

3 Beneficiary change

You must also complete Section 4.

- Notes:**
- If attempting to change the Beneficiary of a 529 Account funded with UGMA/UTMA assets, call us at (800) 421-4225.
 - A signature guarantee is **NOT** required to change a Beneficiary unless the Account is funded with UGMA/UTMA assets.
 - The current Successor Owner will remain the Successor Owner for the new Account unless Section 5 is completed.

Name of current Beneficiary _____

The new Beneficiary must be a member of the current Beneficiary's family and either a U.S. citizen or resident alien. If the new Beneficiary is not a member of the family, this change will be treated as a withdrawal, and the transaction will be subject to federal income tax and a 10% federal penalty tax on earnings. A member of the Beneficiary's family is: **1)** a son or daughter or a descendant of either; **2)** a stepson or stepdaughter; **3)** a brother, sister, stepbrother or stepsister; **4)** a father or mother or an ancestor of either; **5)** a stepfather or stepmother; **6)** a brother or sister of the father or mother; **7)** a son or daughter of a brother or sister; **8)** a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law; **9)** the spouse of the Beneficiary or the spouse of any individuals described above; or **10)** a first cousin of the Beneficiary. All legally adopted children are treated as children of the adoptive parent by blood, and the terms brother and sister include half brothers and half sisters.

SSN of new Beneficiary

Date of birth of new Beneficiary (mm/dd/yyyy)

Country of citizenship _____

First name of new Beneficiary (print) _____

MI _____

Last _____

If the new Beneficiary has an existing American Funds CollegeAmerica Account, list that Account number here _____

If you do not have an existing American Funds CollegeAmerica Account, a new Account number will be assigned.

Check this box if the new Beneficiary is not a member of the current Beneficiary's family.

4 Transfer instructions

This section **must be completed** if a new Account Owner was named in Section 2 or a new Beneficiary was named in Section 3.

Transfer the entire amount from the CollegeAmerica Account listed in Section 1 to the new Account.

OR

Transfer the following amount(s) from the CollegeAmerica Account listed in Section 1 to the new Account:

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

Note: Funds will be transferred in kind to the new or existing Account in the same share class(es), fund(s) and percentage(s) as they were withdrawn, unless otherwise instructed below.

New investment instructions:

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

5 Successor Owner or Successor Custodian change

Complete either **A** or **B** in this section. If a new Account Owner has been named in Section 2, complete **A** below. If a new Custodian has been named in Section 2, complete **B** below. This section is not applicable to corporate and trust accounts.

- A.** The new **Successor Owner** must be a U.S. citizen or legal U.S. resident and becomes the Owner of the Account in the event the Account Owner dies or becomes legally incompetent. The Successor Owner cannot be the same person as the Account Owner. A Successor Owner cannot be named for an Account funded with UGMA/UTMA assets.

_____ MI _____ Last _____
 First name of new Successor Owner (print) Date of birth of new Successor Owner (mm/dd/yyyy)

- B.** A new **Successor Custodian** can only be designated if allowed in the state where the UGMA/UTMA is established (for Accounts funded with UGMA/UTMA assets only).

_____ MI _____ Last _____
 First name of new Successor Custodian (print) Date of birth of new Successor Custodian (mm/dd/yyyy)

 Relationship of new Successor Custodian to minor

6 Financial advisor information

If this section is left blank, the current Account Owner's financial advisor will be recognized as the financial advisor of the recipient. For IARs, an Investment Advisor Representative (IAR) to Act as Agent form must be completed and attached.

 Name (exactly as it appears on firm's registration) Advisor ID number Branch number () Ext. Daytime phone

 Branch address City State ZIP

 Name of broker-dealer firm (as it appears on the Selling Group Agreement)

7 Account Owner name change request

Note: Complete this section only if the Account Owner's name has changed due to marriage, divorce, etc. If your intent is to change (transfer) the ownership to a new Account Owner, complete Section 2.

Print both your former name and new name in this section. Then determine if you want to have your signatures guaranteed **OR** provide the appropriate backup documentation described below. If you decide to obtain signature guarantees, sign below **ONLY** in the presence of an eligible guarantor. You **MUST** still sign in Section 9 as the current Account Owner.

- **If the value of your Account is \$125,000 or less**, you may provide a photocopy of a legal name document (e.g., a divorce decree, marriage certificate or legal name change certificate), **OR** sign below in the presence of an eligible guarantor and provide a signature guarantee of your new name on page 4.
- **If the value of your Account exceeds \$125,000**, you may provide an original copy of a legal name document *with original certification* **OR** sign below in the presence of an eligible guarantor and provide a signature guarantee of your new name on page 4.

_____ **X** _____ / /
 Former name (print) Former signature Date (mm/dd/yyyy)

_____ **X** _____ / /
 New name (print) New signature Date (mm/dd/yyyy)

8 Signature of new CollegeAmerica Account Owner (if applicable)

A signature is required if changing Account Owner or Custodian (Section 2).

I hereby establish a CollegeAmerica Account with Virginia529SM 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 authorize the instructions set forth in this application and consent to the \$10 setup fee and the annual Account maintenance fee (currently \$10) as specified in the Program Description.

I agree to hold harmless and indemnify Virginia529; 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 telephone and website exchange and/or redemption privileges or in connection with the establishment of an Account with a minor Account Owner.

I authorize the registered representative assigned to my Account to have access to my Account and to act on my behalf with respect to my Account. I certify that I, as well as the Beneficiary and the Successor Owner 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 redeeming the shares at the current market price and that such action may have tax consequences, including a tax penalty.

X _____ Date / /
Signature of new Account Owner (or parent/guardian if Owner is a minor) or signature of Successor Owner if current Account Owner is deceased

9 Signature of current CollegeAmerica Account Owner

A signature guarantee is required if changing Owner or Custodian (Section 2), and may be required if changing the Account Owner's name (see Section 7).

I direct AFS to make changes to my CollegeAmerica Account in the manner that I have indicated on this form, and I assume sole responsibility for any tax consequences. I certify that the instructions and information provided herein are true and correct.

X _____ Date / /
Signature of current Account Owner (or parent/guardian if Owner is a minor) or signature of Successor Owner if current Account Owner is deceased

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.

GUARANTOR: Stamp signature guarantee here.

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CollegeAmerica is a nationwide plan sponsored by **Virginia529SM**

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.