



This form can be used to request a rollover from an external (non-CollegeAmerica) 529 account to an American Funds Roth IRA owned by the 529 account beneficiary. Use this form if the 529 program manager requires American Funds paperwork.

Before completing this form, contact the current 529 program manager to determine what additional paperwork or actions may be required to move your assets to American Funds.

Return this form to American Funds.

1 Roth IRA owner

Provide the Roth IRA owner's information. This individual must be the beneficiary of the sending 529 account.

First name MI Last

Address City State ZIP

Email address* () Daytime phone

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

2 529 account owner

First name MI Last () Daytime phone

3 Contact information for the current 529 plan

Note: Contact the current 529 program manager to obtain the correct mailing address.

529 account number Full name of 529 plan

Name of financial institution (where your current 529 plan is held)

Address City State ZIP

Check here if you would like us to fax this request, and you have confirmed that the current financial institution will accept a fax.

() Current financial institution fax



4 529 rollover instructions

Note: Rollovers made by the tax-filing deadline without extension (usually April 15) can be coded as current or prior year IRA contributions. Rollovers made after the tax-filing deadline will be coded as current year contributions. The rollover amount counts toward the beneficiary's cumulative annual contribution limit across all traditional and Roth IRAs.

- A. Total rollover.
- B. Partial rollover. Provide the sending account rollover information below.

Investment name	Amount	OR	Percentage
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
Total	\$ _____	OR	_____ %

5 Receiving Roth IRA

The receiving Roth IRA is:

- A. 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**
- B. 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.**



6 Authorization

To the sending 529 program manager: A Roth IRA for the benefit of the 529 beneficiary has been established with Capital Bank and Trust Company. Please accept this as your authorization to liquidate shares as instructed in Section 4. Make checks payable to **“Capital Bank and Trust Company 529 to Roth.”** Include the name of the Roth IRA owner identified in Section 1 on the check.

I hereby certify that the information provided within this form is accurate, and 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. I further understand that the current 529 program manager may have additional requirements to initiate the rollover to American Funds, and I am responsible for meeting these requirements.

Name of 529 account owner (print) _____ **X** Signature _____ Date / / (mm/dd/yyyy)

If required by the current 529 program manager, your signature must be guaranteed by a bank, savings association, credit union or 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.



▼ Stamp signature or medallion guarantee here. ▼

CUSTODIAL ACCEPTANCE

To the sending 529 program manager: Capital Bank and Trust Company has agreed to serve as Trustee/Custodian for the 529 beneficiary's Roth IRA and will accept the rollover. Liquidate and disburse the assets as instructed in Section 4. **Send the check payable to “Capital Bank and Trust Company 529 to Roth” to the appropriate address listed below.** Include the name of the Roth IRA owner identified in Section 1 on the check. The investments should be accompanied by a statement showing the earnings portion of the rollover.

Authorized signer of Capital Bank and Trust Company Kevin Saks, President Name
 _____  Signature (accepting signer) _____ Date _____ (mm/dd/yyyy)

If the current financial institution requires an original copy, mail this form to the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.

 <p>American Funds Service Company P.O. Box 6273 Indianapolis, IN 46206-6273</p> <p>Overnight mail address 12711 N. Meridian St. Carmel, IN 46032-9181</p>	 <p>American Funds Service Company P.O. Box 2713 Norfolk, VA 23501-2713</p> <p>Overnight mail address 5300 Robin Hood Rd. Norfolk, VA 23513-2430</p>
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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.

