



CAPITAL | **AMERICAN**
GROUP® | **FUNDS®**

CollegeAmerica®

529-F-2 Share Account Application

Use this application to open an individual 529-F-2 Share CollegeAmerica account. Please prepare to collect information about the account owner, beneficiary and successor owner(s), 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** to set up online account access.

This will enable you to:

- Process transactions 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 paperless 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**.



1 Account registration

- ☐ Individual (Complete Sections 2–10.)
- ☐ UGMA/UTMA (Complete Sections 4–10. 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 3–10. 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 10.)

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

Successor owner(s) designation (Not applicable to trust or entity accounts.)

The **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**.

First name of 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 designating a contingent successor owner, you must also complete the primary successor owner field above.

First name of contingent successor owner

MI

Last

--
Date of birth of contingent successor owner (mm/dd/yyyy)

*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.

First name of beneficiary

MI

Last

-
SSN of beneficiary

--
Date of birth of beneficiary (mm/dd/yyyy)

Country of citizenship



4 Investment instructions

For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.

A. ☐ Invest 100% of my contribution(s) in the American Funds College Target Date Series.

Select one:

- ☐ American Funds College 2042 Fund® ☐ American Funds College 2039 Fund® ☐ American Funds College 2036 Fund®
☐ American Funds College 2033 Fund® ☐ American Funds College 2030 Fund® ☐ American Funds College 2027 Fund®

OR

B. ☐ Invest my contributions as instructed below.

Fund name or number	Amount	Percentage (whole percentages only)
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%



5 Funding information

How would you like to fund your account? Select one or more options below:

A. ☐ Check made payable to "CollegeAmerica."

B. ☐ Bank account — Provide bank information in Section 6.

1. ☐ One-time contribution — The transaction will be processed on the same day the account is established.

\$ _____
Amount

2. ☐ Investment plan

Note: If the account is established after the requested start date or no start date is provided, transactions will begin the following month and occur monthly thereafter.

a.	Fund name or number	Amount
		(\$50 min. per fund)
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

b. Transactions should begin during the month of _____

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

d. Frequency: ☐ Monthly ☐ Every other month ☐ Quarterly ☐ Annually

C. ☐ **Transfer of assets or rollover*** from a non-American Funds 529 plan (including 529s funded with UGMA/UTMA assets), a brokerage-held CollegeAmerica account or Coverdell ESA. You must submit a *CollegeAmerica/Rollover Transfer Request* with this application. **Ensure you've provided investment instructions in Section 4.**

*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.

D. ☐ **Account will be funded later. Ensure you've provided investment instructions in Section 4.**



6 Bank information

A. Tape an unsigned, voided check below (no deposit slips) — In lieu of a check, submit a letter on your bank's letterhead providing the bank information.

Tape your check here.

John Doe

All bank account owners

DATE _____

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

Anytown Bank

← **Bank name**

| : 999999999 | :

Bank routing number

0000000000 | :

Bank account number

B. Link my bank information:

- ☐ For online/telephone investing
- ☐ For online/telephone withdrawals from my American Funds account

Note: If no option is selected, your bank account will be linked for investing and withdrawals.

C. Signature guarantee requirements for investing and withdrawals from my American Funds account (ACH):

Is the CollegeAmerica account owner listed as a bank account owner?

- ☐ Yes. **Proceed to Section 6-D.**
- ☐ No — **A signature guarantee is required.** Obtain and submit the *Add/Update Bank Information* form to add the ACH option.

D. Are you signing this form electronically?

- ☐ No. **Proceed to Section 7.**
- ☐ Yes — Complete the following bank information **ONLY** if your financial professional's firm has an electronic signature indemnification agreement with American Funds.

Bank name	Bank routing number
Bank account number	Bank account owner(s)

☐ Checking **OR** ☐ Savings

Notes:

- Once the withdrawal option is established, there will be a 10-day waiting period before it can be used. The investment option is available once the account has been established.
- The maximum ACH investment limit is \$100,000 per investor per day.



7 Additional options

- 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. 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).

- C. Household account aggregation**

Account owner, spouse and children under 21 or disabled adult children with ABLE accounts can aggregate accounts. Any share classes within these accounts may contribute toward reduced fees. The Social Security or account numbers on these accounts are:

8 Fee debiting instructions

The financial professional should complete A. Investors should review B.

- A. Financial professional:** Check with your firm to determine approved rates and make a selection below.

☐ Fixed _____ (annual rate). Provide basis points in whole numbers (e.g., 100 basis points = 1.00% annually).

☐ Tiered schedule

☐ Opt out of fee debiting. Fees will not be debited by American Funds Service Company.®

Note: If no selection is made, and your firm offers multiple rates, no fees will be debited until you notify us of the applicable rate.

If your firm only offers one fixed rate, or a tiered schedule and no fixed rates, we will apply the applicable rate.

