These are fillable forms. Simply type in the relevant information in the highlighted sections only. If you have any trouble, you can print out the forms and hand write the information.

American Funds 529 College Savings Account

- **RCM 1:** Section 1: Complete the "Account Owner" section with the parent or adult's information.
- **RCM 2:** Complete the "Beneficiary" section with the child's information.
- **RCM 3:** We will complete with Russell's recommendations.
- **RCM 4:** Leave all sections blank.
- **RCM 5:** Section 8: Please sign and date (Parent).
- **RCM 6:** Leave blank.
- **RCM 7:** Section C is ONLY to be used if you are adding an automatic purchase plan (optional) to this account. Section D: Attach an unsigned, voided check.
- RCM 8 & 9: Leave blank.
- **RCM 10:** Section G: Please sign and date.
- **RCM 11:** This form is used ONLY if you are transferring an existing 529 Plan from another company.
- **RCM 12:** Please sign and date.
- **RCM 13 & 14:** Complete the highlighted areas with parent or adult's information.
- **RCM 15, 16 & 17:** Leave blank.
- **RCM 18:** Complete the highlighted areas on "Other Investments Held".
- RCM 19: Please sign and date.
- RCM 20 25: Leave blank.
- **RCM 26:** Please sign and date.
- RCM 27: Leave blank.
- RCM 28: Please sign and date.
- **RCM 29:** Attach a copy of your driver's license or government issued picture ID.

Please make initial contribution check payable to "College America".

Once the forms are completed, printed, and signed, please mail them to the following address:

RCM Capital Management, LLC 3648 Vann Road, Suite 136 Birmingham, AL 35235

If you have any questions or concerns, please feel free to contact our office.

Toll Free 888-725-7526 or Russell@RCMCapital.net



Important: This section must be completed, and the application must be signed in Section 8 before an Account	t can be es	stablished. Please type
or print clearly.		
A. Type of Account (Select only one type of Account.)		
Individual Account		
Transfer from an UTMA/UGMA Account: If your current UTMA/UGMA assets are not held with Ame you wish to transfer from your existing UTMA/UGMA Account and send a check for the proceeds to C assets are held at American Funds, send a written request with a signature of the current custodian an UTMA/UGMA may have tax consequences. Enter the names of the adult custodian and the child "John Doe, custodian for Robert Doe"). If you select this box, the Account will be registered as a 5: UGMA assets, which involves additional restrictions. Please refer to the "Rollovers and transfers" s In Section 2, you must provide the age of majority and state where the UTMA/UGMA is currently	CollegeAmento Colleged on the " 29 Accour	erica. If the UTMA/UGMA geAmerica. Transfers from Name" line (for example, nt funded with UTMA/
Trust Account		
Other entity* — please specify		
THOSE ICH. Association of the late of the second se		
*NOTE: If the Account being established is for a corporation, partnership or other type of organization, document to evidence the existence of the entity, such as certified articles of incorporation or		_
B. Account Owner: the sole individual or entity establishing and controlling a CollegeAmerica Account. Note S below about the Owner, trustee or custodian. If the Account is funded with UTMA/UGMA assets, provi in Section A above.		
SSN of Account Owner Date of birth of Account Owner (mm/dd/yyyy) Dayti) me phone	Ext.
	me phone try of citizen	
Name (Registered Owner, trustee or custodian. Reference minor if funded with UTMA/UGMA assets.) Coun	try of citizen	<mark>ship</mark>
Name (Registered Owner, trustee or custodian. Reference minor if funded with UTMA/UGMA assets.) Coun Residence address (physical address required — no P.O. boxes) City	try of citizen	<mark>ship</mark>
Name (Registered Owner, trustee or custodian. Reference minor if funded with UTMA/UGMA assets.) Residence address (physical address required — no P.O. boxes) City Email address†	try of citizen	<mark>ship</mark> -

Account registration continued on next page

privacy policies, visit americanfunds.com.

Info



C (B	Paraficians, the person on whose hehelf the Association and who is entitled to receive its handite for the purpose of higher
	Seneficiary: the person on whose behalf the Account is opened and who is entitled to receive its benefits for the purpose of higher ducation. If UTMA/UGMA funded, provide the name of the Beneficiary of the UTMA/UGMA.
hild's	
Info 🖪	irst name of Beneficiary (print) MI Last
S	SN of Account Beneficiary Date of birth of Account Beneficiary (mm/dd/yyyy) Country of citizenship
C	Successor Owner will become 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 (not applicable to Corporate and Trust Accounts). A Successor Owner cannot be named for an Account funded with UTMA/UGMA assets.
Fi	irst name of Successor Owner (print) MI Last
S	SN of Successor Owner Date of birth of Successor Owner (mm/dd/yyyy)
А. [В. [In A and/or B below, identify how this Account is to be funded. Enclosed is a check made payable to "CollegeAmerica" for \$ AND/OR This Account is being funded by a rollover or transfer from another 529 plan, an UTMA/UGMA, a Coverdell savings account or a qualified U.S. savings bond.
	1. UTMA/UGMA
	Identify state where UTMA/UGMA is established. Age of majority to be used
	2. Another Virginia 529 plan (Select the appropriate box(es) below.)
	CollegeWealth SM Other qualified twiting program (F20 plan including a F20 funded with UTMA (UCMA coasts)*
	3. Other qualified tuition program (529 plan including a 529 funded with UTMA/UGMA assets)*
	4. Coverdell Education Savings Account (formerly Education IRA)*
	5. Qualified U.S. savings bond* (specify series): Series EE Series I
*NO	OTES: • You must provide a statement from your prior institution showing basis and earnings of the funds being transferred. If you do not provide the documentation, the entire amount will be treated as earnings in computing the earnings portion of any future withdrawal from the Account. Please refer to the "Rollovers and transfers" section of the Program Description.

• A form is attached for your convenience.



→ Financial adviser → Fi						
This section must be filled out completely by a financial a	adviser.					
We authorize American Funds Service Company (AFS) to a Statement of Intention or Rights of Accumulation.	act as our agent	for this Account and a	gree to n	otify AFS o	of purchases mad	de under
			()	Ext.	
Name (exactly as it appears on firm's registration) Adviser IE	number Br	ranch number	Dayt	ime phone		
Branch address	City			State		
	Х					
Name of broker-dealer firm (as it appears on the Selling Group Agreement) Sig	gnature of person authorized	to sign for t	he dealer		
Fund minimums: • \$1,000 for the money market fund Step 1: Complete the investment instructions below.	• \$250 each fo	or all other funds				
A. Select one of the following share classes:	529-A OR	Class 529-C*				
*See the Fund Information Addendum for any share class or	fund restrictions.					
B. If selecting individual funds, use the fields provided be	low:					
Fund name		Fund number		Amount	Perc	entage
	OR		\$		OR	%
	OR		\$		OR	%
	OR		\$		OR	%
	OP		t		ΛP	0/



Link bank information to purchase and/or sell shares (optional)

Before completing this section, read the following notes to determine if a signature guarantee is required. If a signature guarantee is required or if not submitting an initial investment check with this application, use the enclosed Account Options/FundsLink form (Section B) to request this option.

(Section B) to request this option. Notes: • To purchase electronically via ACH, the name of the Account Owner on the CollegeAmerica Account registration must be on the initial investment check registration; otherwise, the bank account owner's/co-owner's signature(s) must be guaranteed. (ACH purchase is available immediately.) • To sell electronically via ACH, the name on the initial investment check registration must be identical to the name of the Account Owner on the CollegeAmerica Account registration; otherwise, the signature of the Account Owner must be guaranteed. (Once the sell option is established, there will be a ten-day waiting period before it can be used.) Requests to redeem (sell) shares via telephone may be sent to the address of record **OR** the bank account provided. Redemption requests via the Web will result in a check being sent to the address of record; online redemptions via ACH are not available. Link my Account to my bank account using the information from my initial investment check so that I can perform the following transactions by telephone and online at americanfunds.com: Purchase Sell Both Note: Your election will apply to all your fund holdings unless you specify otherwise. Maximum purchase is \$100,000 a day. (Please check your funds' prospectuses for any share class purchase limits.) Maximum redemption is \$75,000 a day. Reducing the sales charge on Class 529-A shares See the prospectus(es) for the fund(s) for sales charge breakpoints. Rights of Accumulation (cumulative discount) Account Owner, spouse and minor children (under 21) can aggregate Accounts of any share class to reduce sales charges. The Social Security or Account numbers on those Accounts are: Statement of Intention (SOI) I plan to invest over a 13-month period in one or more American Funds Accounts. If I do not invest the intended amount within 13 months, the sales charge will be adjusted. The aggregate amount will be at least: □ \$50,000 \$100,000 \$25.000 \$250.000 \$500.000 \$750.000 \$1.000.000 I am already investing under an existing Statement of Intention. Note: Investments in Class A, C, F, 529-A, 529-C and 529-F shares apply toward the completion of a Class 529-A share SOI; purchases in the American Funds Money Market Fund do not apply toward a Class A share SOI or Rights of Accumulation. Decline telephone and website exchange and/or redemption privileges (optional)

Telephone and website exchange and redemption privileges will automatically be enabled on your Account unless you decline below. To decline these privileges, read the individual statements and check the applicable box(es).

Note: If either option is declined, no one associated with this Account, including your financial adviser, will be able to request exchanges or redemptions by telephone or via the website. Requests would need to be submitted in writing.

