

- Use this form when requesting a change of account owner, custodian, beneficiary, successor owner(s) or successor custodian on your CollegeAmerica account.
- All existing account options will be removed if you are changing the account owner, custodian or beneficiary and transferring the entire balance. To retain your account options, complete the *CollegeAmerica Account Options* form or call us at **(800) 421-4225, ext. 529**.
- If the account owner/custodian is changing his or her name, obtain and complete a *Name Change Request*.
- If you want to change the custodian of a 529 account funded with UGMA/UTMA assets, call us.
- If the current account owner/custodian is deceased, call us. **The new account owner/custodian must sign Sections 8 and 9.**
- If transferring ownership to a corporation, partnership or other entity, call us for details and additional documentation that may be required.

## 1 Current account owner or custodian

*The account owner or custodian is the individual controlling a CollegeAmerica account.*

\_\_\_\_\_  
First name of current account owner or custodian      MI      Last      (      )  
Daytime phone

\_\_\_\_\_  
Address      City      State      ZIP

\_\_\_\_\_  
Name of current beneficiary      Account number

Check here if the account is invested in 529 F-2 shares.

## 2 Account owner or custodian change

*Consult a tax advisor regarding the tax consequences of any account owner or custodian change.*

**The new account owner or custodian must sign Section 8, and if the current account owner/custodian is deceased, Section 9. A signature guarantee may be required.**

- Notes:**
- The new account owner/custodian should name a new successor owner(s)/custodian in **Section 5**. The current successor owner(s)/custodian will be removed upon transfer of ownership.
  - Complete **Section 6** to retain or change financial professional information.
  - If the new account owner/custodian is an entity or trust, provide the personal information below for the person acting on behalf of the entity or trust. If additional space is needed, attach a separate page. For a trust, you must submit the title page, the signature page and the page assigning the trustee(s).

### New account owner/custodian information

-   -              -   -            \_\_\_\_\_  
SSN of new account owner or custodian      Date of birth of new account owner or custodian (mm/dd/yyyy)      Country of citizenship

\_\_\_\_\_  
First name (owner, trustee or custodian)      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

\_\_\_\_\_  
Entity/trust name (if applicable)

       -   -          
TIN of entity/trust (if applicable)      Date of trust (if applicable) (mm/dd/yyyy)

Footnote:

\*Your privacy is important to us. For information on our privacy policies, visit [www.capitalgroup.com](http://www.capitalgroup.com).

### 3 Beneficiary change

*The beneficiary is the person on whose behalf the account is opened and who is entitled to receive its benefits. The current account owner or custodian must sign in Section 9.*

**Note:** The current successor owner(s) will remain the successor owner(s) for the new account unless Section 5 is completed.

**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

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last

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

If the new beneficiary does 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.

**4 Transfer instructions**

*Complete this section if a new account owner or custodian was named in Section 2 and/or a new beneficiary was named in Section 3.*

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	OR	Percentage
_____	\$ _____	<b>OR</b>	_____ %
_____	\$ _____	<b>OR</b>	_____ %
_____	\$ _____	<b>OR</b>	_____ %
_____	\$ _____	<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	OR	Percentage
_____	\$ _____	<b>OR</b>	_____ %
_____	\$ _____	<b>OR</b>	_____ %
_____	\$ _____	<b>OR</b>	_____ %
_____	\$ _____	<b>OR</b>	_____ %
_____	\$ _____	<b>OR</b>	_____ %

## 5 Successor owner(s) or successor custodian change

Complete either **A** or **B** in this section. This section does not apply to corporate and trust accounts.

**Notes:**

- 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.

**A.** The new **primary successor owner** must be at least age 18 and a U.S. citizen or legal U.S. resident, becomes the owner of the account in the event the account owner dies, and **cannot be the same person as the account owner**. A successor owner cannot be named for an account funded with UGMA/UTMA assets.

First name of new primary successor owner	MI	Last

Date of birth of primary successor owner (mm/dd/yyyy)										

The **contingent successor owner** must be at least age 18 and a U.S. citizen or legal U.S. resident, becomes the owner of the account in the event the primary successor owner predeceases the account owner, and **cannot be the same person as the account owner or primary successor owner**. If adding or changing a contingent successor owner, you must also complete the primary successor owner field above. A successor owner cannot be named for an account funded with UGMA/UTMA assets.

First name of contingent successor owner	MI	Last

Date of birth of contingent 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).

First name of new successor custodian	MI	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.

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

## 6 Financial professional/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 or change financial professional/firm information.

### A. Financial professional/Broker-dealer firm

We authorize American Funds Service Company® (AFS) to act as our agent for this account and agree to notify AFS of investments made under a Statement of Intention or Rights of Accumulation. If applicable, we have provided a copy of our SEC Form CRS to the account owner/custodian named in Section 2.

