

CollegeAmerica® Supplemental Account Application

Select only one registration type. For registrations for trusts or entities, see Section 2. You must submit a separate form for additional registrations.

	Account registration — For UGMA/	UTMA only						
Α.	UGMA/UTMA Account (Select one.)							
	New UGMA/UTMA: Investments in an UGMA/UTMA account constitute an irrevocable gift to the minor. The custodian is responsible for transferring the property to the minor when the minor reaches the specified age. OR							
	Transfer from an UGMA/UTMA Account: If yo amount you wish to transfer from your existing UUGMA/UTMA assets are held at American Fund Transfers from an UGMA/UTMA may have tax co Account funded with UGMA/UTMA assets, which of the Program Description. Provide the following	JGMA/UTMA accour s, send a written req onsequences. If you h involves additional ng information:	nt and send a check for uest with a signature of complete this section, restrictions. Please re	or the proceeds to Co of the current custoo the Account will be	CollegeAme dian to Coll e registered	erica. If the egeAmerica. I as a 529		
	Identify state where UGMA/UTMA is established Age	e of majority to be used	Amount					
В.	Account Owner: Provide information about the mino SSN of Account Owner (minor)	about the custodian sh -	Country of citizenship					
	First name of minor		Last					
	Residence address (physical address required — no P.O. boxe	es)	City		State	ZIP		
C.	Custodian: SSN of custodian D	ate of birth of custodian	- (mm/dd/yyyy)	Country of citizens	ship			
	First name of custodian	MI	Last					
	Residence address (physical address required — no P.O. boxe	es)	City		State	ZIP		
	Mailing address (if different from residence address)		City	()	State	ZIP		
	Email address*			()				
	*Your privacy is important to us. For information on our priv	acy policies, visit www	.capitalgroup.com.	Daytime phone				
D.	Successor custodian designation: A successor custodian can only be designated if allowed in the state where the UGMA/UTMA is established.							
	Full name (include middle initial) (print)	Date of	birth of successor custodia	an (mm/dd/yyyy) Ro	elationship to	minor		
			X					
	Name of witness (print)	·	Signature of witness					

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

Note: The witness cannot be the person named as the custodian or successor custodian above.



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	Account registration — For entities (including true	-			
4	If there are multiple trustees, each will be required to sign the CollegeAmerica	A Account Application in Se	ection 9.		
Α.	Type of Account (Select one.)				
	Trust Account — You must attach the title page, the signature page	and the trustee assignm	nent page.		
	Other entity — Please specify:				
	NOTE: If the Account being established is for a corporation, par issued document such as certified articles of incorporation A completed Entity Beneficial Owners form is also required.	on or a business licen			_
В.	Account Owner: Provide information about the trust or entity below. Infor in 2-C.	mation about the trustee	e or authorized per	son shoul	ld be provided
	TIN of trust or entity Date of trust (if applicable) (
	Name of trust or entity				
	Residence address (physical address required — no P.O. boxes)	City		State	ZIP
	Mailing address (if different from residence address)	City		State	ZIP
C.	Trustee of trust or authorized person of the entity: Date of birth (mm/dd/yyyy	- <u> </u>	Country of citizensh	iip	
C. 1	First name of trustee, corporate officer or authorized person 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		

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D.	Co-trustee of trust or additional authorized person of the entity: (A	ttach additional pages if	neces	sary.)			
	SSN Date of birth (mm/dd/yyy] —	Country of citizenship				
	First name of co-trustee, corporate officer or authorized person 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*		Dayti	me phone			
	our privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.						
E.	Authority of trustees to act: joint versus independent (if applicable)						
If you are establishing a trust account with multiple trustees, select one:							
Trustees must act jointly. If a financial or account maintenance request must be submitted in writing, all trustees must sign. OR						n.	
	Trustees may act independently. If a financial or account maintenance request must be submitted in writing, only one trustee signature is needed.						

- If no selection is made, trustees must act jointly.
- Requests that can be made via phone only require one trustee to act.