Exchanges: I DO NOT want the option of using the telephone and website exchange privilege.	
Redemptions: I DO NOT want the option of using the telephone and website redemption privilege.	٦





Signature of CollegeAmerica 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 hold harmless and indemnify the Virginia College Savings Plan; American Funds Service Company (AFS); 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 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

Signature of Account Owner (or parent/guardian if Owner is a minor)

SIGN HERE

Date (mm/dd/yyyy)

CollegeAmerica is sponsored by Virginia College Savings Plan.SM

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



American Funds Service Company

P.O. Box 2713 Norfolk, VA 23501-2713

Virginia Service Center

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

If you have questions or require more information, please contact your financial adviser or call American Funds Service Company at 800/421-0180.

The Capital Group Companies

Please mail this form

U.S., mail the form to the

Indiana Service Center.)

to the appropriate

service center. (If you live outside the

American Funds Capital Research and Management Capital International Capital Guardian Capital Bank and Trust



- This form is to be used ONLY if you are adding options to a new CollegeAmerica Account.
- A signature guarantee may be required. See Section G for requirements.
- If completing Sections B or C, provide bank information by attaching an unsigned, voided check to Section D.
- · Only one bank account can be used on any Account Options form. Separate Account Options forms must be submitted if you want to use different bank accounts for various options. If you need assistance, please contact your financial adviser.
- Many of these options can also be requested online at americanfunds.com.

/	Current Account information							
F	Please type or print clearly.							
Α.	Account Owner							
	Account number	-						
				(()	E	xt.
	Name (Registered Owner, trustee or custodian. Reference minor if funded with	h UTMA/UGMA	assets.)	[Daytim	e phone		
	Address	City				State	ZIP	
В.	Beneficiary: the person on whose behalf the Account is open education. If funded with UTMA/UGMA assets, provide the r							_
	First name (print)	MI	Last					
	Link bank information to purchase and sell sha	ires						
	Once the sell option is established, there will be a ten-day waitin your funds' prospectuses for any share class purchase limits. Set						e immediately	y. Please check
	Link my CollegeAmerica Account(s) and bank account so the	at I can pur	chase shares	by telephone	or on	line at a	mericanfun	ds.com.
	Link my CollegeAmerica Account(s) and bank account so the sent to my address of record OR to my bank account.	at I can rede	eem (sell) sh	ares by telepho	one o	r online.	Telephone	requests may
No	tes:							

- · Requests to sell shares via the Web will result in a check being sent to the address of record.
- Online redemptions via ACH are not available.
- · Your election will apply to all your fund holdings unless you specify otherwise.
- · Attach an unsigned, voided check to Section D.



information in Section D. Complete steps 1–2 and 3, if NOTE: For automatic purchase plans, the fund minimum		onths. Total Mont
Fund minimums: • \$1,000 for the money market fu		Bank Draft
Establish an automatic purchase plan.		Amount
Step 1: Identify the fund name or number and the purcl	hase amount:	\$
Fund name	Fund number	Purchase amount (\$50 min. per fund)
	OR \$.	
	OR	
	OR \$.	
	OR	
	OR \$	
least two (2) business days prior to the first transthe date received and transactions will begin the A. Transactions should begin during the month	nsaction date requested. If no date is proe following month and will occur monthly	ovided below, the option will be establishe y thereafter.
the date received and transactions will begin the	nsaction date requested. If no date is proe following month and will occur monthly	y thereafter. (e.g., 8th, 19th, etc.)
the date received and transactions will begin the A. Transactions should begin during the month B. Transactions should occur on the following d C. Frequency of automatic transactions: Every month Every other month	nsaction date requested. If no date is prove following month and will occur monthly of date(s) of the month ,	vided below, the option will be established thereafter. (e.g., 8th, 19th, etc.)
the date received and transactions will begin the A. Transactions should begin during the month B. Transactions should occur on the following d C. Frequency of automatic transactions: Every month Every other month	nsaction date requested. If no date is prove following month and will occur monthly of	vided below, the option will be established thereafter. (e.g., 8th, 19th, etc.)
the date received and transactions will begin the A. Transactions should begin during the month B. Transactions should occur on the following d C. Frequency of automatic transactions: Every month Every other month Step 3: Choose a stop date (optional).	nsaction date requested. If no date is prove following month and will occur monthly of	ovided below, the option will be established the private of the pr
the date received and transactions will begin the A. Transactions should begin during the month B. Transactions should occur on the following d C. Frequency of automatic transactions: Every month Every other month Step 3: Choose a stop date (optional). Transactions should stop on the following date Attach an unsigned, voided check to Section D belo	nsaction date requested. If no date is prove following month and will occur monthly of	ovided below, the option will be established the private of the pr
the date received and transactions will begin the A. Transactions should begin during the month B. Transactions should occur on the following d C. Frequency of automatic transactions: Every month Every other month Step 3: Choose a stop date (optional). Transactions should stop on the following date	nsaction date requested. If no date is prove following month and will occur monthly of	ovided below, the option will be established the private of the reafter. (e.g., 8th, 19th, etc.) onths
A. Transactions should begin during the month B. Transactions should occur on the following d C. Frequency of automatic transactions: Every month Every other month Step 3: Choose a stop date (optional). Transactions should stop on the following date Attach an unsigned, voided check to Section D belo Bank information Attach an unsigned, voided check below. The document account number. Please do not staple. Bank Account	nsaction date requested. If no date is prove following month and will occur monthly of	ovided below, the option will be established the private of the reafter. (e.g., 8th, 19th, etc.) onths
A. Transactions should begin during the month B. Transactions should occur on the following d C. Frequency of automatic transactions: Every month Every other month Step 3: Choose a stop date (optional). Transactions should stop on the following date Attach an unsigned, voided check to Section D belo Bank information Attach an unsigned, voided check below. The document account number. Please do not staple. Bank Account Registration	nsaction date requested. If no date is prove following month and will occur monthly of	ovided below, the option will be established the private of the reafter. (e.g., 8th, 19th, etc.) onths

0000000000||:

Anytown Bank

:999999999

Bank Routing Number Bank Account Number



Important note for Sections E and F:

IRS guidelines limit changes in 529 investment strategy. Adding or changing an automatic exchange or requesting the rebalance option on an existing Account will be considered a change in investment strategy. This request may be denied if a change in investment strategy exceeds one per year. Please refer to the *CollegeAmerica Program Description* for additional information. You may only exchange from one fund to another or rebalance funds within the same share class. See the Fund Information Addendum for exchange limitations.

Automatic exchange	es , if applicable. If you need more spa	aca attach a sanarat	a naga		
Establish automatic excha		асе, апасн а ѕерагат	e page.		
	bers and amount or percentage	of exchange.			
Note: You can exchange from	one fund to another within the s	same share class. S	See the Fund Info	ormation Addend	um for exchange limitations
From fund number	Amount (\$50 min. per fund)	Annual percentag	=	o number	
	\$	_ OR	_% 🔲 🗌		
	\$	_ OR	_% 🔲 🗌		
	\$	_ OR	_%		
	\$	_ OR	_%		
transactions and the account va	es, the dollar amount of the automat lue on each exchange date. For exam fluctuation and the amount of any p	iple, if you request a	12% annual excha	ange, transacted mo	onthly, 1% will be exchanged
	nonth, transaction date(s) and fre received and transactions will be		changes. If no d	late is provided b	elow, the option will be
A. Transactions should	d begin during the month of				
B. Transactions should	d occur on the following date(s)	of the month	,		(e.g., 8th, 19th, etc.)
C. Frequency of autor	matic transactions:				
Every month	Every other month	Every 3 months	Every 6 m	onths Ever	ry year
Step 3: Choose a stop date (c	optional).				
Transactions should	stop on the following date	(mm/dd/yyyy)			



F

Rebalance option

Important:

- Use this section to rebalance your Account on a schedule. To request an immediate rebalance, please visit our website at americanfunds.com.
- You may only rebalance between funds within the same share class. If you want to rebalance funds in multiple share classes, call us toll-free at 800/421-0180.
- · You may exclude the American Funds Money Market Fund from any rebalancing request.
- · At least one fund in this Account must change by 5% or more in order for the Account to rebalance.
- Once the rebalance option is established, any new fund added to the Account by exchange or new investment will not be included in the rebalance transaction without specific instructions at the time the investments are received.

Establish scheduled rebalance.		
rep 1: Identify each fund name or number to which the funds	will be rebalanced and the target	t allocation percentage.
Exclude the American Funds Money Market Fund	from the rebalance request.	
Rebalance to: Fund name	Fund number	Target allocation percentage (whole percentages only)
	OR	%
	OR	%
	OR	%
-	OR	%
	OR	%
	OR	%
-	OR	%
	OR	%
	Total (must total 100%)	%
p 2: Identify the frequency of the scheduled rebalance.		
Each rebalancing transaction will occur on the 20th on a weekend or holiday, the rebalance will occur on the contract of the c		uled option below. If the 20th falls
Quarterly (March, June, September and December	er)	
Semi-annually (June and December)		
Annually (December)		

Note: The request must be received at least three business days prior to the 20th of the month in which the rebalance is to occur.



Signature of CollegeAmerica Account Owner/Signature guarantee

A signature guarantee may be required if establishing any electronic options.

I authorize the instructions and agree to the conditions set forth in this request for electronic exchanges and electronic purchasing. 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 (AFS); 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 instructions, the exercise of the telephone and website purchase or exchange and/or redemption privileges.

