

Virginia**529**<sup>s™</sup> CollegeAmerica® **Distribution Request** 

## Important information:

Read the signature guarantee requirements in Section 6. If a signature guarantee is not required, you may be able to submit an online request for a check to be sent to the name and address of record. Visit www.americanfunds.com for more information, or complete this form.

	Account Owner information  If this is a new address, have your signature guaranteed in Section 6. Please type or print clearly.					
-						
		( )	Fv4			
ccour	nt number	Daytime phone	Ext.			
ame	of Account Owner or Custodian for UGMA/UTN	MA	Name of Beneficiary			
ddres	s		City State ZIP	-		
2	Request for distribution Select one of the two options below.					
. 🗆	] I am requesting a one-time distributio	n from the above-	referenced CollegeAmerica Account.			
	Fund name or nu	ımber	Percentage Amount			
			ov. OB. 4			
			% OR \$			
			% OR \$			
			ov. OB. 4			
			% OR \$			
			% OR \$			
			Total &			
			Total \$			
	] I am requesting installment payments	s. (Complete the fre	Total \$equency information requested at the end of this section.)			
		·	equency information requested at the end of this section.)  Annual			
	I am requesting installment payments	·	equency information requested at the end of this section.)			
	Fund name or nu	umber	equency information requested at the end of this section.)  Annual			
	Fund name or nu	umber	Annual percentage Amount  OR \$			
	Fund name or nu	umber	equency information requested at the end of this section.)  Annual percentage Amount			
	Fund name or nu	umber	Annual percentage Amount  OR \$			
	Fund name or nu	umber	Annual percentage Amount  OR \$			
	Fund name or nu	umber	Annual percentage Amount  OR \$  OR \$  When the section of this section.			
	Fund name or nu	umber	Annual percentage Amount  OR \$			
	Fund name or nu	umber	Annual percentage Amount  OR \$			
- [	Fund name or nu	umber	Annual percentage Amount  OR \$			
	Fund name or nu	umber	Annual percentage Amount  OR \$  Annual percentage Amount  OR \$  OR \$  OR \$  OR \$  Annual percentage Amount  Annu			
. [	Select installment payment frequency  Make the first distribution in:	umber	Annual percentage Amount  OR \$  OR \$  When the section is section.  Annual percentage Amount  OR \$  OR \$  OR \$  Total \$	he mont		





From Capital Group

<b>つ</b>	Payment instructions					
J	Select one of the four options listed below. For options 1–3, a signature guarantee may be required in Section 6.					
1. [	ronically deposit my distribution into my bank account. (Payments will be delivered to your bank within three (3) business days transaction date. Attach an unsigned, voided check in Section 5.)					
2. [	Check — Unless you provide special pay-order instructions in Section 4, any check will be sent to the Account Owner's address of record.					
3. 🗌	Rollover to a non-American Funds 529 account (Section 4 must be completed.)					
4. 🗌	Repurchase shares in either a new or existing American Funds account (any account type <b>except</b> 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 share class.					
	I have attached a separate letter of instruction that specifies how my shares should be invested in the receiving account.					
Notes	s: • 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					
	olete 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 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)					
Addres	City State ZIP					
Specia	al pay order account number or ID number (if applicable) FBO (if applicable) — generally, the Account Beneficiary					

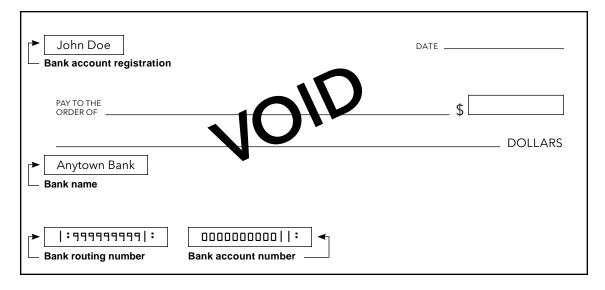




Tape your document here.

## **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.** 



## Important information:

- A signature guarantee may be required. Read the signature guarantee requirements in Section 6.
- The bank information you provide here will be kept on file. You will receive an acknowledgment as confirmation.
- You may cancel the ability to redeem shares via ACH at any time in the future.
- If you do not want this information retained and available for future distribution requests, check here.



## 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.

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		
<ul> <li>A signature guarantee is required if your redemption request is:</li> <li>greater than \$125,000</li> <li>made payable to someone other than the Account Owner or an</li> </ul>	GUARANTOR: Stamp signature guarantee or medallion guarantee here.	
<ul> <li>eligible educational institution</li> <li>made payable to the beneficial owner and is greater than \$25,000</li> </ul>		
<ul> <li>being electronically deposited to a bank account with a registration that does not include the CollegeAmerica Account Owner</li> </ul>		
<ul> <li>being electronically deposited to a bank account on file with AFS</li> </ul>		

- and the bank information has changed in the last 10 calendar days
- being mailed to the address of record and the address has changed in the last 10 calendar days
- being mailed to an address other than the address of record or eligible educational institution.

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  $Virginia529^{\text{SM}}$ 

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.

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