



Use this form to request a rollover from a CollegeAmerica 529 account to a new or existing American Funds Roth IRA owned by the CollegeAmerica account beneficiary.

If you are requesting a rollover from an external (non-CollegeAmerica) 529 plan to an American Funds Roth IRA, contact us for forms and requirements.

1 CollegeAmerica account information

CollegeAmerica account number

First name of CollegeAmerica account owner

MI

Last

Address

City

State

ZIP

Email address*

()

Daytime phone

First name of 529 beneficiary/Roth IRA owner

MI

Last

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

2 Rollover instructions

Note: The rollover amount is treated as a current year IRA contribution and counts toward the beneficiary's cumulative annual contribution limit across all traditional and Roth IRAs.

A. How should we process the rollover from the CollegeAmerica account?

Note: For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

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

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2 Rollover instructions

(continued)

B. The receiving Roth IRA is:

- ☐ A new account. The beneficiary must complete a [Traditional/Roth IRA Application](#) and provide investment instructions on the application. **To expedite processing, consider submitting the application with this request.**

OR

- ☐ An existing American Funds account. The beneficiary must complete the [529 to Roth IRA Investment Instructions](#) form. **To expedite processing, consider submitting the investment instructions form with this request.**

3 CollegeAmerica account owner signature

I have read, understand and agree to all pages of this *CollegeAmerica to Roth IRA Rollover Request*, as well as the terms set forth in the CollegeAmerica Program Description as it relates to this request. I direct American Funds Service Company® (AFS) to process a rollover from the CollegeAmerica account listed in Section 1 to an American Funds Roth IRA for the benefit of the CollegeAmerica beneficiary. I assume sole responsibility for the tax consequences of this election.

I certify that the requested distribution meets the requirements to be treated as a tax-free qualified tuition program (529 plan) to Roth IRA rollover. I understand that I am responsible for providing the beneficiary with basis and earnings information with regard to the rollover.

In consideration of AFS acting on such instructions and processing this transaction, I agree to hold harmless and indemnify Virginia529; AFS; any of their affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of AFS acting on such instructions.

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. A copy of this document will be made available to me as required.

_____	X	_____
Name of CollegeAmerica account owner (print)	Signature	Date (mm/dd/yyyy)

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

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



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

Investor upload www.capitalgroup.com/submit

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4351

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225, ext. 529.