I understand that, if AFS 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 the Beneficiary and the Successor Owner, as well as myself, named in this request are either U.S. citizens or legal residents.

X	SIGN HERE		/ /
Signature of Account Owner* (or parent/guardian if Owner is a minor)		Date	(mm/dd/yyyy)
*Account Owner's signature must be guaranteed if establishing electronic depot to the Account Owner's name on the CollegeAmerica Account.	osit of redemption proceeds and the name on	the ban	k account is not identical
X SIGN HERE	X		SIGN HERE
Bank account owner's signature (if different from above)†	Bank account co-owner's signature (if applicable)†	

†Bank account owner's/co-owner's signature(s) must be guaranteed if establishing investments by telephone or website or automatic investments and none of the names on the bank account are listed as the Owner on the CollegeAmerica Account.

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guaranter institution. A notary public is NOT an acceptable guaranter. 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.

GUARANTOR:

Stamp signature guarantee here.

CollegeAmerica is sponsored by Virginia College Savings Plan.SM

Indiana Service Center

Virginia Service Center

Please mail this form to the appropriate service center. (If you live outside the

U.S., mail the form to the 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



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, please contact your financial adviser or call American Funds Service Company at 800/421-0180.

The Capital Group Companies

Capital Research and Management American Funds Capital International Capital Guardian Capital Bank and Trust



Instructions: Use this form to request a rollover from your non-American Funds 529 program to your CollegeAmerica 529 Account. Complete and send this form to your non-American Funds 529 program manager for processing; additional documentation may be required.

Note: Generally, a custodian of a 529 account funded with UTMA/UGMA assets may not change the Beneficiary of a custodial CollegeAmerica Account. Account Owners should seek legal advice.

- DO NOT send this form to American Funds Service Company.
- DO NOT use this form to move Coverdell ESA funds to a CollegeAmerica 529 Account. Contact the non-American Funds custodian for any forms or requirements to move the assets to a CollegeAmerica 529 Account.
- DO NOT use this form to move UTMA/UGMA assets to a CollegeAmerica 529 Account.

		your non-American Funds 529 accour			
funded with UTMA/UGM	1A assets, provide the minor's i	name as well (for example, "John Doe	, custodian for Robert	Doe"). Plea	se type or print clearly.
A			()	Ext.
Name of account owner (or custodi	an, if applicable)		Daytime	e phone	
Address		City		State	
Type of account being rolled	d over: 529 5	529 funded with UTMA/UGMA as:	sets	State (-""
Account number	Name of e	existing Beneficiary			
American Funds /	Account information				
CollegeAmerica Account nu	ımber (if known)				
If you do not have an existing	ng CollegeAmerica Account	, you must also complete a <i>Colleg</i> e	eAmerica Account A	Application	
Non-American Fu	ınds 529 program mar	nager information			
3	, 0				
			(1	E.A
Name of 529 program manager			\ Daytime	phone	Ext.
			•		
Address		City		State	 ZIP
⚠ Directions to the	non-American Funds 5	529 program manager			
Complete either A or B l	bolom. Occ page 10 for additio				
Complete either A or B l		olan (registered in the owner's nan	ne specified in Sect	on 1) to a	CollegeAmerica 529
Complete either A or B lam requesting a direct roll		olan (registered in the owner's nan	ne specified in Sect	on 1) to a	CollegeAmerica 529
Complete either A or B land requesting a direct roll Account (registered in the o	lover from an existing 529 p	olan (registered in the owner's nan ection 1) with the:	ne specified in Sect	on 1) to a	CollegeAmerica 529
Complete either A or B & I am requesting a direct roll Account (registered in the o Same Beneficiary (Bene Different Beneficiary (co	lover from an existing 529 powner's name specified in Seeficiary identified in Section omplete the information belo	olan (registered in the owner's nan ection 1) with the: 1) ow). Generally, the Beneficiary of			
Complete either A or B & I am requesting a direct roll Account (registered in the o Same Beneficiary (Bene Different Beneficiary (co	lover from an existing 529 powner's name specified in Section	olan (registered in the owner's nan ection 1) with the: 1) ow). Generally, the Beneficiary of			
Complete either A or B by I am requesting a direct roll Account (registered in the ormal Same Beneficiary (Beneficiary Complete Changed Account Ormal Complete Complete Changed Account Ormal Complete Changed Complete Changed Complete	lover from an existing 529 powner's name specified in Selection in Section omplete the information belowners should seek legal adv	olan (registered in the owner's nan ection 1) with the: 1) ow). Generally, the Beneficiary of			
Complete either A or B & I am requesting a direct roll Account (registered in the o Same Beneficiary (Bene Different Beneficiary (co be changed. Account Or First name of Beneficiary (prin	lover from an existing 529 powner's name specified in Section eficiary identified in Section omplete the information belowners should seek legal adv	olan (registered in the owner's name ection 1) with the: 1) ow). Generally, the Beneficiary of vice.	an account containi	ng UTMA/l	JGMA assets cannot
Complete either A or B & I am requesting a direct roll Account (registered in the o Same Beneficiary (Bene Different Beneficiary (co be changed. Account Or First name of Beneficiary (prin Is the Beneficiary listed	lover from an existing 529 powner's name specified in Section eficiary identified in Section omplete the information belowners should seek legal advant)	olan (registered in the owner's nanection 1) with the: 1) ow). Generally, the Beneficiary of vice.	an account containi	ng UTMA/l	JGMA assets cannot
Complete either A or B & lam requesting a direct roll Account (registered in the of Same Beneficiary (Beneficiary Complete Changed Account Of First name of Beneficiary (Is the Beneficiary listed a family member.)	lover from an existing 529 powner's name specified in Selection of the specified in Selection omplete the information belowners should seek legal adverse a family member of Yes No	olan (registered in the owner's name ection 1) with the: 1) ow). Generally, the Beneficiary of vice.	an account containi	ng UTMA/l	JGMA assets cannot
Complete either A or B & I am requesting a direct roll Account (registered in the o Same Beneficiary (Beneficiary Beneficiary (Beneficiary Beneficiary	lover from an existing 529 powner's name specified in Selection of the specified in Selection omplete the information belowners should seek legal adverse a family member of Yes No	olan (registered in the owner's name ection 1) with the: 1) ow). Generally, the Beneficiary of vice.	an account containi	ng UTMA/l	JGMA assets cannot
Complete either A or B & lam requesting a direct roll Account (registered in the o Same Beneficiary (Beneficiary Beneficiary (Beneficiary Beneficiary	lover from an existing 529 powner's name specified in Section efficiary identified in Section omplete the information belowners should seek legal adverse a family member of Yes No account.	olan (registered in the owner's name ection 1) with the: 1) ow). Generally, the Beneficiary of vice.	an account containi ed by IRC 529? (Se	ng UTMA/l	JGMA assets cannot for the definition of
Complete either A or B & I am requesting a direct roll Account (registered in the old Same Beneficiary (Beneficiary Beneficiary (Beneficiary Beneficiary Beneficia	lover from an existing 529 powner's name specified in Selection of the information belowers should seek legal adverted by the second of the above account.	olan (registered in the owner's namection 1) with the: 1) ow). Generally, the Beneficiary of solution of the control of the	an account containi ed by IRC 529? (Se	e page 16	JGMA assets cannot for the definition of



5 s

Signature of account owner

Before signing, see Section 6. Your signature may need to be guaranteed.

SIGN HERE

	/	/
)	(mm/dd/	уууу)

Signature of account owner



Signature guarantee

If required by your non-American Funds program manager, your signature must be guaranteed.

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.

Definition of Beneficiary's family member

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, the transfer 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.

Information and instructions for the Non-American Funds 529 program manager

CollegeAmerica is an investment option under a 529 college savings plan, as described in Section 529 of the Internal Revenue Code. It is offered by the Virginia College Savings Plan, an independent agency of the Commonwealth of Virginia, with American Funds Service Company as Program Manager.

Make the rollover check payable to "CollegeAmerica [name of Account Owner] FBO [Beneficiary designated in Section 4], [CollegeAmerica Account number, if known]." Include a statement that shows the earnings portion of the rollover. Mail the check and statement to the appropriate CollegeAmerica service center using the maps below.

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

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

CollegeAmerica is sponsored by Virginia College Savings Plan.SM

The Capital Group Companies

Please mail this form

to the appropriate

(If you live outside the

U.S., mail the form to the

Indiana Service Center.)

service center.

