

In lieu of submitting this form, you may request a distribution by calling us at (800) 421-4225.

1 Account information

Account number _____ Name of authorized representative _____ Name of account owner _____

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 Request for distribution

Complete A or B. To avoid delays in processing your request, be sure to specify fund names or numbers when providing distribution instructions. For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

A. I am requesting a one-time distribution from the above-referenced ABLEAmerica account.

Fund name or number	Amount	OR	Percentage
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %

B. I am requesting installment payments.

Fund name or number	Amount (\$50 min. per fund)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Distribution frequency — **required:** Monthly Quarterly Semiannually Annually

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 one of the three options listed below. A signature guarantee may be required in Section 6.

- A. Electronically deposit the distribution into the bank account of the authorized representative or account owner. (Payments will be delivered to the bank within three (3) business days of the transaction date. Attach an unsigned, voided check in Section 5.)
- B. Check — Unless you provide special pay-order instructions in Section 4, any check will be sent to the address of record.
- C. Transfer to a non-American Funds ABLÉ account. This requires a total liquidation. (Section 4 must be completed.)

Note: Electronic deposits will be handled via Automated Clearing House (ACH), unless otherwise instructed.

4 Special pay order

Complete this section if the distribution is to be made payable to someone other than the authorized representative or account owner or will be mailed to an address other than the address of record. **If this section is completed, a signature guarantee may be required. See Section 6 for more information.**

Name of payee _____

Address _____

City _____

State _____

ZIP _____

Special pay order account number or ID number (if applicable) _____ FBO (if applicable) — generally, the account owner _____

5 Bank information

This information should be provided **only** if you wish to have the distribution sent electronically to the bank. Attach an unsigned, voided check here. The document you attach **must** be preprinted with the bank name and 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 by calling us at **(800) 421-4225**.

Tape your check here.

John Doe

DATE _____

Bank account registration

PAY TO THE ORDER OF _____

\$ _____

_____ DOLLARS

Anytown Bank

— Bank name

| : 9999999999 | :

0000000000 | :

Bank routing number

Bank account number

VOID

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 (checking or savings). The document must be on the bank's letterhead.

6 Authorization and signature guarantee

I direct American Funds Service Company® (AFS) to make distributions from the ABLEAmerica account 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 (if applicable) are accurate, and I am entitled to receive the payments for which I have applied.

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)** withdraw 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.

In consideration of AFS 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 Virginia529; AFS; any of their 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 AFS acting on such instructions. In addition, if direct deposit payments are requested, I understand that this payment may be terminated by me at any time by telephone or written notification to AFS. The termination request will be effective as soon as AFS has had reasonable time to act upon it.

Name of authorized representative or account owner (if authorized to act)	X Signature of authorized representative or account owner	Date (mm/dd/yyyy)
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This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

A signature guarantee is required if any of the following apply:

- The check is mailed to your address of record and the address has changed in the last 10 calendar days.
- The check is payable or mailed to a third party, with the exception of a rollover to another financial institution when accompanied by their Letter of Acceptance.
- The proceeds are deposited into a bank account, unless the authorized representative or account owner is included in the bank account registration and the request is received at least 10 calendar days prior to the first payment **OR** the bank account is already associated with a withdrawal option that has been on the account for at least 10 calendar days.
- The distribution amount is more than \$250,000.

Stamp signature or medallion guarantee here.

If required, signatures must be guaranteed 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.

If a signature guarantee is required, this form must be mailed.

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

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



American Funds Service Company
P.O. Box 2713
Norfolk, VA 23501-2713

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

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.