

# CollegeAmerica® **Account Application**

Use this application to open an individual CollegeAmerica 529 account. If opening accounts for multiple beneficiaries with the same owner, submit the CollegeAmerica Account Application (for Multiple Beneficiaries) instead. 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 quide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.





| Account registration   |                           |                              |                  |                      |
|--|---------------------------|------------------------------|------------------|----------------------|
| Individual (Complete Sections 2–10.)   |                           |                              |                  |                      |
| UGMA/UTMA (Complete Sections 4–10. To provide minor and custodic Supplemental Account Application and submit it with this application.)  | an information, you m     | ust <b>also</b> complete a 0 | CollegeAmeric    | ca                   |
| Trust or entity (Complete Sections 3–10. To provide trust or entity informaccount Application and submit it with this application. Entities must also are multiple trustees, each trustee is required to sign the application in   | so complete and subn      |                              |                  |                      |
| <b>Note:</b> If the account is being established for an employee of a broker-deal privilege for financial professionals, submit a <i>Sales Charge Exempt</i> calling American Funds Service Company at (800) 421-4225.             |                           | •                            |                  |                      |
| Account owner information — Individual accoun  | ts only                   |                              |                  |                      |
| The account owner is the sole individual establishing and controlling a Colle  | geAmerica account.        |                              |                  |                      |
|  |                           | □u.s. □                      | Other:           |                      |
| SSN of account owner Date of birth of account o  | wner (mm/dd/yyyy)         | Country of citizens          | nip              |                      |
| First name of account owner MI   | Last                      |                              |                  |                      |
| Residence address (physical address required — no P.O. boxes)  | City                      |                              | State Z          | ΊΡ                   |
| Mailing address (if different from residence address)  | City                      |                              | State Z          | IP                   |
|  | •                         | ( )                          |                  |                      |
| Email address*   |                           | /<br>Daytime phone           |                  |                      |
| Successor owner(s) — Not applicable to UGMA/UTMA, trust or entity  | / accounts                |                              |                  |                      |
| The <b>primary successor owner</b> must be at least age 18 and a U.S. citizen of the account owner dies, and <b>cannot be the same person as the account</b> with UGMA/UTMA assets.  | or legal U.S. resident, b |                              |                  |                      |
|  | Γ                         |                              |                  |                      |
| First name of primary successor owner MI Last  | Di                        | ate of birth of primary succ | essor owner (mn  | m/dd/yyyy)           |
| The <b>contingent successor owner</b> must be at least age 18 and a U.S. citiz the event the primary successor owner predeceases the account owner, an successor owner. If designating a contingent successor owner, you must also | d cannot be the same      | person as the accour         | nt owner or pri  |                      |
|  |                           | <b></b>                      |                  |                      |
| First name of contingent successor owner MI Last   | Di                        | ate of birth of contingent s | uccessor owner ( | ı ()<br>(mm/dd/yyyy) |
| *Your privacy is important to us. For information on our privacy policies, visit www.c   | apitalgroup.com.          |                              |                  |                      |





| Beneficiary information — Not to be of the beneficiary is the person on whose behalf the account                      | •  | •                        |                           |
|---|--|--------------------------|---------------------------|
| First name of beneficiary   | MI Last                                    |                          |                           |
| SSN of beneficiary Date of  | birth of beneficiary (mm/dd/yyyy)          | U.S. Country of citizens | Other:                    |
| Investment instructions  For a quick guide to fund names, numbers, minimums and                                       | share class restrictions, go to www.capita | algroup.com/fundguid     | de.                       |
| I elect to invest my contributions in Class 529-A shares closest to the beneficiary's 18th birthday unless I elect of | <del>-</del>                               | rget Date Series® f      | und with the year         |
| A. Invest 100% of my contribution(s) in Class 529-A sha   | ares of the American Funds College T       | arget Date Series.       |                           |
| Select one:   |  |                          |                           |
| American Funds College 2042 Fund® A   | merican Funds College 2039 Fund®           | American Fur             | nds College 2036 Fund®    |
| American Funds College 2033 Fund® Ar  | merican Funds College 2030 Fund®           | American Fun             | ds College 2027 Fund®     |
| OR  |  |                          |                           |
| B. Invest my contributions as instructed below. (If you d   | o not choose a share class, investme       | nts will be placed in    | Class 529-A shares.)      |
| Choose a share class:   |  |                          |                           |
| Class 529-A OR Class 529-C  |  |                          |                           |
| Fund name or number   | Amount                                     |                          | ercentage<br>hole % only) |
|   | <b></b> \$                                 | OR _                     | %                         |
|   | \$   | OR                       | %                         |