American Funds Capital Research and Management

Capital International

Capital Guardian

Capital Bank and Trust



\neg											
	For office use only:	ACCOUNT	NUMBER:					RR NU	MBER:		
П.	CLIENT INFORMAT	TION Ad	ult's Info	ormation							
	PRIMARY OWNE										
	□Person □Enti	ty <mark>SSN</mark>		7		\top	TIN:			$\neg \neg$	
		,	'								
	NAME: DATE OF BIRTH: GENDER: □ Male □ Female										
	MARITAL STATUS: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Domestic Partner										
	CITIZENSHIP COUNTRY:										
	COUNTRY OF PERMANENT RESIDENCE:										
	MAILING ADDRESS:										
	SUITE:			CITY:					STATE:	ZIP CODE:	
	LEGAL ADDRESS	5:)									
	SUITE:			CITY:					STATE:	ZIP CODE:	
	TELEPHONE NUN	/BER: (Ho	me)				_ Primary:	□Yes	□No		
		(Ce	<mark>II)</mark>				_ Primary:	□Yes	□No		
		(Wo	ork)				_ Primary:	□Yes	□No		
	E-MAIL ADDRES	<mark>S:</mark>					_ Primary:	□Yes	□No		
	Client consents to	have e-ma	il notificatio	ns sent to Prima	ary E-Ma	il Addres	s indicated	above 🗖	Yes □No		
	FINANCIAL INFO	DRMATION	- PRIMAR	Y OWNER							
	CLIENT DECLINE	S TO DISCI	OSE FINAN	ICIAL INFORM	ATION:	□Yes	□No				
	YEARS OF INVES	TMENT EX	PERIENCE:			ANN	UAL INCOI	<mark>ME:</mark> \$		-	
	NET WORTH (Exc	cluding Ho	me, Furnisl	hings and Aut	omobile	es): \$.	
	LIQUID NET WOF	RTH: \$				NUMBI	ER OF DEPI	ENDENTS	<mark>::</mark>	-	
	FEDERAL TAX BE	RACKET %	□0% -	15% 🗖 15.1%	- 32%	32.1 9	% – 50% [[]	□ 50.1% -	+		
	INVESTMENT KN	NOWLEDG	E AND EXP	ERIENCE – PRII	MARY O	WNER					
	GENERAL INVES	TMENT KN	OWLEDGE:	☐ Limited	☐ Mod	erate [☐ Extensive	□ Non	е		
	KNOWLEDGE AN									_	
	INVESTMENT			NT KNOWLED			5.11		MENT EXPERIEN		
	Equities		☐ Limited	□ Moderate	□ Exte		□ None		of Years:	-	
	Options Fixed Income		☐ Limited☐ Limited☐	☐ Moderate☐ Moderate	☐ Exte		□ None □ None		of Years:	='	
	Mutual Funds		☐ Limited	□ Moderate	□ Exte		□ None		of Years:		
	Unit Investment T	rusts	☐ Limited	□ Moderate	□ Exte		□ None		of Years:	<u>-</u> '	
	Exchange Traded		☐ Limited	□ Moderate	□ Exte		□ None		of Years:		
	Real Estate		☐ Limited	□ Moderate	□ Exte		□ None		of Years:		
	Insurance		☐ Limited	☐ Moderate	☐ Exte		☐ None		of Years:	='	
	Variable Annuitie	S	☐ Limited	☐ Moderate	☐ Exte	ensive	☐ None		of Years:		
	Fixed Annuities		☐ Limited	☐ Moderate	☐ Exte	ensive	☐ None	Numbei	of Years:	-	DCM 12

PES.NACT.0007.07.12 RCM 13



EMPLOYMENT INFORM	//ATION - PRIM	MARY OWNER						
EMPLOYMENT STATUS:	□Employed	□Self-Employed	□Retired	□Unemployed	□Homemaker	□Student		
EMPLOYER NAME:								
EMPLOYER ADDRESS:								
SUITE:		CITY:			STATE:	ZIP CODE:		
COUNTRY:		occ	UPATION:					
YEARS EMPLOYED:		ТҮРЕ	OF BUSINE	SS:				
CLIENT IDENTITY INFORMATION – PRIMARY OWNER								
ID TYPE : ☐ Unexpired	Driver's License	☐ Unexpired Pass	sport □N	Military 🗖 SSN	Verification			
_		(Describe Other):						
ISSUING COUNTRY:		DATE	OF ISSUE: _		_ DATE OF EXPIR	ATION:		
BROKER-DEALER OR P	UBLIC COMPA	NY AFFILIATION	IS – PRIM <i>A</i>	ARY OWNER				
ARE YOU AN EMPLOYEE				□ YES	□ NO			
ARE TOO AR EIGH EOTEL	OF THIS BROKE	.N-DLALLN.		4 123	2 110			
ARE YOU RELATED TO A	N EMPLOYEE O	F THIS BROKER-DE	ALER?	☐ YES	□ YES □ NO			
IF "YES", PROVIDE	: Employee Nam	e:			Relatio	nship:		
ARE YOU AN EMPLOYEE	OF ANOTHER E	ROKER-DEALER?		□ YES	□ NO			
IF "YES", PROVIDE	: Broker-Dealer	Name:						
ARE YOU RELATED TO A	N EMDLOVEE O	E ANOTHER REOVI	ED DEALED	? QYES				
					a No			
IF "YES", PROVIDE					5.1 1			
Employee Name:					Relationship:			
ARE YOU MAINTAINING	ANY OTHER BR	OKERAGE ACCOU	NTS?	□ YES	□ NO			
IF "YES", PROVIDE	:: Firm Name:							
	ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFILIATED WITH OR EMPLOYED BY A MEMBER OF A STOCK EXCHANGE OR THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA)? VECTOR 10 YES VIOLENCE VIOL							
IF "YES", WHAT IS NOTE: An affirmati			orization to	open this account	t.			
ARE YOU A SENIOR OFF	ICER, DIRECTOR	, OR SHAREHOLDE	R OF A PUB	BLIC COMPANY?		□ YES □ NO		
IF "VES" PROVIDE						-		



SECONDARY OWNER									
Person Dentity SSN: TIN: TIN:									
NAME:									
DATE OF BIRTH:			GENDE	R: 🗅 Male	☐ Fema	ale			
MARITAL STATUS: DM	larried Single	□Widowe	ed 🗖 Divor	ced 🖵 Do	mestic Pa	artner			
CITIZENSHIP COUNTRY:									
COUNTRY OF PERMANE	NT RESIDENCE:								
MAILING ADDRESS:	MAILING ADDRESS:								
SUITE:		CITY:				STATE:	ZIP CODE:		
LEGAL ADDRESS:									
SUITE:		CITY:				STATE:	ZIP CODE:		
TELEPHONE NUMBER:	(Home)			Primary:	□Yes	□No			
	(Cell)			Primary:	□Yes	□No			
	(Work)			Primary:	□Yes	□No			
E-MAIL ADDRESS:				Primary:	□Yes	□No			
Client consents to have e-mail notifications sent to Primary E-Mail Address indicated above □Yes □No									
FINANCIAL INFORMATION – SECONDARY OWNER									
CLIENT DECLINES TO DISCLOSE FINANCIAL INFORMATION: □Yes □No									
YEARS OF INVESTMENT EXPERIENCE: ANNUAL INCOME: \$									
NET WORTH (Excluding	Home, Furnishing	s and Autoi	mobiles): \$						
LIQUID NET WORTH: \$ _			NUME	BER OF DEPE	NDENTS	5:			
FEDERAL TAX BRACKET	. % □0% – 15%	□ 15.1% –	32% 🗖 32.1	% − 50% □	50.1%	+			
INVESTMENT KNOWLE	DGE AND EXPERIE	NCE – SECO	NDARY OWN	ER					
GENERAL INVESTMENT	KNOWLEDGE:	☐ Limited 〔	☐ Moderate	☐ Extensive	☐ Non	ie			
KNOWLEDGE AND EXP	ERIENCE BY INVES	TMENT TYPE	i:						
INVESTMENT	INVESTMENT I					TMENT EXPERIEN			
Equities			☐ Extensive	□ None		r of Years:	•		
Options			☐ Extensive	□ None		r of Years: r of Years:	•		
Fixed Income Mutual Funds			□ Extensive□ Extensive	☐ None☐ None		r of Years:	•		
Unit Investment Trusts			☐ Extensive	□ None		r of Years:			
Exchange Traded Funds			☐ Extensive	□ None		r of Years:			
Real Estate			☐ Extensive	□ None		r of Years:			
Insurance			☐ Extensive	☐ None		r of Years:			
Variable Annuities	☐ Limited ☐	Moderate	☐ Extensive	☐ None	Numbei	r of Years:			
Fixed Annuities	☐ Limited ☐	Moderate	☐ Extensive	☐ None	Number	r of Years:			



EMPLOYMENT INFORMATION – SECONDARY OWNER								
EMPLOYMENT STATUS: DEmploy	red □Self-Employed □Retired	□Unemployed □Homemaker □Student						
EMPLOYER NAME:								
EMPLOYER ADDRESS:								
SUITE:	CITY:	STATE: ZIP CODE:						
COUNTRY:	OCCUPATION:							
YEARS EMPLOYED: TYPE OF BUSINESS:								
CLIENT IDENTITY INFORMATION – SECONDARY OWNER								
ID TYPE: Unexpired Driver's Licer	ose D Uneypired Passport DMil	litary						
·		intary 33N Verification						
, and the second		TATE/PROVIDENCE:						
		DATE OF EXPIRATION:						
BROKER-DEALER OR PUBLIC COM	IPANY AFFILIATIONS – SECOND	DARY OWNER						
ARE YOU AN EMPLOYEE OF THIS BR	OKER-DEALER?	□ YES □ NO						
ARE YOU RELATED TO AN EMPLOYE	E OF THIS BROKER-DEALER?	□ YES □ NO						
IF "YES", PROVIDE: Employee	Name:	Relationship:						
ARE YOU AN EMPLOYEE OF ANOTH		□ YES □ NO						
IF "YES", PROVIDE: Broker-De	aler Name:							
ARE YOU RELATED TO AN EMPLOYE	E OF ANOTHER BROKER-DEALER?	□ YES □ NO						
IF "YES", PROVIDE: Broker-De	aler Name:							
Employee Name:		Relationship:						
ARE YOU MAINTAINING ANY OTHER	R BROKERAGE ACCOUNTS?	□ YES □ NO						
	e:							
IF 1E3 , PROVIDE. FIIII Name								
ARE YOU OR ANY MEMBER OF YOU MEMBER OF A STOCK EXCHANGE O								
IF "YES", WHAT IS THE AFFILIA	ATION?	oon this assount						
NOIE: An amirmative response	requires employer authorization to op	gen this account.						
ARE YOU A SENIOR OFFICER, DIREC	TOR, OR SHAREHOLDER OF A PUBLI	IC COMPANY?						
IF "YES", PROVIDE: Company	/ Name:							



