

Note: All investments must be submitted electronically via Automated Clearing House (ACH). **Do not send any investments by check.**

Financial advisor: If a signature guarantee is not required and you have prior approval from both American Funds and your home office, you can complete and submit this application, signed electronically. Once the application has been signed, you must print and deliver a copy of this application to the Account Owner.

1 Account registration

Important: This section must be completed, and the application must be signed in Section 7 before an Account can be established. Please type or print clearly.

A. Employer information

Name of company

____-____-____-____-____-____-____-____
EIN (Please contact your employer for this information.)

B. Account Owner: the sole individual establishing and controlling a CollegeAmerica Account. The Account Owner must be an employee of the employer named above. Trust, Entity or UGMA/UTMA registration types are not available for employer-sponsored accounts.

____-____-____-____-____-____-____-____ ____-____-____-____-____-____
SSN of Account Owner Date of birth of Account Owner (mm/dd/yyyy) _____
Country of citizenship

First name of Account Owner MI Last

Residence address (physical address required — **no P.O. boxes**) City State ZIP

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

Email address* ()
Daytime phone

* Your privacy is important to us. For information on our privacy policies, visit www.americanfunds.com.

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

First name of Beneficiary (print) MI Last _____
Country of citizenship

____-____-____-____-____-____-____-____ ____-____-____-____-____-____
SSN of Beneficiary Date of birth of Beneficiary (mm/dd/yyyy)

2 Successor Owner

The Successor Owner must be at least age 18 and a U.S. citizen or legal U.S. resident, and becomes the Owner of the Account in the event the Account Owner dies. The Successor Owner cannot be the same person as the Account Owner.

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

3 Investment instructions — required

For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.americanfunds.com/fundguide.

Important information:

- Provide your fund selection(s) below and the dollar amount you wish to contribute from the CollegeAmerica Account Owner's bank account or, if available, as a payroll deduction. If no fund is selected, investments will be made in the money market fund, Class 529-E shares, by default.
- If requesting monthly recurring automatic purchases from the Account Owner's bank account, provide a start date or the option will be established the date received and the bank account will be drafted the following month and each month thereafter.

Step 1: Provide information below regarding your contribution method. (Select all that apply.)

A. **One-time ACH purchase:** Provide your investment selection(s) in Step 2.
Note: This purchase will be processed from the bank account provided in Section 4 on the same day the Account is established.

B. **Recurring automatic ACH purchase:** Complete the information below and provide your investment selection(s) in Step 2.
Note: Recurring purchases will be processed from the bank account provided in Section 4.

Transactions should begin during the month of _____

Transactions should occur on the following date(s) of the month _____, _____ (e.g., 8th, 19th)

Frequency of transactions: Monthly Every other month Quarterly Annually

C. **Payroll deduction program (if available through your employer and you wish to participate):** Provide your investment selection(s) in Step 2 below.

Step 2: Provide investment selection(s) below (Class 529-E shares only). (The fund minimum is \$25 per fund.)

Invest my contribution(s) in the American Funds College Target Date Series®. Indicate one of the following years: 2021, 2024, 2027, 2030, 2033 or 2036.

American Funds College _____ Fund \$ _____ \$ _____
Year One-time ACH purchase Recurring automatic ACH purchase (\$25 min.)

OR

Invest my contribution as instructed below.

Fund name or number	One-time ACH purchase	Recurring automatic ACH purchase	Payroll deduction* (enter whole percentages only)
_____	\$ _____	\$ _____	_____%
_____	\$ _____	\$ _____	_____%
_____	\$ _____	\$ _____	_____%
_____	\$ _____	\$ _____	_____%
Total investments	\$ _____	\$ _____	_____%

* The percentage you elect must equal the minimum of \$25 per fund.

Notes: • Contributions should NOT be submitted by your employer until after your Account has been established.

- If participating in a payroll deduction program and you want to make changes to your fund selections and/or percentage allocations in the future, please notify your employer.