\_\_\_\_\_  
Name(s) of professional(s)      Professional/team ID #      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 — **required**

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

**Note:** If the account owner, custodian or beneficiary is changing: **1)** this section must be completed to retain or change IAR/RIA information, and **2)** the *F-2 Share Conversion and Financial Professional/Fee Payment Authorization* must be submitted to retain or change 529-F-2 share fee debiting instructions.

#### IAR information

\_\_\_\_\_  
Name of IAR      Financial professional 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/custodian named in Section 2; **3)** if applicable, has provided a copy of SEC Form CRS to the account owner/custodian named in Section 2; **4)** indemnifies and holds harmless American Funds Service Company (AFS) 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; and **5)** acknowledges and agrees that AFS is not a qualified custodian under the Investment Advisers Act of 1940 Rule 206(4)-2 (the "Custody Rule").

**X**      \_\_\_\_\_      /      /      \_\_\_\_\_  
Signature of person authorized to sign for the RIA — **required**      Date      (mm/dd/yyyy)

Footnote:

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

## 7 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. Online/telephone exchange and withdrawal 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 professional, will be able to request exchanges and/or withdrawals via the website or by telephone. Requests would need to be submitted in writing.

**Exchanges:** I **DO NOT** want the option of using the online/telephone exchange privilege.

**Withdrawals:** I **DO NOT** want the option of using the online/telephone withdrawal privilege.

**Important note:**

IRS rules limit changes in 529 investment strategy to two per year. You may establish an automatic exchange or rebalance plan at the time of account setup. Adding or changing an automatic exchange or rebalance plan 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 professional. You may only exchange from one fund to another or rebalance funds within the same share class.

**B. Rights of Accumulation (cumulative discount)**

Account owner, spouse and children under 21 or disabled adult children with ABLE accounts can aggregate accounts to reduce sales charges. Any share classes within these accounts will contribute toward a reduced sales charge. The Social Security or account numbers on these accounts are:

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**Note:** Investments in the money market fund **do not apply** toward a Class A share Rights of Accumulation.

**C. Automatic exchange and rebalance plans (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 an automatic rebalance plan (Section 5-B of the *Account Options* form).

**8 Signature of new CollegeAmerica account owner/custodian — if applicable**

*The new account owner or custodian named in Section 2 must sign this section. If the current account owner/custodian is deceased, the new account owner/custodian must also sign Section 9. A signature guarantee may be required.*

I hereby establish a CollegeAmerica account with Commonwealth Savers 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 Commonwealth Savers; 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 online/telephone exchange and/or withdrawal privileges or in connection with the establishment of an account with a minor account owner.

I authorize the financial professional assigned to my account in Section 6-A, or the IAR assigned to my account in Section 6-B, to have access to my account and to act on my behalf with respect to my account. If applicable, I acknowledge that I have received and read a copy of my financial professional's SEC Form CRS. I certify that I, as well as the beneficiary and the successor owner(s)/custodian 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 withdrawing 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. A copy of this document will be made available to me as required.

**X**

\_\_\_\_\_  
Signature of new account owner/custodian or signature of successor owner/custodian  
if current account owner/custodian is deceased

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

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

**9 Signature of current CollegeAmerica account owner/custodian — required**

*The current account owner or custodian must sign this section. If the current account owner/custodian is deceased, the new account owner/custodian must sign this section.*

**Notes:**

- If the current account owner is deceased and the current primary successor owner is taking ownership of the account, a signature guarantee is not required. **If a new account owner or custodian was named in Section 2 for any other reason, a signature guarantee is required.**
- Other scenarios may require a signature guarantee. Call us at **(800) 421-4225, ext. 529** 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** \_\_\_\_\_ Date      /      /       
 Signature of current account owner/custodian or signature of successor owner/custodian (mm/dd/yyyy)  
 if current account owner/custodian 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.

Stamp signature or medallion guarantee here.

**If a signature guarantee is required, this form must be mailed.**

CollegeAmerica is a nationwide plan sponsored by **Commonwealth Savers**

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



**American Funds Service Company**  
 P.O. Box 6273  
 Indianapolis, IN 46206-6273  
  
**Overnight mail address**  
 12711 N. Meridian St.  
 Carmel, IN 46032-9181



**American Funds Service Company**  
 P.O. Box 2713  
 Norfolk, VA 23501-2713  
  
**Overnight mail address**  
 5300 Robin Hood Rd.  
 Norfolk, VA 23513-2430

**Investor upload** [www.capitalgroup.com/submit](http://www.capitalgroup.com/submit) | **Financial professional upload** [www.capitalgroup.com/upload](http://www.capitalgroup.com/upload) | **Fax** (888) 421-4351

**For more information, contact your financial professional, visit [www.capitalgroup.com](http://www.capitalgroup.com) or call us at (800) 421-4225, ext. 529.**