II. REGISTRATION INFORMATION

REGISTRATION CATEGORY						
NON-QUALIFIED*: □ Estate □ Individual □ Power of Attorney □ Transfer On Death □ Bank Collateral □ Corporation □ Sole Proprietorship □ Government Agency □ Investment Club □ Non-Profit Organization □ Partnership □ Exempt Organization						
TRUST*: Establishment Date: Trust Type:						
JOINT*: Are the account holders married to each other?						
TRANSFER ON DEATH INDIVIDUAL*: Agreement Execution Date:						
TRANSFER ON DEATH JOINT*: Agreement Execution Date: Are the account holders married to each other?						
IRA*: □ SEP □ Roth □ Beneficiary □ Traditional □ Third-Party □ Rollover □ Spousal □ SAR-SEP □ Simple □ Health Savings Account □ Beneficiary Guardian (Inherited) □ Beneficiary Roth (Inherited) □ Roth Conversion						
CUSTODIAL*: □ 529 Plan □ Conservator □ Custodian for Minor (UTMA/UGMA) □ Custodial Roth IRA □ Education/Coverdell IRA □ Guardian IRA □ Guardianship						
CUSTODIAL FOR MINOR*: State in Which Gift Was Given: Date Gift Was Given: Age Designated to Terminate: Manner in Which Gift Was Given: Transfer by Fiduciary or Obligor						
NON-ERISA QUALIFIED*: 403(b) 457 Plan Other: Please Identify:						
ERISA QUALIFIED*: □ 401(k) □ 403(b) □ Money Purchase Pension Plan □ Profit Sharing Plan □ Defined Benefit □ Individual K						



SUITABILITY INFORMAT	ION							
RISK EXPOSURE (Check or	ne): 🛭 Low 🖟	☐ Moderate ☐ High	Risk 🗖 Specu	llation				
ACCOUNT INVESTMENT OF	BJECTIVES*:	☐ Income ☐ Grow	th & Income	☐ Long-Term Gro	wth 🚨 Sh	ort-Term Trading		
OVERALL INVESTMENT TIME HORIZON FOR THIS ACCOUNT: Number of Years:								
LIQUIDITY NEEDS: High Medium Low								
INVESTMENT STRATEGY(S)*:							
Note: Varying investment s strategies that apply.	trategies may l	be employed to meet y	your investmer	nt objectives for this a	account. Pleas	e check all the applicable		
Buy and Hold	☐ Asse	et Allocation	☐ Doll	ar Cost Averaging	☐ He	dging		
☐ Retirement	☐ Dive	ersification	☐ Edu	cational Savings				
☐ Income Generation	☐ Tax	Advantaged Investing	□ No S	pecific Strategy Bein	g Used			
OTHER INVESTMENTS HEL	D:							
INVESTMENT	INVESTMEN	T VALUE	INVESTME	NT	INVESTME	NT VALUE		
Equities	Value (\$)		Exchange ⁻	Traded Funds	Value (\$)			
Options	Value (\$)		Real Estate	state V				
Fixed Income	Value (\$)		Insurance	ice Valu				
Mutual Funds	Mutual Funds Value (\$)		Variable A	le Annuities Value		e (\$)		
Unit Investment Trusts	Unit Investment Trusts Value (\$)		Fixed Annu					
Other:					Value (\$)			
PLEASE PROVIDE NAMES								
Bank One:								
Bank Two:								
	*Note	: Definitions are prov	rided on the la	st page of this docum	nent.			
ACCOUNT DETAILS								
USA PATRIOT ACT INFO	RMATION							
SOURCE OF FUNDS FOR THI	S ACCOUNT:	☐ Income from Earn	nings 📮	Investment Proceeds	5	☐ Gift		
		☐ Sale of Business		Inheritance		☐ Legal Settlement		
		□ Spouse/Parent		Pension/IRA/Retirem	ent Savings	D 64		
IS THIS ACCOUNT FOR A F	OPEIGN EINAN	☐ Lottery/Gaming P				□ Other		
					TVES TINO			
IS THIS ACCOUNT A PRIVATE BANKING ACCOUNT DEFINED UNDER THE USA PATRIOT ACT? ☐ YES ☐ NO IS THIS A FOREIGN BANK ACCOUNT AS DEFINED UNDER THE USA PATRIOT ACT? ☐ YES ☐ NO								
	IS THE ACCOUNT HOLDER OR ANYONE OF INTEREST IN THE ACCOUNT A POLITICALLY EXPOSED PERSON (FOREIGN POLITICAL OFFICIAL)? YES NO							
-	-			Last Na	ame.			
		Office Held:						
ARE YOU OR ANYONE WIT NON-U.S. COUNTRY, OR CL		ST IN THE ACCOUNT	A SENIOR MIL	ITARY, GOVERNME	NTAL OR POI	IITICAL OFFICIAL IN A		
IF "YES", PROVIDE IN	NDIVIDUAL'S:	First Name:		Last Na	ame:			
		Office Holds						



ACCOUNT AUTHORITY	
WILL SOMEONE OTHER THAN THE ACCOUNT OWNER HAVE INVESTMENT DIS	CRETION?
IF "YES", PROVIDE INDIVIDUAL'S: Name:	Relationship:
HAS A POWER OF ATTORNEY OR ANOTHER FORM BEEN SUBMITTED?	ES 🗆 NO
F THE ACCOUNT IS BEING ESTABLISHED FOR A TRUST, CORPORATION, ESTA CORPORATE RESOLUTION, LETTER OF APPOINTMENT, OR OTHER APPROPRIA DELEGATING AUTHORITY BEEN SUBMITTED? $\ \square$ YES $\ \square$ NO	
TATE IN WHICH THE ACCOUNT IS BEING ESTABLISHED:	
ELECTRONIC DELIVERY CONSENT – PROEQUITIES' COMMUNICATION	IS
Unless you choose otherwise, ProEquities will send any communication to y receive certain documents electronically or be notified by email when certain Currently, certain documents are not available electronically and will continuous however, some or all of these documents may be made available to you Agreement. If you wish to receive documents electronically instead of receive munications are available in electronic format, please select the YES box	n communications are available for you to access online nue to be delivered to you via U.S. mail. In the future ou to receive or view online in accordance with thi eiving communications by U.S. mail, to the extent such below:
□YES □NO I hereby consent to receive by email any communications the format. I understand that, depending upon the documents to be delivered email with the documents attached in Portable Document Format (PDF); or for online viewing by accessing a link or Internet address (URL) in the email. electronically, I understand that I must maintain at all times a valid email address is my responsibility to notify you of any changes in my email address. I unthat is JavaScript-enabled and that my ISP may apply a charge. I understand order to access PDF documents I must have Adobe Acrobat Reader software, cost at www.adobe.com. I understand that I may revoke this consent at are one via U.S. mail.	d electronically, ProEquities will either: (1) send me at (2) notify me by email that documentation is available in order to receive or access documents delivered to midress on record with you. To that end, I understand that derstand that I must have Internet access via a browsed that documents are currently provided in PDF; that in and that this software is available for download at no
SIGNATURES	
Please review your information, read the Agreement on pages 9 - 11, and sig	n below. Keep a copy for your records.
NOTE: This document contains a predispute arbitration clause, which appearing this document, I acknowledge that I have received and read the pred	
	ispute arbitration clause as part of this agreement.
PRIMARY ACCOUNT OWNER'S SIGNATURE:	ispute arbitration clause as part of this agreement. SIGNHERE DATE:
PRIMARY ACCOUNT OWNER'S SIGNATURE: SECONDARY ACCOUNT OWNER'S SIGNATURE:	SIGNHERE DATE:
SECONDARY ACCOUNT OWNER'S SIGNATURE:	SIGNHERE DATE: DATE:
	SIGNHERE DATE: DATE:
SECONDARY ACCOUNT OWNER'S SIGNATURE: INVESTMENT PROFESSIONAL (PLEASE PRINT):	DATE: DATE: DATE:



This agreement sets forth the terms pursuant to which ProEquities will accept, open and maintain one or more accounts for you (whether designated by name, number or otherwise) for the purchase or sale of securities or other property (collectively, "property").

TO PROEQUITIES AND ITS ASSIGNS:

1. PROVISIONS IN THE EVENT OF FAILURE TO PAY OR DELIVER — Upon the purchase or sale of any security, if I am unable to settle the transaction by reason of my failure to make payment or deliver securities in good form, I authorize ProEquities to take steps necessary to complete the transaction, in which event I agree to reimburse ProEquities for all costs, losses, or liabilities that are incurred. Further, in the event I become indebted to ProEquities in the course of operation of this account, I agree that I will repay such indebtedness upon demand. I agree that if, after demand, I fail to pay the indebtedness, ProEquities may (subject to the provisions of any applicable statute, rule, or regulation) close my account and/or liquidate the assets in this and all other accounts in my name, in an amount sufficient to pay my indebtedness. I understand that I will not be able to choose which assets will be liquidated. Further, I understand that ProEquities, in its sole discretion, may restrict any account in any manner it chooses, and may refuse any transaction or series of transactions as it may deem appropriate.

