



Use this form to request a direct rollover/transfer to your ABLEAmerica Account from another ABLE or 529 account.

Return this form to American Funds. If the current financial institution requires an original copy of this form, mail it to the service center for your state using the maps on page 3. Otherwise, you may fax it to **(888) 421-4351**.

1 Information about your ABLEAmerica Account held at American Funds

If you do not have an existing ABLEAmerica Account held at American Funds, you must also submit a completed ABLEAmerica Account Application.

First name of Account Owner/Beneficiary MI Last Account number (if known)

Address City State ZIP

Email address* () Daytime phone

First name of Authorized Representative MI Last

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

2 Information about the assets you want to move to American Funds

Please contact the current plan administrator to obtain the correct mailing address.

ABLE or 529 account number Full name of ABLE or 529 plan

Name of financial institution (where your current ABLE or 529 account is held)

Address City State ZIP

Check here if you would like us to fax this request, and you have confirmed that the current financial institution will accept a fax.

()
Current financial institution fax



2 Information about the assets you want to move to American Funds

(continued)

Select one of the following options:

- A. Total rollover/transfer from a non-American Funds ABLE account.
Note: Partial ABLE rollovers/transfers are not permitted. The Account Owner may only own one ABLE Account at a time.
- B. Total rollover/transfer from a non-American Funds 529 account.*
- C. Partial rollover/transfer from a non-American Funds 529 account.* Provide sending account investment information below.

Investment name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total investments	\$ _____

*Your 529 rollover/transfer, along with any other ABLE contributions for the current tax year, cannot exceed the annual ABLE contribution limit.

Note: The prior financial institution is responsible for providing American Funds with a statement showing basis and earnings of the funds being rolled over/transferred. If American Funds does not receive this documentation, the entire amount will be treated as earnings in computing the earnings portion of any future withdrawal from the Account. Refer to the *Program Description* for more information.

3 Investment instructions

You must complete A and B.

A. Select a share class. (If you **DO NOT** select a share class, the investments will be placed in Class ABLE-A shares by default.)

- Class ABLE-A* **OR** Class ABLE-F-2†

*Class ABLE-A share rollovers/transfers will be invested at Net Asset Value (no sales charge).

†Class ABLE-F-2 shares are available only for ABLEAmerica Accounts sold through Registered Investment Advisors.

B. Provide investment selection(s) below.

Fund name	Percentage
American Funds Global Growth Portfolio SM	_____ %
American Funds Growth Portfolio SM	_____ %
American Funds Growth and Income Portfolio SM	_____ %
American Funds Moderate Growth and Income Portfolio SM	_____ %
American Funds Conservative Growth and Income Portfolio SM	_____ %
American Funds Preservation Portfolio SM	_____ %
American Funds U.S. Government Money Market Fund SM	_____ %
Total	_____ %

4 Signature of Account Owner/Authorized Representative

If required by the entity holding your assets, your signature must be guaranteed.

I certify that I have read, understand and agree to all pages of this *ABLEAmerica Rollover/Transfer Request* form as well as the terms set forth in the *ABLEAmerica Program Description* as it relates to this request. If rolling/transferring assets from another ABLE account owned by someone other than me, I certify that the Beneficiary of that account qualifies as a "Member of the Family" as defined in the *Program Description*. If rolling/transferring assets from a Qualified Tuition Program (i.e., a 529 plan) owned by someone other than me, I certify that the Beneficiary of that account qualifies as a "Member of the Family" under the statute governing the 529 plan.

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

X _____ / /
Signature of Account Owner/Beneficiary (if authorized to act) Date (mm/dd/yyyy)

X _____ / /
Signature of Authorized Representative Date (mm/dd/yyyy)

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.

Stamp signature guarantee here.

CUSTODIAL ACCEPTANCE

To the sending program manager: This is confirmation that American Funds has established the ABLEAmerica Account referenced above. ABLEAmerica is an ABLE savings plan as described in Section 529A of the Internal Revenue Code. It is offered by Virginia529, an independent agency of the Commonwealth of Virginia, with American Funds as Program Manager. Rollover checks into this account should be mailed to one of the addresses below. Make the check payable to "**ABLEAmerica FBO [name of Account Owner/Beneficiary], [ABLEAmerica Account number, if known]**." The investments should be accompanied by a statement showing the basis and earnings portions of the rollover/transfer. Assets must be liquidated and sent via check. Employer's stock, limited partnerships, etc., in the form of a certificate or in any other form cannot be registered in the name of ABLEAmerica, American Funds or any of the American Funds names.

Authorized signer for ABLEAmerica/ American Funds Service Company

Ryan Rue, President
Name



Signature (accepting signer)

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

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.