- B. Investor:** I authorize American Funds to debit fees from my 529-F-2 share account as instructed by my financial professional.

Fees will be debited proportionately (based on fund/asset allocation) on a quarterly basis from your 529-F-2 share account unless you indicate otherwise below.

Optional: Debit fees from a specific fund. If the fund designated does not have sufficient assets, the remaining fee will be debited from the original fund from which the fee is due.

Debit from fund

Fund name or number



9 Financial professional

Important: This section must be signed by an individual authorized to act on behalf of the firm.

Financial professional information

Name of financial professional		Financial professional number*	
Address (if different from firm address)	City	State	ZIP
	()	Ext.	()
Email address	Daytime phone (if different from firm)		Fax

Firm information

Name of firm (as it appears on Form ADV or home office)	Firm number*	()	Ext.
		Daytime phone	
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)** 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 professional services to the account owner, **3)** if applicable, has provided the account owner named on this application a copy of SEC Form CRS; **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; **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"); and **6)** acknowledges that any fee recovery payments will be made according to the payment instructions on file with American Funds.

X
Signature of person authorized to sign on behalf of firm — **required** Date / / (mm/dd/yyyy)

* Financial professional number or firm number may be assigned by American Funds. If you need assistance, call **(800) 421-5450**.



10 Signature of CollegeAmerica account owner

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 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, ext. 529**. I authorize the instructions set forth in this application.

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 application instructions, the exercise of the online/telephone investment, exchange and/or withdrawal privileges, or arising from such instructions once the online/telephone exchange and withdrawal 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 withdrawn for 7 business days.

I authorize the financial professional assigned to my account 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 understand that AFS will debit the account to pay advisory fees in accordance with the instructions provided in Section 8 and by the financial professional listed in Section 9.

I certify that I, as well as the beneficiary and the successor owner(s) 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 withdrawing 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)** withdraw 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 agree that my ACH elections will apply to all my current and future accounts. I understand I may cancel the ACH options at any time online at www.capitalgroup.com or by calling (800) 421-4225. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness. I have read, understand and agree to the *Bank Verification Terms & Conditions*, and I authorize AFS to access records from public and proprietary sources in order to validate that I am the bank account owner.

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 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.

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

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4351

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.



Review this agreement if you provided bank information.

Electronic bank verification is conducted through a third party service provider that is unaffiliated with American Funds Service Company (AFS) and Capital Bank and Trust Company (CB&T). If you choose to add a bank account electronically, you must agree to the Bank Verification Terms & Conditions of Use set forth below. The Fund or the Fund's transfer agent will send your information to the third party service provider, who will then compare your information with their database to verify the information you provided. Please read and agree to the Bank Verification Terms & Conditions of Use for the third party service in order to continue.

**Agreement and Bank Verification Terms & Conditions
of Use of the Service**

I (we) authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus (if applicable) for this designated bank account. I (we) authorize credits/debits to/from the bank account designated in conjunction with the account option(s) selected. I (we) agree that AFS and/or CB&T shall be fully protected in honoring any such transaction. I (we) also agree that AFS and/or CB&T may make additional attempts to credit/debit my (our) account if the initial attempt fails and I (we) will be liable for any associated costs. All account options elected will become part of the account and terms, representations, and conditions thereof.

Provide Accurate Information. I (we), the end user, agree to provide true, accurate, current and complete information about myself (ourselves) and my (our) accounts maintained at other web sites and I (we) agree to not misrepresent my (our) identity or my (our) account information. I (we) agree to keep my (our) account information up to date and accurate.

Proprietary Rights. I (we) are permitted to use content delivered to me (us) through the service only on the service. I (we) may not copy, reproduce, distribute, or create derivative works from this content. Further, I (we) agree not to reverse engineer or reverse compile any of the service technology, including but not limited to, any Java applets associated with the service.

Content You Provide. I (we) are licensing to AFS and/or CB&T ("Company") and its service providers ("Service Provider") any information, data, materials or other content (collectively, "Content") I (we) provide through or to the service. Company and Service Provider may use, modify, display, distribute and create new material using such Content to provide the service to you. By submitting Content, I (we) automatically agree, or promise that the owner of such Content has expressly agreed that, without any particular time limit, and without the payment of any fees, Company and Service Provider may use the Content for the purposes set out above. I (we) agree that, as between Company and Service Provider, Company owns your confidential account information.