2. MUTUAL FUND AND 529 PLAN SHARE CLASS INFORMATION

- A shares: I understand that purchases will be subject to an initial sales charge of a percentage of the offering price and may be subject to 12b-1 expense fees. Class A shares generally have lower annual distribution and service (12b-1) fees than other share classes and may offer a reduced sales charge through Rights of Accumulation (ROA) or a Letter of Intent (LOI). An LOI is a written promise to purchase a specific dollar amount of mutual fund shares over a period of time, usually 13 months. In exchange, the fund company applies a lower front-end sales charge to all purchases of Class A shares. ROA permits the pooling of assets invested in a fund family among individuals who are related to one another, qualifying them for reduced sales charges when the combined investment reaches a breakpoint.
- **B shares:** I understand that purchases will not be subject to any initial sales charge or load. Purchases will be subject to a declining surrender charge over a period of years and will incur higher 12b-1 fees than A shares. Reduced sales charges available through ROA or LOI are not an option through B share purchases. Redemptions prior to expiration of the surrender period may be subject to a charge of a certain percentage, known as a contingent deferred sales charge (CDSC) or surrender charge.
- **C shares:** I understand that purchases may not be subject to an initial sales charge, but on an ongoing basis will have higher 12b-1 expense fees and may be assessed a CDSC if redeemed within a specific period of time, usually within one to one-and-one-half years of purchase.
- 3. OUT-OF-STATE 529 COLLEGE SAVINGS PLAN DISCLOSURES Depending upon the laws of my home state and the laws of the designated beneficiary's state, favorable state tax treatment or other benefits offered by such home state for investing in 529 college savings plans may be available only if I invest in the home state's 529 college savings plan. Any state-based benefit offered with respect to a particular 529 college savings plan should be one of many appropriately weighted factors to be considered in making an investment decision. I should consult with my financial, tax, or other advisor to learn more about how state-based benefits (including any limitations) would apply to my specific circumstances, and I may wish to contact my home state or any other 529 college savings plan to learn more about the features, benefits, and limitations of that state's 529 college savings plan.
- 4. RELATED ACCOUNTS FOR MUTUAL FUND BREAKPOINTS If I purchase mutual funds, I may qualify for breakpoint discounts for certain mutual fund share purchases if I or a dependent member of my immediate family own(s) shares in the same mutual fund or in other mutual funds offered by the same mutual fund company. (Please note that the availability of breakpoint discounts and to whom they are available varies among mutual fund companies.) This would include accounts held directly at the mutual fund company with ProEquities listed as the broker/dealer of record, or brokerage accounts carried by Pershing on behalf of ProEquities. I understand that not all my accounts may be incorporated in ProEquities' breakpoint calculations due to different names, addresses, tax identifications, or limitations in the data provided to ProEquities by mutual fund companies. I will provide my advisor with any account(s) I believe should be linked for breakpoint purposes.
- **5. SUCCESSORS** This agreement and its provisions shall be continuous, and shall inure to the benefit of ProEquities, and any successor organization or assigns, and shall be binding upon me (us) and/or my (our) estate, executors, administrators, and assigns of my (our) account.
- 6. AUTHORITY TO TRANSACT BUSINESS Each of the parties who executes this agreement in a representative or fiduciary capacity represents and warrants to ProEquities that he/she has the authority to enter into and operate under this agreement on behalf of his/her principal, and for the risk and in the name of principal. If this agreement is signed in a representative capacity by more than one person, and unless written notice to the contrary is provided to ProEquities before the transaction of any business in the account, each such person represents and warrants that any one of them, acting alone, may transact such business.
- 7. **INTEREST IN ACCOUNT** No one except me (us) has an interest in any of my (our) accounts with ProEquities unless such interest is revealed in the title of such account, and in any case, I (we) have the interest indicated in such title.



- **8. EXTRAORDINARY EVENTS** ProEquities shall not be liable for loss or delay caused directly or indirectly by war, natural disasters, government restrictions, exchange, or market rulings, or other conditions beyond ProEquities' control, including, but not limited to, extreme market volatility or trading volumes.
- 9. JOINT ACCOUNTS If this is a joint account, unless we notify ProEquities otherwise and provide such documentation as ProEquities may require, the account(s) shall be held by us jointly with rights of survivorship (payable to either or to the survivor of us). Each joint tenant irrevocably appoints the other as attorney-in-fact to take all actions on his or her behalf and to represent him or her in all respects in connection with this Agreement. ProEquities shall be fully protected in acting, but shall not be required to act upon the instructions of either of us. Each of us shall be liable, jointly and individually, for any amounts due to ProEquities pursuant to this Agreement, whether incurred by either or both of us.
- 10. ADDRESS Communications may be sent to me (us) at my (our) current address which is on file at ProEquities' home-office, or at such other address as I (we) may hereafter provide to ProEquities in writing. All communications so sent, whether by mail, telegraph, messenger, or otherwise, shall be deemed given to me (us) personally, whether actually received or not.
- **11. RECORDING CONVERSATIONS** I (we) understand and agree that for our mutual protection ProEquities may electronically record any of our telephone conversations.
- **12. NO MODIFICATIONS** This agreement may be amended only by a writing signed by ProEquities. ProEquities' decision to waive or delay application of any of its rights under this agreement (including specifically ProEquities' rights regarding liquidation of collateral) shall not prevent ProEquities from enforcing its terms as written at a later date.
- 13. DISCRETIONARY TRADING NOTICE OF AUTHORIZED TRADES No employee or representative of ProEquities is authorized to effect trades for me (us) without my (our) express prior approval, unless expressly agreed to in a separate grant to discretionary authority signed by me (us) and by ProEquities. I (we) agree to bring any unauthorized activity to the attention of ProEquities immediately. My (our) failure to immediately bring any unauthorized activity to ProEquities' attention shall ratify and adopt such activity, and shall preclude me (us) from claiming that the transactions were unauthorized
- **14. CAPACITY; NOTICE OF CHANGED CIRCUMSTANCES** I (we) represent that, unless ProEquities has been notified in writing to the contrary, that I (we), if a natural person, have reached the age of majority; and I (we) am not insolvent. I (we) agree to promptly notify ProEquities in writing of any change in circumstances affecting the foregoing representations.
- **15. COMMISSIONS, FEES AND CHARGES** I (we) agree that commissions and fees will be charged to my (our) account. Such fees may include, but are not limited to, postage, termination, maintenance, account inactivity, and other account servicing fees.
- **16. CASH PAYMENTS** ProEquities may receive cash payments from product sponsors as reimbursement for training and educational expenses incurred by ProEquities' registered representatives and investment adviser representatives; for product marketing efforts or attendance at due diligence meetings (in accordance with FINRA rules); and for research and due diligence associated with securities offered for sale by the Firm.
- 17. ATTORNEY'S FEES Any expense, including costs and attorney's fees, incurred by ProEquities in collection of a deficit from me (us) or in enforcing ProEquities' rights under this agreement, shall be borne by me (us).
- **18. RATIFICATION OF PRIOR TRANSACTIONS** All transactions and dealings with ProEquities before the execution of this agreement are hereby ratified by me (us) and I (we) hereby agree that all such transactions and dealings are subject to all terms and provisions of this agreement as if they had taken place after the execution hereof.

19. ARBITRATION DISCLOSURES

This agreement contains a predispute arbitration clause. By signing an arbitration agreement the parties agree as follows:

- (1) ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- (2) ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- (3) THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- **(4)** THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.
- **(5)** THE PANEL OF ARBITRATORS MAY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- **(6)** THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- (7) THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.



20. AGREEMENT TO ARBITRATE CONTROVERSIES

IT IS AGREED THAT ANY CONTROVERSY BETWEEN US ARISING OUT OF YOUR BUSINESS OR THIS AGREEMENT SHALL BE SUBMITTED TO ARBITRATION CONDUCTED BEFORE AND ONLY BEFORE THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA), AND IN ACCORDANCE WITH ITS RULES. ARBITRATION MUST BE COMMENCED BY SERVICE UPON THE OTHER PARTY OF A WRITTEN DEMAND FOR ARBITRATION OR A WRITTEN NOTICE OF INTENTION TO ARBITRATE. NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS ACTION WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL: (I) THE CLASS CERTIFICATION IS DENIED; (II) THE CLASS ACTION IS DECERTIFIED; OR (III) THE CLIENT IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT TO THE EXTENT STATED HEREIN.

DEFINITIONS OF INVESTMENT OBJECTIVES:

- **INCOME** The account generally seeks current income (such as dividends and interest) and preservation of capital (The amount invested); little emphasis on growth (capital appreciation). Typical investments include money market funds, bonds and some dividend-paying stocks. Some risk of loss of capital.
- **GROWTH & INCOME** The account generally seeks both current income and growth in value through capital appreciation. Typical investments include bonds and dividend-paying stocks. Greater risk of loss of capital and volatility of returns than accounts with an income objective.
- **LONG-TERM GROWTH** The account generally seeks growth in value over an extended period, primarily through capital appreciation; little emphasis on current income. Typical investments include stocks that pay low or no dividends. Greater risk of loss of capital and volatility of returns than accounts with an income or growth & income objective, but with the potential for higher returns.
- **SHORT-TERM TRADING** The account generally seeks returns on the amount invested through frequent, speculative trades in stocks and other investments. A high-risk strategy that can result in very volatile gains and losses, and in loss of all or most of the capital invested.

