



To roll assets to an American Funds Roth IRA owned by the CollegeAmerica account beneficiary, use the *CollegeAmerica to Roth IRA Rollover Request*.

1 Account owner information

Account number

Name of account owner or custodian for UGMA/UTMA

Name of beneficiary

Address

City

State

ZIP

Email address*

()

Daytime phone

*Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Request for distribution

Complete **A** or **B**. For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

A. ☐ I am requesting a one-time distribution.

Fund name or number

Amount

Percentage

_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%

B. ☐ I am requesting installment payments.

Fund name or number

Amount

Annual withdrawal
percentage*

_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%

*For annual percentage withdrawals, the dollar amount of the automatic withdrawal is recalculated based on the percentage designated, the frequency of the transactions and the account value on each withdrawal date. For example, if you request a 12% annual withdrawal, drafted monthly, you will receive 1% each month. Because of market fluctuation and the amount of any previous withdrawals, the actual payment amount will vary with each transaction.

Payment frequency — **required**: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date — **required**: Make the first distribution on _____
(mm/dd/yyyy)

Stop date (optional): Transactions should stop on the following date _____
(mm/dd/yyyy)



3 Payment instructions

Select one. A signature guarantee may be required in Section 6.

- A. ☐ Electronically deposit my distribution into my bank account. (Payments will be delivered to your bank within three (3) business days of the transaction date. Attach an unsigned, voided check in Section 5.)
- B. ☐ Check — Unless you provide special pay order instructions in Section 4, the check will be sent to the account owner's address of record.
- C. ☐ Roll over to a non-American Funds 529 account. (Section 4 must be completed.)
- D. ☐ Roll over to a non-American Funds Roth IRA owned by the 529 account beneficiary. (Section 4 must be completed.)
- E. ☐ Reinvest in either a new or existing American Funds account (any account type **except** a 529 or Roth IRA owned by the CollegeAmerica account beneficiary). If opening a new account, complete and attach the appropriate application. Speak with your tax advisor about possible tax impacts, and with your financial professional for assistance with establishing a new account.

If using an existing account, enter your American Funds account number here _____

Next, select one of the options below for investment instructions:

- ☐ Move shares from this CollegeAmerica account to the receiving account within the same fund(s) and comparable share class.
- ☐ I have attached a separate letter of instruction that specifies how my shares should be invested in the receiving account.

Note: Distributions to a beneficiary or eligible institution for the benefit of the beneficiary will be reported on a 1099-Q under the Social Security number of the beneficiary. All other distributions will be reported under the Social Security number of the account owner.

4 Special pay order

Complete this section if the distribution is to be made payable to someone other than the account owner or will be mailed to an address other than the address of record. **If this section is completed, a signature guarantee may be required. See Section 6 for more information.**

Name of payee, educational or financial institution

Federal school code (if an eligible institution)

Address

City

State

ZIP

Special pay order account number or ID number (if applicable)

FBO (if applicable) — generally, the account beneficiary



5 Bank information

This information should be provided **only** if you wish to have your disbursement sent electronically to your bank. Attach an unsigned, voided check here. The document you attach **must** be preprinted with the bank name and registration, routing number and account number. **Please do not staple. Read the signature guarantee requirements in Section 6.**

Important:

- The bank information you provide here will be kept on file for future ACH requests. You will receive an acknowledgment as confirmation.
- If you do not want this information retained and available for future ACH distribution requests, decline here. ☐
- You may cancel the ACH option at any time online at www.capitalgroup.com or by calling us at (800) 421-4225.

Tape your check here.

John Doe

DATE _____

Bank account registration

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Anytown Bank ← Bank name

⌈ : 99999999 ⌋ : Bank routing number

⌈ 0000000000 ⌋ : Bank account number

VOID

Note: In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number, account number and account type (checking or savings). The document must be on the bank's letterhead.



6 Authorization and signature guarantee

I direct American Funds Service Company® (AFS) to make distributions from the CollegeAmerica account in the manner I have indicated, and I assume sole responsibility for the tax consequences of the above election. I certify that the above information and attached documentation (if applicable) are accurate, and I am entitled to receive the payments for which I have applied.

If I have agreed to allow American Funds to retain bank information for future ACH requests, 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 document; and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness.

In consideration of AFS acting on such instructions and processing such transactions, or should I not be entitled to all or any part of the payments for which I have applied, 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. In addition, if installment payments are requested, I understand that this payment may be terminated by me at any time by telephone or written notification to AFS. The termination request will be effective as soon as AFS has had reasonable time to act upon it.

	X	/ /
Name of account owner or custodian	Signature of account owner or custodian	Date (mm/dd/yyyy)

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

A signature guarantee is required if any of the following apply:

- The check is payable to someone other than the owner, beneficiary or eligible educational institution.
- The check is mailed to an address that is different from your address of record, unless sent to an eligible educational institution.
- The check is mailed to your address of record and the address has been changed in the last 10 calendar days.
- The proceeds are deposited into a bank account not currently associated with a withdrawal option that has been on the account for at least 10 calendar days.
- The withdrawal amount is more than \$250,000.

Stamp signature or medallion guarantee here.

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.

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

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

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.