



Virginia College Savings PlanSM
 Employer-Sponsored CollegeAmericaSM
 New Account Application

1 Account registration

Important: This section must be completed before an account can be established, and the application must be signed in Section 5, page 3.

A. Employer information

Employer's name _____
 -
 Employer's taxpayer ID (please contact your employer for this information)

B. Account Owner: the individual or entity establishing and controlling a CollegeAmerica account. The account owner must be an employee of the employer named above.

- -
 SSN of registered owner/employee - -
 Date of birth (mm/dd/yyyy)

Name of registered owner/employee _____
 Residence address (physical address required — no P.O. Boxes allowed) _____ ()
 Daytime phone

City _____ State _____ ZIP _____ Country of citizenship _____

Mailing address (if different from residence address) _____
 City _____ State _____ ZIP _____

C. Beneficiary: the person on whose behalf the Account is opened and who is entitled to receive its benefits for the purpose of higher education.

Name of beneficiary _____
 - -
 SSN of beneficiary - -
 Date of birth (mm/dd/yyyy)

D. Successor Owner: 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 and must be an adult.

Name of successor owner _____
 - -
 SSN of successor owner - -
 Date of birth (mm/dd/yyyy)

2 Registered representative

This section may be completed by the registered representative servicing your account. **The registered representative must be a member of the dealer firm selected by your employer. If this section is not completed, the registered representative selected by your employer will be assigned to your account.**

Name of rep (exactly as it appears on firm's registration) _____
 Branch number _____ Rep number _____ Brokerage account number (if applicable) _____
 Address of office servicing account _____ ()
 Phone
 City _____ State _____ ZIP _____

Name of broker-dealer (as it appears on Selling Group Agreement) _____ **X**
 Dealer's authorized signature



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3 Fund selection and automatic purchase

CollegeAmerica investments must be made by automatic electronic transfer from your bank account. Please do not send any investments by check. Indicate the dollar amount you wish to contribute per fund from your bank account. The minimum purchase is \$25 per fund. **If no fund is selected, investments will be made into The Cash Management Trust of America Class 529-E shares.**

Complete this section to make investments through automatic withdrawals from your bank account.

If no start date is provided, the option will be established the date received, and the bank account will be drafted the following month.

A one-time \$10 setup fee will be deducted from your Account.

Fund name	Fund number	Amount (\$25 min. per fund)
_____	□ □ □ □	\$ _____
_____	□ □ □ □	\$ _____
_____	□ □ □ □	\$ _____
_____	□ □ □ □	\$ _____
_____	□ □ □ □	\$ _____
_____	□ □ □ □	\$ _____

- I.** Please establish the automatic transactions to take place:
 Monthly **OR** during these months (check all that apply):
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
- II.** Please establish the automatic transactions to take place on the following day(s) of the month: _____
- III.** Effectively immediately **OR** Begin in the month of _____

American Funds

<u>U.S. growth funds</u>	Fund no.
AMCAP Fund®	1502
The Growth Fund of America®	1505
The New Economy Fund®	1514
<u>International/global growth funds</u>	
EuroPacific Growth Fund®	1516
New Perspective Fund®	1507
New World Fund SM	1536
SMALLCAP World Fund®	1535
<u>Growth-and-income funds</u>	
American Mutual Fund®	1503
Capital World Growth and Income Fund SM	1533
Fundamental Investors SM	1510
The Investment Company of America®	1504
Washington Mutual Investors Fund SM	1501

<u>Equity-income funds</u>	Fund no.
Capital Income Builder®	1512
The Income Fund of America®	1506
<u>Balanced fund</u>	
American Balanced Fund®	1511
<u>Bond funds</u>	
American High-Income Trust SM	1521
The Bond Fund of America SM	1508
Capital World Bond Fund®	1531
Intermediate Bond Fund of America®	1523
U.S. Government Securities Fund SM	1522
<u>Money market fund</u>	
The Cash Management Trust of America®	1509

NOTE: Please attach an unsigned, voided check (for checking accounts) or a blank savings account deposit slip to Section 5.



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4 Purchase shares via the Web and telephone

Please link my American Funds account(s) and bank account(s) so that I can purchase shares by telephone and online (americanfunds.com).

Your election will apply to all of your fund holdings unless you specify otherwise. **Please tape an unsigned, voided check or blank savings account deposit slip to this page where indicated.**

Maximum purchase is \$100,000 per day.

5 Signature of College-America Account Owner

I hereby establish a CollegeAmerica Account with the Virginia College Savings Plan 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 the conditions of the electronic exchange authorization and agree to the electronic purchasing authorization. I understand that amounts invested electronically may not be redeemed for 10 business days.

I agree to hold harmless and indemnify the Virginia College Savings Plan; American Funds Service Company, any of its 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 purchase, exchange and/or redemption privileges or in connection with the establishment of an Account with a minor Account Owner.

I understand that, if American Funds Service Company does not employ reasonable procedures to confirm that the instructions received from any person with appropriate Account information are genuine, it may be liable for losses due to unauthorized or fraudulent instructions. 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, 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 American Funds Service Company 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 fund's current market price and that such action may have tax consequences, including a tax penalty.

X _____
 Signature of Account Owner (or parent/guardian if a minor owner)

_____/_____/_____
 Date (mm/dd/yyyy)

Attach a voided check or deposit slip here.

	Western Service Center	West Central Service Center	East Central Service Center	Eastern Service Center
Please mail this form to the service center nearest you. <i>(If you live outside the U.S., please mail the form to the Western Service Center.)</i>	 American Funds Service Company P.O. Box 25029 Santa Ana, CA 92799-5029	 American Funds Service Company P.O. Box 659419 San Antonio, TX 78265-9419	 American Funds Service Company P.O. Box 6273 Indianapolis, IN 46206-6273	 American Funds Service Company P.O. Box 2713 Norfolk, VA 23501-2713

Call toll-free from anywhere in the United States, 8 a.m. to 8 p.m. Eastern time, 800/421-0180.