4 Bank information

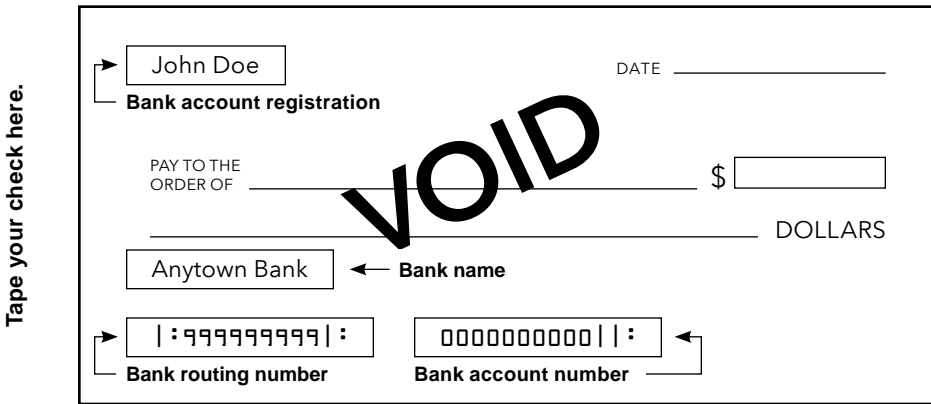
Before completing this section, read the signature guarantee requirements below.

Signature guarantee requirements:

- **To purchase shares via ACH:** The bank account must belong to the CollegeAmerica Account Owner. The Account Owner's signature must be guaranteed if the bank account is registered under an alternate name for the CollegeAmerica Account Owner.
- **To sell shares electronically:** The Account Owner's signature must be guaranteed if the bank account registration does not include the CollegeAmerica Account Owner's name.

Note: If a signature guarantee is required, obtain and submit a completed *Add/Update Bank Information* form. An application that requires a signature guarantee cannot be signed electronically or faxed. Mail the completed forms to the appropriate service center for your state using the instructions on page 5.

Important: To avoid delays in processing this application, attach an unsigned, voided check where indicated below. The check you attach must be preprinted with the bank name, registration, routing number and account number. Please do not staple.



Note: In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number and account number. The letter must be on the bank's letterhead.

Complete the following ONLY if you are signing this document electronically. Approval from American Funds must be obtained by your financial advisor before this application can be signed electronically. If signing electronically, a voided check is not required.

Bank name _____ Bank routing number _____

Bank account number _____ Bank account registration (the name preprinted on the check) _____

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

I would like the option to perform the following transactions by telephone and online at **www.americanfunds.com**. (Select only one option.)

Purchase Sell Both

- Notes:**
- Your election will apply to all of your current and future accounts.
 - You may cancel the ACH option at any time online at **www.americanfunds.com** or by calling us at (800) 421-4225.
 - Once the sell option is established, there will be a 10-day waiting period before it can be used. ACH purchase is available once the account has been established.

5 Additional options

A. 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 advisor, 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.

Important note:

IRS guidelines limit changes in 529 investment strategy to two per year. You may establish an automatic exchange plan or rebalance option at the time of Account setup. Adding or changing an automatic exchange plan or requesting the rebalance option on an existing Account will be considered a change in investment strategy. The request may be denied if a change in investment strategy exceeds two per year. Refer to the *CollegeAmerica Program Description* for additional information or speak with a financial advisor. You may only exchange from one fund to another or rebalance funds within the same share class.

B. Automatic exchange plan and rebalance (optional) — requires additional paperwork

To avoid delays in establishing these options, you must attach a completed *CollegeAmerica Account Options* form. Check all that apply.

Establish an automatic exchange plan (Section 5-A of the *Account Options* form).

Establish a rebalance option (Section 5-B of the *Account Options* form).

6 Financial advisor

This section must be filled out completely by the financial advisor(s).

We authorize American Funds Service Company (AFS) to act as our agent for this account and agree to notify AFS of purchases made under a Statement of Intention or Rights of Accumulation.

Name(s) of advisor(s) _____
Advisor/team ID number _____
Branch number _____

Daytime phone _____
Ext.

Branch address _____
City _____
State _____
ZIP

Name of broker-dealer firm (as it appears on the Selling Group Agreement) **X**
Signature of person authorized to sign for the broker-dealer



7 Signature of CollegeAmerica Account Owner

I hereby establish a CollegeAmerica Account with Virginia529 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. I agree to the conditions of the electronic exchange authorization and agree to the electronic purchasing authorization. I understand that amounts invested may not be redeemed for 7 business days.

I agree to hold harmless and indemnify Virginia529; American Funds Service Company (AFS); any of their affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred in connection with these application instructions, the exercise of the telephone and website purchase, exchange and/or redemption privileges or in connection with the establishment of an Account with a minor Account Owner.

I authorize the financial advisor 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 that 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.

If I have requested ACH privileges, I authorize AFS, upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to **1)** redeem fund shares from this account and deposit the proceeds into the bank account identified on this application, and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronically signed copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document.

X

Signature of Account Owner

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

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

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

Please mail or fax 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

Fax (888) 421-4351



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

Fax (888) 421-4351

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