

In lieu of submitting this form, you may request a distribution of less than \$125,000 at [www.americanfunds.com](http://www.americanfunds.com), or by calling us at (800) 421-4225. The funds can be sent electronically to a bank account on file, or via check to the address of record.

## 1 Account Owner information

Please type or print clearly.

Account number \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Daytime phone

Name of Account Owner or Custodian for UGMA/UTMA \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check here if the address listed is new. Our records will be updated accordingly.

## 2 Request for distribution

Complete **A** or **B**. To avoid delays in processing your request, be sure to specify fund names or numbers when providing distribution instructions. For fund names and numbers, review your statement or access your account at [www.americanfunds.com](http://www.americanfunds.com).

A.  I am requesting a one-time distribution from the above-referenced CollegeAmerica Account.

Fund name or number	Amount	Percentage
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%

B.  I am requesting installment payments

**Note:** To avoid delays in processing your request, provide complete instructions.

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 of the four options listed below. **For options A, B and C, 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, any 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.  Repurchase shares in either a new or existing American Funds account (any account type **except** a CollegeAmerica 529). If opening a new account, complete and attach the appropriate application. Speak with your tax advisor about possible tax impacts, and with your financial advisor 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.

- Notes:**
- Electronic deposits will be handled via Automated Clearing House (ACH), unless otherwise instructed.
  - 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 institution, trustee or custodian (if applicable)

\_\_\_\_\_  
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.americanfunds.com](http://www.americanfunds.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**

|:999999999|:

0000000000|:

**Bank routing number**

**Bank account number**

VOID

**Note:** In lieu of a voided check, you may submit a letter from your bank on the bank's letterhead providing the:

- bank account registration
- routing number
- account number

## 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 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)** redeem 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 Virginia529; 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 direct deposit 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.

\_\_\_\_\_  
First name of Account Owner (print)

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last

X

\_\_\_\_\_  
Signature of Account Owner or Custodian for UGMA/UTMA

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

### A signature guarantee is required unless the redemption request is:

- made payable to the Account Owner, an eligible educational institution, or the Beneficiary; **and**
- less than \$125,000 or less than \$25,000 if made payable to the Beneficiary; **and**
- sent to an eligible educational institution or the address of record (as long as the address has not changed in the last 10 calendar days).

#### GUARANTOR:

Stamp signature guarantee or medallion guarantee here.

**Note regarding ACH redemptions:** A signature guarantee is **required** unless installment payments are being requested, the CollegeAmerica Account Owner is included in the bank account registration, **and** the request is received at least 10 calendar days prior to the first draft.

**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.

**Note:** A medallion guarantee is acceptable in place of a signature guarantee.

CollegeAmerica is a nationwide plan sponsored by **Virginia529™**

Please mail this form to the appropriate service center.

(If you live outside the U.S., mail the form to the Indiana Service Center.)



#### Indiana Service Center

American Funds Service Company  
P.O. Box 6273  
Indianapolis, IN 46206-6273

**Overnight mail address**  
12711 N. Meridian St.  
Carmel, IN 46032-9181

#### Virginia Service Center

American Funds Service Company  
P.O. Box 2713  
Norfolk, VA 23501-2713

**Overnight mail address**  
5300 Robin Hood Rd.  
Norfolk, VA 23513-2430

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