DEFINITIONS OF INVESTMENT STRATEGIES

- **BUY AND HOLD** A passive strategy whereby investments are purchased and held for a long period of time, regardless of fluctuations in the market. An investor who employs a buy and hold strategy is not concerned with short-term price movements and technical indicators.
- **ASSET ALLOCATION** A strategy focused on maximizing gains while minimizing risks in an investment portfolio. Asset allocation involves dividing a portfolio's assets on a percentage basis among different broad categories of investments, including stocks, bonds and cash.
- **DOLLAR COST AVERAGING** A passive strategy whereby a fixed dollar amount of a particular investment is purchased on a regular schedule, regardless of the share price. This results in more shares being purchased when prices are low, and fewer shares being bought when prices are high.
- **HEDGING** A strategy that seeks to either reduce exposure to market risk and volatility or to lock in profits by purchasing two securities with negative correlations.
- **RETIREMENT** A strategy focused on wealth accumulation/wealth distribution to achieve an investor's retirement goals. Investment vehicles used for this strategy include but are not limited to employer sponsored plans (401(k)s, profit sharing plans, money purchase plans, etc.), IRAs, annuities and life insurance products.
- **DIVERSIFICATION** A strategy whereby a wide variety of asset classes are purchased to smooth out unsystematic risk (credit risks, company risks, etc.) events, so that the positive performance of some investments will neutralize the negative performance of others.
- **EDUCTIONAL SAVINGS** A strategy focused on wealth accumulation to achieve an investor's educational savings goals. Investment vehicles used for this strategy include but are not limited to 529 Plans and Education/Coverdell Savings Accounts.
- NO SPECIFIC STRATEGY BEING USED
- INCOME GENERATION A strategy focused on purchasing investments that pay high level of current income from dividends and interest.
- TAX ADVANTAGED INVESTING A strategy based on investing in securities that are either exempt from taxation, taxdeferred or offers other types of tax benefits. Examples of tax advantaged investments are municipal bonds, partnerships, UITs and annuities.



Compliance Mutual Fund Investor Acknowledgement 6/27/07

Customer Name/Account Registration
Name of Fund Family American Funds Note: If investing with more than one mutual fund vendor, please use additional forms to disclose fees for each fund family.
Purchase Amount (Can be approximated)
Mutual Fund(s) being purchased:
(Please include Share Class)
Total Amount of <u>Current</u> and <u>Planned</u> Investments with this Fund Family: \$
INVESTMENT AND PROSPECTUS I acknowledge that I am investing in the mutual funds listed above. I have received the current prospectus for each fund. I understand that the prospectus and other materials provided or made available by the mutual fund sponsor (such as statements of additional information) contain information that I should review before I decide to invest. I understand that I should ask my Representative if I have any questions about the prospectus, the other information provided by the mutual fund sponsor, or my investment, and agree that I have had the opportunity to do so. EFFECT OF VARIOUS FACTORS ON INVESTMENT RETURNS I understand that the total return that I receive on my mutual fund investments will depend on many factors, including the performance of the assets purchased by the mutual funds, the class(es) of shares that I buy, the amount that I invest, the front-end loads, annual fees, trading expenses and back-end loads of each fund, the timing and amount of any withdrawals from the funds, whether dividends and capital gains are reinvested, my tax situation, and the period I hold the funds.
DIVIDENDS I understand that upon declaration and payment of a dividend, the price of the mutual fund will drop to reflect the dividend payment. Therefore, there is no advantage to purchasing shares in anticipation of a dividend payment, and I am not purchasing shares with that objective in mind.
SALES CHARGES The sales charges or "loads" (as presented in the prospectus) for the share class(es) that I am purchasing are (please check one share class and indicate load as percentage of Public Offering Price):
☐ A shares:% Front-End Load (if purchasing at Net Asset Value, please indicate "NAV")
☐ B shares: Back-End Load Schedule:%,%,%,%,%,%
☐ C shares:% Front-End Load plus% Back-End Load for Years
☐ Other share class. Please describe the share class and use the space below to indicate Front- End Loads, Back-End Loads, and declining schedules. Attach additional sheets if necessary.

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INVESTMENT RISK

I understand that mutual fund investments are subject to risk (including possible loss of principal), even if the fund invests primarily in bonds or government securities. I understand that past results are not an indication of future performance, and there is no guarantee that my investments will achieve any specified level of return. I understand that mutual funds (1) are not deposits of a bank, savings and loan or credit union, (2) are not issued by, guaranteed by, or an obligation of, a bank, savings and loan or credit union and (3) are not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC), Securities Investor Protection Corporation (SIPC), National Credit Union Share Insurance Fund (NCUSIF), or any other agency.

MUTUAL FUND CLASSES

I understand that mutual fund shares are generally sold in three classes – A, B, and C:

- Class A shares typically charge a "front-end sales charge" (or "load"), which means that not all of the purchase price is actually invested in the fund. The annual expenses of A shares are generally lower than those of B or C shares. Generally, larger amounts invested in A shares with a single fund family can qualify for reduced sales charges (see below).
- Class B shares typically do not charge a front-end load (so the entire purchase price is actually invested in the fund), but charge a contingent deferred sales charge ("CDSC") or "back-end load" if the shares are sold within a stated number of years after purchase. The CDSC normally declines as the shares are held and is eventually eliminated, generally 7-8 years after purchase. The annual expenses of B shares are generally greater than those of A shares, but less than or equal to those of C shares (as discussed below). Once the CDSC is eliminated, B shares often "convert" automatically to A shares (with the lower annual expenses of the A shares).
- Class C shares typically have a minimal front-end load (from 0% 1.5%), but often charge a CDSC if the shares are sold shortly after purchase (often one year). The annual expenses of C shares are generally greater than those of A shares, and are generally greater than or equal to the annual expenses for B shares unless the B shares convert to A shares (at which time the annual expenses of the C shares will generally be greater than those of the new A shares).

Furthermore, I understand that some mutual fund sponsors may offer other share classes, and the conversion of one share class to another share class may occur on terms different than those described above. My Representative and I have reviewed the relevant share classes, as well as the features of each class as stated in the prospectus, statement of additional information, or fund company literature, and I feel that I have chosen the most appropriate share class(es) to meet my investment objectives and needs.

SPECIAL DISCLOSURE FOR CLASS A SHARES - BREAKPOINTS

I understand that a mutual fund sponsor sometimes imposes a lower front-end load on A share purchases if a larger amount is invested. (The investment levels required to obtain reduced sales loads are called "breakpoints".) I understand that I may qualify for these reduced sales charges by (1) making an investment above a breakpoint for a particular fund; (2) making an aggregate investment in a number of different funds with the same fund family that exceeds a breakpoint for that fund family; or (3) committing under a letter of intent (LOI) to make investments above a breakpoint over a period of time (often within 13 months). I understand that previous investments with the same fund family, mutual fund investments in "related" or "linked" accounts (such as accounts of my spouse or minor children), and mutual fund investments with other brokerage firms may be taken into account in determining my eligibility for a breakpoint. I also understand that in some instances, mutual fund sponsors will allow aggregation of multiple share classes. Breakpoints generally are not offered for larger purchases of B or C shares. I understand that diversification among funds or among fund families, or buying different classes of mutual fund shares, may prevent or delay my ability to reach a breakpoint, and therefore may result in higher front-end loads than I might otherwise incur.

BREAKPOINT WORKSHEET

Does this purchase qualify, or will future mutual fund purchases qualify, for a reduced sales charge (breakpoint or net asset value) under any of the mutual fund sponsor's policies as outlined in the prospectus, statement of additional information, or special promotional discounts offered by the sponsor?

	If yes,	which policy? Please inc	licate below:				
☐ Rights of Accumu	ılation (ROA)	☐ Letter of Intent (LOI)	☐ Linkage of Account	s □ Exchange			
□ Reinstatement	□ Other (Ple	ease specify)					
Note: Mutual fund sponsors have many different policies for determining if existing holdings may be aggregated for the purpose of reaching a breakpoint and qualifying for reduced sales charges. Please refer to the prospectus for exact details of which funds, share classes, previous purchases, future intended purchases, and linked accounts can be used for this purpose.							
Please list existing investments with this mutual fund family (both brokerage and non-brokerage accounts ¹) that allow this purchase to qualify for the reduction in sales charges. Attach additional sheets if necessary:							
Name on Account Fund Name Account Number							

TAX CONSEQUENCES (NOT APPLICABLE TO 401(K), IRA OR OTHER TAX-QUALIFIED PLANS)

I understand that mutual funds generally distribute dividends and capital gains at least annually, and that these distributions are generally taxable income to be reported on my tax return (even if the distributions are reinvested to buy more shares of the mutual fund). However, dividends representing municipal bond interest are generally exempt from federal income tax. Upon sale or redemption of mutual fund shares (including shares of municipal bond funds), I will generally have a short- or long-term capital gain or loss (depending on how long I hold the shares, the amount invested, and the net sales price).

