit across all traditional and Roth IRAs.
- A. How should we process the rollover from the CollegeAmerica account?

Note: For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

Fund name or number	Amount	Percentage
	\$	OR%

Continued on next page

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Rollover instructions

(continued)

B. The receiving Roth IRA is:

A new account. The beneficiary must complete a <u>Traditional/Roth IRA Application</u> and provide investment instructions on the application. **To expedite processing, consider submitting the application with this request.**

OR

An existing American Funds account. The beneficiary must complete the <u>529 to Roth IRA Investment Instructions</u> form. **To expedite processing, consider submitting the investment instructions form with this request.**

CollegeAmerica account owner signature

I have read, understand and agree to all pages of this *CollegeAmerica to Roth IRA Rollover Request*, as well as the terms set forth in the CollegeAmerica Program Description as it relates to this request. I direct American Funds Service Company[®] (AFS) to process a rollover from the CollegeAmerica account listed in Section 1 to an American Funds Roth IRA for the benefit of the CollegeAmerica beneficiary. I assume sole responsibility for the tax consequences of this election.

I certify that the requested distribution meets the requirements to be treated as a tax-free qualified tuition program (529 plan) to Roth IRA rollover. I understand that I am responsible for providing the beneficiary with basis and earnings information with regard to the rollover.

In consideration of AFS acting on such instructions and processing this transaction, I agree to hold harmless and indemnify Commonwealth Savers; 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 as a result of AFS acting on such instructions.

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. A copy of this document will be made available to me as required.

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lame of CollegeAmerica account ow	vner (print) Signature		Date	(mm/dd/yyyy)
his document may not be s	igned using Adobe Acrobat Reader's "fil	ll and sign" feature.		
If mailing, choose the serv	vice center for your state. Mail the form to	o the Indiana Service Center if you	u live outsic	le the U.S.
If mailing, choose the serv	-	o the Indiana Service Center if you		le the U.S. 1 Funds Service Compan
If mailing, choose the serv	American Funds Service Company P.O. Box 6273	o the Indiana Service Center if you	America r P.O. Box 2	n Funds Service Company 2713
If mailing, choose the serv	American Funds Service Company	o the Indiana Service Center if you	America r P.O. Box 2	n Funds Service Company
If mailing, choose the serv	American Funds Service Company P.O. Box 6273	o the Indiana Service Center if you	Americar P.O. Box 2 Norfolk, V	n Funds Service Company 2713
If mailing, choose the serv	American Funds Service Company P.O. Box 6273 Indianapolis, IN 46206-6273 <i>Overnight mail address</i> 12711 N. Meridian St.	o the Indiana Service Center if you	Americar P.O. Box 2 Norfolk, V Overnigh 5300 Rob	n Funds Service Compan 2713 /A 23501-2713 i t mail address vin Hood Rd.
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For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225, ext. 529.

