



In lieu of submitting this form, you may request a distribution of less than \$125,000 at www.capitalgroup.com, or by calling us at (800) 421-4225.

1 Account Recipient information

Please type or print clearly.

Account number, Name of Account Recipient (child), Name of Authorized Person, Address, City, State, ZIP, Email address*, Daytime phone

Citizenship: U.S. citizen, U.S. resident alien, Nonresident alien (Submit an IRS Form W-8BEN.)

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

2 Distribution options

To avoid delays in processing your request, be sure that the distribution will not reduce any fund balance below the established fund minimums that must be met and maintained. The fund minimums are \$1,000 for the money market fund or \$250 each for all other funds. For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

I, the Authorized Person, the parent or legal guardian of the Account Recipient, request a distribution from the Coverdell ESA as follows (Complete A or B.):

A. One-time distribution

Table with 4 columns: Fund name or number, Amount, Percentage, Number of shares. Includes OR and % symbols.

B. Installment payments

Note: To avoid delays in processing your request, provide complete instructions.

Table with 5 columns: Fund name or number, Amount, Annual withdrawal percentage*, Number of shares, Number of payments until acct. closes. Includes OR and % symbols.

* For annual percentage withdrawals, the dollar amount of the automatic withdrawal is recalculated based on the percentage designated, the frequency of the transactions and the account value on each withdrawal date.

Payment frequency (all distributions will occur annually unless stated otherwise): Monthly, Quarterly, Semiannually

Start date — required: Make the first distribution on (mm/dd/yyyy)

Stop date (optional): Transactions should stop on the following date (mm/dd/yyyy)

3 Payment instructions

Select A, B or C.

- A. Electronically deposit the distribution(s) into my bank account. Follow the instructions in Section 4. Payments will be delivered to your bank within three (3) business days following each distribution. **A signature guarantee may be required. See Section 6.**
- B. Repurchase shares in either a new or existing American Funds CollegeAmerica® 529 Account. If opening a new account, an application must be completed and attached; if it is an existing account, enter the Account number here _____

Investment instructions

- Move shares to the receiving account within the same fund(s) and comparable share class.
- I have attached a separate letter of instruction that specifies how my shares should be invested in the receiving account.

- C. Send a check.

If the distribution is to be made payable to someone other than the Authorized Person or will be mailed to an address other than the address of record, provide the alternate mailing instructions below. **A signature guarantee may be required. See Section 6.**

Name of payee, educational institution, trustee or custodian (if applicable)

Address

City

State

ZIP

Account number (if applicable)

FBO (if applicable)

4 Bank information

If you selected electronic deposit in Section 3, attach an unsigned, voided check below. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple. Read the signature guarantee requirements in Section 6.**

Important:

- The bank information you provide here will be kept on file for future ACH requests. You will receive an acknowledgment as confirmation. If you do not want this information retained and available for future ACH distribution requests, decline here.
- You may cancel the ACH option at any time online at www.capitalgroup.com or by calling us at (800) 421-4225.

Tape your check here, if applicable.

VOID

John Doe _____ DATE _____

Bank account registration

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Anytown Bank ← **Bank name**

| : 999999999 | : 0000000000 | : | :
Bank routing number **Bank account number**

Note: In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number, account number and account type (check or savings). The letter must be on the bank's letterhead.



5 Beneficiary claim

Complete this section only if the Account Recipient is deceased.

Attach a copy of the Account Recipient's certified death certificate. If the Authorized Person is deceased, call us at **(800) 421-4225** for instructions.

Account Recipient's date of death _____
(mm/dd/yyyy)

Beneficiary information:

□ □ □ □ □ □ □ □ □ □
SSN or estate TIN

□ □ - □ □ - □ □ □ □ □ □
Date of birth (mm/dd/yyyy)

First name MI Last Relationship to Account Recipient

I, the Beneficiary, request a distribution from the Coverdell ESA as follows:

- Total distribution (The distribution will be sent to the Authorized Person at the address of record.)
- Transfer to a Coverdell ESA* (Provide instructions below.)

Payee

Account number FBO

Address City State ZIP

*The beneficiary option to transfer a Coverdell ESA is available only to eligible "family members" under the age of 30. See IRS Publication 970 for the definition of "family members."

Please mail or fax this form to the appropriate service center.

(If you live outside the U.S., mail the form to the Indiana Service Center.)



Indiana Service Center

American Funds Service Company
P.O. Box 6164
Indianapolis, IN 46206-6164

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

Fax (888) 421-4371



Virginia Service Center

American Funds Service Company
P.O. Box 2560
Norfolk, VA 23501-2560

Overnight mail address
5300 Robin Hood Rd.
Norfolk, VA 23513-2430

Fax (888) 421-4371

If you have questions or require more information, contact your financial professional or call American Funds Service Company at **(800) 421-4225**.

6 Authorization and signature guarantee

I direct Capital Bank and Trust CompanySM (CB&T) to make distributions from the Coverdell ESA in the manner I have indicated, and I assume sole responsibility for the tax consequences of the above election. I certify that the above information and attached documentation are accurate, and I am entitled to receive the payments for which I have applied.

In consideration of CB&T acting on such instructions and processing such transactions, or should I not be entitled to all or any part of the payments for which I have applied, I agree to hold harmless and indemnify CB&T; any of its 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 CB&T acting on such instructions. In addition, if direct deposit payments are requested, I understand that these payments may be terminated by me at any time by telephone or written notification to CB&T. The termination request will be effective as soon as CB&T has had reasonable time to act upon it. I understand that CB&T reserves the right to require original documents or original certification of documents.

If I have agreed to allow American Funds to retain bank information for future ACH requests, I authorize AFS, upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to **1)** redeem fund shares from this account and deposit the proceeds into the bank account identified on this document; and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic 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.

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

	X		/ /
Name of Authorized Person (print)	Signature of Authorized Person (required)	Date	(mm/dd/yyyy)
	X		/ /
Name of Beneficiary* (print)	Signature of Beneficiary* (if the Account Recipient is deceased)	Date	(mm/dd/yyyy)

*If the Beneficiary is under the age of 18, this form must be signed by the legal guardian or conservator.

A signature guarantee is required unless the redemption request is:

- made payable to the Authorized Person, an eligible educational institution, or Account Recipient; **and**
- less than \$125,000 or less than \$25,000 if made payable to the Account Recipient; **and**
- sent to an eligible educational institution or the address of record (as long as the address has not changed in the last 10 calendar days) **or**
- reinvested into an existing or new American Funds account.

GUARANTOR:
Stamp signature guarantee or medallion guarantee here.

Note regarding ACH redemptions: A signature guarantee is **required** unless installment payments are being requested, the Coverdell ESA Authorized Person is included in the bank account registration, **and** the request is received at least 10 calendar days prior to the first draft.

If required, a signature guarantee or medallion guarantee must be performed by a bank, savings association, credit union, 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.

Note: A medallion guarantee is acceptable in place of a signature guarantee.

If a signature guarantee is required, mail this completed form to the service center for your state using the maps on page 4. Otherwise, you may fax it to (888) 421-4371.