TAX ADVANTAGES OF 529 PLANS (IF APPLICABLE) Disclosure Required by MSRB Rule G-17

I understand that purchasing a 529 plan offered by a state that is not my state of residence or the designated beneficiary's state of residence may result in a loss of tax advantages or other benefits offered by such state of residence that may be available if I purchased the 529 plan that is offered by my state of residence. Any state-based benefit offered with respect to a particular 529 college savings plan should be one of many appropriately weighted factors to be considered in making an investment decision. I have reviewed the available plans, both in and out of state, and feel that this purchase is the one that is appropriate for me and my investment objectives and needs. If I have chosen a 529 plan that is not offered by my state of residence, I have done so with full knowledge of the tax consequences. I understand that, before investing in a 529 plan, it is advisable to consult a qualified financial, tax or other advisor to learn more about how state-based benefits (including any limitation) would apply to my specific circumstances; and I have either done so or have decided not to do so. I understand it is also advisable to contact my home state or any other 529 college savings plan to learn more about the features, benefits and limitations of that state's college savings plan.

SOURCE OF FUNDS; SWITCHES

Were other mutual funds, annuities, variable life insurance policies or other investments liquidated, redeemed, transferred or exchanged within the last 60 days (or will existing accounts be liquidated, redeemed, transferred or exchanged in the next 60 days) to provide funds for this transaction?

□ '	Yes □ No ((If "Yes"	, a Universal	Switch Let	ter must l	be comp	leted.

¹ If assets are held outside of ProEquities, a current (within 90 days) statement from the other firm <u>MUST</u> be attached to this document. Failure to include proof of the existing investment may result in missing breakpoint discounts that may be available.

HEALTH SAVINGS ACCOUNTS

I understand that due to the potential need to access funds in my Health Savings Account for medical expenses, careful consideration should be given when making a share class decision. This decision should be based on the need to access the funds versus the sales charges associated with each share class.

DISTRIBUTION EXPENSES

I understand that my Representative (and my Representative's broker/dealer, ProEquities, Inc.) will receive compensation as a result of my decision to make this investment, through the payment of commissions (including "trail" commissions) from the mutual fund vendor or (for investment advisory purchases) in the form of a percentage paid from the total amount of my assets managed by my Representative. I understand that the prospectus and statement of additional information have information about commissions, and that (if applicable) my investment advisory contract has information about the fees payable on my investment advisory account. I understand that ProEquities has marketing arrangements with certain mutual fund sponsors which provide for cash payments to ProEquities, but that my Representative will not receive any extra commissions (or any higher fees) for selling mutual funds offered by these sponsors. I understand that more information about these marketing arrangements is available at www.ProEquities.com, and that (if applicable) my investment advisory contract has information about the fees payable on my investment advisory account.

CLIENT ACKNOWLEDGEMENT

I have reviewed with my Representative the features of my mutual fund investment and the financial consequences of this purchase (including each fund's investment objective, portfolio, historical total returns, sales charges, expenses, potential tax consequences, and market risk). If applicable, I have discussed with my Representative the advantages and disadvantages of diversifying my mutual fund holdings among different funds and/or different fund families. I am aware of the requirements for reduced sales charges as disclosed in the prospectus. I have made the Representative aware of accounts that should be considered in determining eligibility for these reductions. I am making an informed decision to engage in this mutual fund transaction.

REPRESENTATIVE ACKNOWLEDGEMENT

I am familiar with the mutual fund sponsor's breakpoint policies, including the availability of breakpoints for investments in a single fund; for investments within a fund family; through Letters of Intent (LOI) or Rights of Accumulation (ROA); through "linked" accounts (including, if appropriate, accounts of spouse or children, and retirement accounts); and through investments in the fund family at other broker dealers. I have reviewed with my customer the ability to reach a mutual fund sales load breakpoint under these policies.

Client Name:	
Signature:	SIGN HERE Date:
Joint Client (if any):	
Signature:	Date:
Rep Name & #: Russell Kizer 663	
Signature:	Date:
OSJ/DP:	
Signature:	Date:

Representative signature certifies that a copy of this Acknowledgement was made available to the Client.

Representative will retain a copy in the Client file and forward original to OSJ/DP who is to acknowledge and forward to the Home Office.



Compliance Universal Switch Letter

To Be Used For Switches, Transfers, Rollovers,
Or Replacements NOT Involving Annuities
11/15/12

Customer Name/ Account Registration								
Please complete all applicable information regardoes not apply, please indicate. To prevent of blanks are fully completed or indicated as "Not a	delays	in processi	ng of this trade, please ensure that al					
Existing Investment (Check all that apply): □ Mutual Fund □ Advisory Product □ UIT □ REIT/DPP □ 401(k) □ Qualified Retirement Plan □ CD □ C	Other	Proposed Investment: (Please check one): □ Mutual Fund □ Advisory Product □ UIT □ REIT/DPP □ 401(k) □ Qualified Retirement Plan □ CD □ Other Name of Issuer and Product						
		I valle of 13.	such and i roudet					
Purchase Date / Invested Amount (less withdraw	-	Total Purch	ase Amount (estimate)					
Surrender Charge (\$)/ Remaining Surrender Pe	eriod	Fees to be Paid Upon Purchase (in % or \$)						
For Mutual Funds, specify current fund expense ratio or range.	<u> </u>	For Mutual Funds, specify fund expense ratio or range.						
 Are the funds involved in this transaction 	■ Are the funds involved in this transaction qualified? □ YES □ NO							
 Risk Exposure (check primary level): 	□ L(OW GH RISK	□ MODERATE □ SPECULATION					
 Investment Objective: 		COME DNG-TERM GI	□ GROWTH & INCOME ROWTH □ SHORT-TERM TRADING					
Existing Investment Redemption was:		equested by ecommende	Customer d by Representative					
 Proposed Investment <u>Product</u> was: 	□ C	Specifically Requested by Customer Chosen by Customer from Offerings Provided by Representative Recommended by Representative						
Customer's Current Age:								
Specific reason(s) for this switch/transfer/relland	ar/ran	lacement is /	are).					
Specific reason(s) for this switch/transfer/rollove	ει/ι e ρ	iacement 18 (ai 5 j					

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Were alternative products offered or discussed? If so, please state which ones:	

Financial Institution Customers

I understand that the investments that I am purchasing are not deposits at a bank, savings and loan, or credit union; are not issued by, guaranteed by, or an obligation of, a bank, savings and loan, or credit union; and are not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC), Securities Investor Protection Corporation (SIPC), National Credit Union Share Insurance Fund (NCUSIF), or any other agency.

Client Acknowledgement

I have reviewed with my Representative the advantages and disadvantages of the proposed switch, transfer, rollover or replacement. In particular, we have (1) compared the material features of my current investments (such as investment objective, portfolio, historical total returns, sales charges, surrender charges, expenses, tax consequences, and market risk) to the material features of the proposed investments; (2) discussed any surrender charges or contingent deferred sales charges (CDSCs) (a/k/a "back-end loads") that may be charged. In addition, when applicable, I have discussed (or elected not to discuss) the possible tax consequences of the switch, transfer, rollover or replacement with a qualified tax professional of my choice. If applicable, I have discussed with my Representative the advantages and disadvantages of diversifying my investments among different types of investments and/or product companies (including the possible effect on my ability to reach a mutual fund sales load breakpoint). Each of the current investments that have been/is being switched, transferred, rolled over or replaced no longer meets my financial and investment objectives, and/or has failed to perform to my satisfaction. I understand that my Representative may be paid a commission and/or fee from the product sponsor when this proposed transaction is completed. After considering the advantages and disadvantages of the proposed transaction, I have concluded that this transaction is in my best interest, based on my personal and financial situation, my tolerance for risk, and my ability to make any future payments that may be required. Additionally, I feel that I am making an informed decision. My signature below indicates that I have provided or obtained the most current information available regarding the existing investment and provided it to my registered representative for use in making any recommendation. If information is missing on this form, it is because the information is unavailable or because I have chosen not to disclose it.

Representative Acknowledgement

The information that is recorded on this document was done so by gathering information from the customer and/or the existing and proposed product sponsor/vendor. I certify that I made best efforts to gather needed information to determine that this switch transaction is in the best interest of the client, given their current investment objectives and needs, and I believe that this transaction is appropriate

Client Name:	Signature:	SIGN HERE
Joint Client (if any):	Signature:	Date:
Rep Name & #:	Signature:	Date:
OSJ/DP:	Signature:	Date:

Representative signature certifies that a copy of this Acknowledgement was made available to the Client. Representative will retain a copy in the Client file and forward original to OSJ/DP who is to acknowledge and forward to the Home Office.



New Accounts Proof of Identification 8/01/07

A signature is generally required for liquidation of mutual fund shares over a specific amount or if a request is made to mail a check for proceeds to an address other than the address of record. Also, transfer agents will require that the signature on a stock or bond endorsement be signature guaranteed.

SEC Rule 17AD-15 which was effective October 26, 1992, sets forth the requirements regarding the acceptance of signature guarantees by transfer agents. Under the rule, transfer agents will accept signature guarantees only if the grantor is in compliance with written procedures of the transfer agent including participation in a qualified signature guarantee program.

ProEquities, Inc. is a member of the Securities Transfer Agents Medallion Program (STAMP). Participation in this program assures that a signature will be accepted by all transfer agents.

Customer Name	Social Security Number
Customer Address	
,	
New Customer Photocopy your client's driver's license or other at the bottom of this form and complete the certi	signed proof of identification which includes a photograph fication.
Existing Customer Certification below is sufficient proof of identification	ation.
I hereby certify that the client listed above is known been signed by the person named in the docum	own to me and that the accompanying documents have ent.
Registered Representative's Signature	
Date	Representative Number

Please Attach a Copy of Your Driver's License

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