Third Party Accounts. By using the service, I (we) authorize Company and Service Provider to access third party sites designated by Company, on my (our) behalf, to retrieve information requested by me (us), and to register for accounts requested by me (us). For all purposes hereof, I (we) hereby grant Company and Service Provider a limited power of attorney, and I (we) hereby appoint Company and Service Provider as my (our) true and lawful attorney-in-fact and agent, with full power of substitution and re-substitution, for me (us) and in my (our) name, place and stead, in any and all capacities, to access third party internet sites, servers or documents, retrieve information, and use your information, all as described above, with the full power and authority to do and perform each and every act and thing requisite and necessary to be done in connection with such activities, as fully to all intents and purposes as you might or could do in person. I (WE) ACKNOWLEDGE AND AGREE THAT WHEN COMPANY OR SERVICE PROVIDER ACCESSES AND RETRIEVES INFORMATION FROM THIRD PARTY SITES, COMPANY AND SERVICE PROVIDER ARE ACTING AS MY (OUR) AGENT, AND NOT THE AGENT OR ON BEHALF OF THE THIRD PARTY. I (we) agree that third party account providers shall be entitled to rely on the foregoing authorization, agency and power of attorney granted by me (us). I (we) understand and agree that the service is not endorsed or sponsored by any third party account providers accessible through the service.

DISCLAIMER OF WARRANTIES. I (WE) EXPRESSLY UNDERSTAND AND AGREE THAT: MY (OUR) USE OF THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE IS AT MY (OUR) SOLE RISK. THE SERVICE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS. COMPANY AND SERVICE PROVIDER EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND AS TO THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE, WHETHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT. COMPANY AND SERVICE PROVIDER MAKE NO WARRANTY THAT (i) THE SERVICE WILL MEET MY (OUR) REQUIREMENTS, (ii) THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE, OR ERROR-FREE, (iii) THE RESULTS THAT MAY BE OBTAINED FROM THE USE OF THE SERVICE WILL BE ACCURATE OR RELIABLE, (iv) THE QUALITY OF ANY PRODUCTS, SERVICES, INFORMATION, OR OTHER MATERIAL PURCHASED OR OBTAINED BY ME (US) THROUGH THE SERVICE WILL MEET MY (OUR) EXPECTATIONS, OR (v) ANY ERRORS IN THE TECHNOLOGY WILL BE CORRECTED. ANY MATERIAL DOWNLOADED OR OTHERWISE OBTAINED THROUGH THE USE OF THE SERVICE IS DONE AT MY (OUR) OWN DISCRETION AND RISK AND I (WE) ARE SOLELY RESPONSIBLE FOR ANY DAMAGE TO MY (OUR) COMPUTER SYSTEM OR LOSS OF DATA THAT RESULTS FROM THE DOWNLOAD OF ANY SUCH MATERIAL. NO ADVICE OR INFORMATION, WHETHER ORAL OR WRITTEN, OBTAINED BY ME (US) FROM COMPANY OR SERVICE PROVIDER THROUGH OR FROM THE SERVICE WILL CREATE ANY WARRANTY NOT EXPRESSLY STATED IN THESE TERMS.

LIMITATION OF LIABILITY. I (WE) AGREE THAT NEITHER COMPANY, ITS INVESTMENT MANAGER, OR SERVICE PROVIDER NOR ANY OF THEIR EMPLOYEES, OFFICERS, TRUSTEES, DIRECTORS, AFFILIATES, ACCOUNT PROVIDERS OR ANY OF THEIR AFFILIATES WILL BE LIABLE FOR ANY HARMS, WHICH LAWYERS AND COURTS OFTEN CALL DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS, GOODWILL, USE, DATA OR OTHER INTANGIBLE LOSSES, EVEN IF COMPANY OR SERVICE PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, RESULTING FROM: (i) THE USE OR THE INABILITY TO USE THE SERVICE; (ii) THE COST OF GETTING SUBSTITUTE GOODS AND SERVICES, (iii) ANY PRODUCTS, DATA, INFORMATION OR SERVICES PURCHASED OR OBTAINED OR MESSAGES RECEIVED OR TRANSACTIONS ENTERED INTO, THROUGH OR FROM THE SERVICE; (iv) UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA; (v) STATEMENTS OR CONDUCT OF ANYONE ON THE SERVICE; (vi) THE USE, INABILITY TO USE, UNAUTHORIZED USE, PERFORMANCE OR NON-PERFORMANCE OF ANY THIRD PARTY ACCOUNT PROVIDER SITE, EVEN IF THE PROVIDER HAS BEEN ADVISED PREVIOUSLY OF THE POSSIBILITY OF SUCH DAMAGES; OR (vii) ANY OTHER MATTER RELATING TO THE SERVICE.

Indemnification. I (we) agree to protect and fully compensate Company, its investment manager, and Service Provider and their employees, officers, trustees, directors, and affiliates from any and all third party claims, liability, damages, expenses and costs (including, but not limited to, reasonable fees) caused by or arising from my (our) use of the service, my (our) violation of these terms or my (our) infringement, or infringement by any other user of my (our) account, of any intellectual property or other right of anyone. I (we) agree that the Company's investment manager and Service Provider are each a third party beneficiary of the above provisions, with all rights to enforce such provisions as if the investment manager or Service Provider were a party to this Agreement.