

CollegeAmerica® Payroll Deduction Election

For employer/employee use only

Important information

- If you are opening a new Account, you must attach a completed application to this form. Your employer will forward the completed forms to American Funds Service Company® on your behalf.
- Return this completed form to your employer. **Do not send this form to American Funds Service Company.**
- If multiple accounts are established, a separate *Payroll Deduction Election* form should be submitted for each Account Beneficiary.

NOTE: Any money withheld from your paycheck to invest in a payroll deduction program is considered taxable income.

Agreement between

Name of employee

Name of company

Name of Account Beneficiary

Payroll election

Select one of the following four options.

- A. **New election for NEW participants** — I am opening a new Account (the application is attached). I elect to have the following amount withheld from my compensation and contributed to the CollegeAmerica payroll deduction program.

Deductions of _____% **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

- B. **New election for EXISTING participants** — I have an existing CollegeAmerica Account. I elect to have the following amount withheld from my compensation and contributed to the CollegeAmerica payroll deduction program.

Deductions of _____% **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

- C. **Change deductions** — I am currently participating in the CollegeAmerica payroll deduction program and wish to change my election.

Deductions of _____% **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

- D. **Suspend deductions** — I wish to stop deferring to the CollegeAmerica payroll deduction program as of the effective date specified below.

Effective date _____
(mm/dd/yyyy)

Signature

I authorize my employer to withhold the amount/percentage specified above from each paycheck as of the effective date provided. I may revoke or update this election at any time as permitted by my employer. The revocation or update will be effective as soon as administratively possible by my employer after they have received the notice. I also understand that my contributions are subject to gain or loss in accordance with my selected investments.

X

Signature of employee

____ / ____ / ____
Date (mm/dd/yyyy)

Contributions can be made until the total value of the beneficiary's Virginia accounts (CollegeAmerica, Prepaid529, Invest529 and existing CollegeWealth) reaches \$550,000.