

Important note: We encourage you to consult a professional who understands both the tax-law and related estate-planning implications of this form.

1	Account registration
	Please type or print clearly.

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

Account number		_			
First name		M	II Last		
		uardian of the Account Red Person (e.g., a grandpare	-		anyone other than a parent ned as a legal guardian).
				()	Ext.
First name		MI Last		Daytime phone	
Address			City		State ZIP
9 New Acc	ount Beneficiary				
2					
		y become the Account Render age 30. Otherwise,	-		
SSN of Account Benefic		Date of birth of Ac	count Beneficiary (mm/dd/		
	,				
First name		M	II Last		
3 Signature	e of Authorized P	erson			
Luciale da un dada dhia			fied in Oestion 9		
I wish to update this	s account with the new A	ccount Beneficiary ident	fied in Section 2.		
X					1 1
Signature of Authorized	l Person (parent or legal guar	dian)		Date	(mm/dd/yyyy)
This document may	y not be signed using A	dobe Acrobat Reader's	"fill and sign" feature	2.	
Please mail or		Indiana Service Cente)r	Virginia	Service Center
fax this form to the appropriate	E The second	American Funds Serv P.O. Box 6164	ice Company	America P.O. Box	an Funds Service Company
service center.	Y ALLAN	Indianapolis, IN 4620	5-6164	~ F30	, VA 23501-2560
(If you live outside		Overnight mail addre		Overnig	ıht mail address
the U.S., mail the form to the Indiana	0 98 V	12711 N. Meridian St.		5300 Rc	bin Hood Rd.
Service Center.)		Carmel, IN 46032-918	1 . *	\ <u>(</u>) <u>Narfall</u> .	, VA 23513-2430

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