

CollegeAmerica® Rollover/Transfer Request

Daytime phone

Use this form to:

- Request a direct rollover from your non-CollegeAmerica 529 program
- Transfer assets from your non-American Funds Coverdell Education Savings Account (ESA) to your CollegeAmerica account
- Transfer in kind from your brokerage-held CollegeAmerica account to your CollegeAmerica account held at American Funds
- Request a strategy change from an Invest529 or CollegeWealth account to your CollegeAmerica account held at American Funds.

Before completing this form, contact the financial institution holding the assets to determine what additional paperwork or actions may be required to move your assets to American Funds.

Return this form to American Funds. If the current financial institution requires an original copy of this form, mail it to the appropriate service center for your state using the maps on page 4.

Type of request							
Select one.							
Rollover from a non–American Fund	s 529, includ	ing 529s funde	ed with UGMA/UTMA ass	ets (You must o	complete	Sections 2,	3, 4 and 6.)
Transfer from a non–American Fund	s Coverdell I	ESA (You mus	t complete Sections 2, 3,	4 and 6.)			
Transfer in kind from your brokerage funds in Section 4; leave the Percen	-		ount (You must complete s	Sections 2, 4, 5	5 and 6. In	dicate the s	hare class and
Strategy change from an Invest529 of	or CollegeWe	ealth account (You must complete Section	ons 2, 3, 4 and	6.)		
2 Information about your If you do not have an existing College	•					merica Accou	Int Application.
First name of account owner or custodian	MI	Last		Acco	unt number	(if known)	
Address			City			State	ZIP
				()		

Email address*

First name of beneficiary

Last

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

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CollegeAmerica Rollover/Transfer Request

The account you are rolling over or transferring from must have the same account owner as the CollegeAmerica account held at American Funds Contact the current plan administrator to obtain the correct mailing address. If you have multiple account numbers for the account owner and beneficiary and need more space, attach a separate page.					
Account number of 529 plan or ESA Full	Full name of 529 plan (if assets are from an ESA, leave blank)				
Name of financial institution (where your current 529 plan c	or ESA account is held)				
Address	City	State ZIP			
	Provide the sending account investment information be	low.			
Investment name	Amount \$				
	\$				
	\$				
	\$				
	\$				
	\$				
То	otal investments \$				

Information about the assets you want to move to American Funds

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GROUP®	FUNDS®

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ZIP

Investment instructions If funds are transferring in kind from your brokerage-held CollegeAmerica account, indicate the share class and funds; leave the Percentage fields blank. A. Select a share class. (If you DO NOT select a share class, the investments will be placed in Class 529-A shares by default.) Class 529-A* OR Class 529-C[†] OR Class 529-F-2[‡] * Rollovers/transfers/strategy changes from non-American Funds 529 accounts will be invested at Net Asset Value (no sales charge). [†] Class 529-C shares are only available for transfers from non-American Funds Coverdell ESA accounts. [‡] Class 529-F-2 shares are available only for CollegeAmerica accounts sold through participating Investment Advisor Representatives or intermediaries. B. Provide investment selection(s). Select one of the two options below. Invest my contribution in the American Funds College Target Date Series.® Indicate one of the following years: 2027, 2030, 2033, 2036, 2039 or 2042. American Funds College _ Fund Year OR Invest my contribution as instructed below. For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide. Fund name or number Percentage % % % % % % % % Total Request to transfer in kind from your brokerage-held CollegeAmerica account The account you are transferring from must have the same account owner and same beneficiary as the CollegeAmerica account held at American Funds. All assets must be transferred. Please contact the brokerage firm that currently holds the assets to obtain the correct mailing address.

Brokerage-held CollegeAmerica account number

Current share class

Name of brokerage firm

Address

City

State

Z

Check here if you would like us to fax this request, and you have confirmed that the current financial institution will accept a fax.

(____)

Current financial institution fax



CollegeAmerica Rollover/Transfer Request

Signature of account owner/Signature guarantee

I certify that I have read, understand and agree to all pages of this *CollegeAmerica Rollover/Transfer Request* form as well as the terms set forth in the *CollegeAmerica Program Description* as it relates to this request. If rolling/transferring assets from a Qualified Tuition Program (i.e., a 529 plan) with a different beneficiary, I certify that the beneficiary of that account qualifies as a "Member of the Family" (as defined in the *Program Description*) of the beneficiary of this CollegeAmerica account. If the sending account is a 529 account funded with UGMA/UTMA assets, I understand that, generally, the beneficiary on the receiving American Funds account must be the same individual; if this is not the case, I should seek legal advice. If transferring from an Invest529 or CollegeWealth account, I understand this movement of funds is considered an investment strategy change. Once two investment changes are made within the same calendar year for the same account owner and beneficiary, a subsequent investment strategy change will be treated as a withdrawal. I understand that the prior financial institution is responsible for providing American Funds with a statement showing basis and earnings of the funds being rolled over/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. Refer to the *Program Description* for more information.

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Signature of account owner

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

If required by the current financial institution, 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.

CUSTODIAL ACCEPTANCE

To the sending program manager: This is confirmation that American Funds has established the CollegeAmerica account referenced above CollegeAmerica is a 529 college savings plan as described in Section 529 of the Internal Revenue Code. It is offered by Commonweath Savers, an independent agency of the Commonwealth of Virginia, with American Funds as Program Manager. Rollover checks into this account should be mailed to one of the addresses below. Make the check payable to "CollegeAmerica [Name of account owner] FBO [Beneficiary designated in Section 2], [CollegeAmerica account number, if known]."

The investments should be accompanied by a statement showing the earnings portion of the rollover distribution as described in Section 529 Programs, Notice 2001-81 of the Internal Revenue Code. Any assets other than shares of American Funds must be liquidated and sent via check. For example, employer's stock, limited partnerships, etc., in the form of a certificate or in any other form cannot be registered in the name of CollegeAmerica, American Funds or any of the American Funds names.

Authorized signer for CollegeAmerica/ American Funds Service Company

Ryan Rue, President

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Signature (accepting signer)

Date (mm/dd/yyyy)

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.

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/ / Date (mm/dd/yyyy)

Stamp signature or medallion guarantee here.