

## 529 to Roth IRA Investment Instructions

Use this form to provide investment instructions for a rollover from a 529 account to an existing American Funds Roth IRA.

If you need to establish a new American Funds Roth IRA, do not use this form. Submit the <u>Traditional/Roth IRA Application</u> instead.

Provide the Roth IRA owner's	information. This indiv	vidual must be the	peneficiary of the sen	iding 529 acco	ount.		
irst name	MI	Last		Roth	IRA account	number	
ddress			City	(	)	State	ZIP
mail address*				\text{\text{Dayt}}	ime phone		
Your privacy is important to us. F	or information on our pri	ivacy policies, visit w	ww.capitalgroup.com.				
529 account info  Provide the 529 account ow							
_		MI	Last				
. Provide the 529 account ow			Last City			State	. ZIP
. Provide the 529 account ow  First name		MI				State	ZIP
Provide the 529 account ow  First name						State	ZIP
First name  Address  ( )  Daytime phone		MI				State	ZIP
A. Provide the 529 account ow  First name  Address  ( )	vner's information.  America) 529 account.  the Rollover from an	. If the 529 progran	City n manager requires A			k, the 529	account





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Roth IRA investment instructions		
For a quick guide to fund names, numbers, minimums and sha	re class restrictions, go to www	.capitalgroup.com/fundguide.
A. Provide tax year information		
Invest the 529 rollover as a current year IRA contribution	n.	
OR		
Invest the 529 rollover as a <b>prior year</b> IRA contribution ( usually April 15).	available only for rollovers m	ade by the tax-filing deadline without extension,
Notes: • If no selection is made, the rollover will be invested	as a current year IRA contri	bution.
<ul> <li>The rollover amount counts toward your cumulative</li> </ul>	e annual contribution limit ac	ross all traditional and Roth IRAs.
B. Share class		
If the rollover is from an external (non-CollegeAmerica) 529 CollegeAmerica account, proceed to <b>C</b> .	plan, select a share class be	elow. If the rollover is from an American Funds
Class A OR Class C OR Class F-	2*	
*Class F-2 shares are available only for accounts sold through partic	cipating investment advisor repr	esentatives or intermediaries.
C. Provide investment instructions		
Fund name or number	Amount	Percentage
	\$	OR%
Total	\$	OR%
<b>⚠</b> Roth IRA owner signature		
4		
certify that I: 1) have read, understand and agree to all pages.	of this 529 to Roth IRA Inve.	stment Instructions form; and 2) I am familiar with

Name of Roth IRA account owner (print)
Signature
Date (mm/dd/yyyy)

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

529 to Roth IRA rollover rules, and to the best of my knowledge, I am eligible to receive the rollover.

**Overnight mail address** 12711 N. Meridian St. Carmel, IN 46032-9181



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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.