| How would | you like to fund your account? Select one or more option  | ns below:  |                                |
|-----------|---|--|--------------------------------|
| A. 🗌 Che  | ck made payable to "CollegeAmerica."  |  |                                |
| B. 🔲 Ban  | <b>k</b> account — Provide bank information in Section 6.   |  |                                |
| 1.        | One-time contribution — The transaction will be process   | ed on the same day the account is establ         | shed.                          |
|           | \$  |  |                                |
|           | Amount  |  |                                |
| 2.        | Investment plan   |  |                                |
|           | <b>Note:</b> If the account is established after the requested start month and occur monthly thereafter.  | t date or no start date is provided, transac     | tions will begin the following |
|           | a.  |  |                                |
|           | Fund name or number   | Amount (\$50 min. per fund)                      |                                |
|           |   | <b>\$</b>  | -                              |
|           |   | \$   | _                              |
|           |   | φ.   |                                |
|           |   | \$   | -                              |
|           |   | \$   | -                              |
|           |   | <u> </u>   | -                              |
|           |   | ¢  |                                |
|           |   | \$   | -                              |
|           | b. Transactions should begin during the month of  |  |                                |
|           | c. Transactions should occur on the following date(s) of the  | month, (e.g., 8                                  | 8th, 19th)                     |
|           | d. Frequency: Monthly Every other month   | Quarterly Annually                               |                                |
| a br      | nsfer of assets or rollover* from a non-American Funds 52 okerage-held CollegeAmerica account or Coverdell ESA. Yo this application. Ensure you've provided investment inst                                 | u must submit a CollegeAmerica/Rollove           |                                |
| If A      | erican Funds must receive a statement from your prior institution shamerican Funds does not receive this documentation, the entire amoure withdrawal from the account. Please refer to the "Rollovers and t | unt will be treated as earnings in computing the |                                |
| D. Acc    | ount will be funded later. Ensure you've provided investme  | ent instructions in Section 4                    |                                |



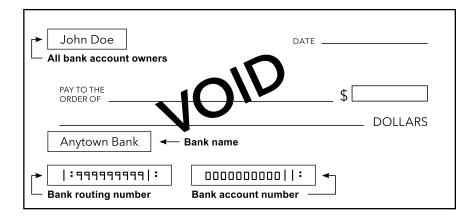


# **Bank information**

B. Link my bank information:

**A. Tape an unsigned, voided check below (no deposit slips)** — In lieu of a check, submit a preprinted bank document, such as a bank statement or a letter providing the bank information.

Tape your check here.



|    | For online/telephone investing  |   |  |  |  |  |
|----|---|---|--|--|--|--|
|    | For online/telephone withdrawals from my Ame  | erican Funds account  |  |  |  |  |
|    | Note: If no option is selected, your bank account w   | vill be linked for investing and withdrawals.   |  |  |  |  |
| C. | 2. 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 7.  |   |  |  |  |  |
|    | 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 informatio agreement with American Funds.   | n <b>ONLY</b> if your financial professional's firm has an electronic signature indemnification |  |  |  |  |
|    | Bank name   | Bank routing number   |  |  |  |  |
|    |   | ☐ Checking <b>OR</b> ☐ Savings  |  |  |  |  |
|    | Bank account number   | Bank account owner(s)   |  |  |  |  |

#### 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 | Financial | professiona |
|---|-----------|-------------|
| 7 | Financial | professiona |

| 7 <sup>F</sup>             | inancial professional  |   |   |   |                               |                             |                      |
|----------------------------|--|---|---|---|-------------------------------|-----------------------------|----------------------|
| under a S                  | orize American Funds Service Compan<br>Statement of Intention or Rights of Accu<br>n this application.   |   | -   | _                                       | -                             |                             | ccount owner         |
| Name(s) o                  | f financial professional(s)  | Professional/team ID #  | Branch number   | (                                       | aytime phone                  |                             | Ext.                 |
|                            |  |   |   |   |                               |                             |                      |
| Address                    |  |   | City  |   |                               | State                       | ZIP                  |
|                            |  |   | X   |   |                               |                             |                      |
| Name of b                  | roker-dealer firm (as it appears on the Selling (  | Group Agreement)  | Signature of person   | authorized to s                         | ign for the brok              | er-dealer — r               | required             |
| Rights of Account          | deducing the sales charge or of Accumulation (cumulative discourt owner, spouse and children under 21 cales charges. The account numbers or  | <b>nt)</b><br>or disabled adult childre   | n with ABLE accoun  | ts can aggre                            | gate accoun                   | its of any sh               | nare class to        |
| l plan to \$250  Notes: •  | int of Intention (SOI) invest over a 13-month period in one of 1,000 \$500,000 \$750,000  If you are establishing a Statement of be adjusted.  Investments in the money market fun Certain investments may not apply to additional information.  | \$1,000,000  Intention and do not indicate the state of th | vest the intended an  | nount within                            | 13 months, the                | he sales ch<br>ation.       |                      |
| A. Onlin<br>To de<br>Note: | e/telephone exchange and withdraw cline these privileges, read the individual of the | vidual statements and of<br>sociated with this account<br>website or by telephone<br>using the online/telephore   | check the applicable the including your fing the Requests would not the exchange privileg | le box(es).  ancial profes eed to be su | sional, will b                | e able to re                |                      |
|                            |  |   |   |   |                               |                             |                      |
| rebala<br>be co<br>Refer   | rtant note: IRS rules limit changes in 5 ance plan at the time of account setup. nsidered a change in investment strate to the CollegeAmerica Program Descriptione fund to another or rebalance funds  | Adding or changing an a<br>gy. The request may be o<br>iption for additional inform   | automatic exchange<br>denied if a change in<br>mation or speak with                       | or rebalance<br>investment              | plan on an e<br>strategy exce | existing acc<br>eeds two pe | ount will<br>r year. |
| B. Autoi                   | matic exchange and rebalance plans   | (optional) — requires   | additional paperwo  | ork                                     |                               |                             |                      |
| To av                      | oid delays in establishing these options   | s, you must attach a cor  | npleted CollegeAme  | rica Accoun                             | t Options for                 | m. Check a                  | Il 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).



# 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. 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 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   |      | 1 1          |
|---|------|--------------|
| 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



## **Bank Verification Terms & Conditions**

#### 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-infact 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 AVAÌLABLE" 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 NONINFRINGEMENT. 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.