



Virginia College Savings Plan<sup>SM</sup>  
Commonwealth of Virginia

# CollegeAmerica<sup>SM</sup>

## 529-F share application

**For clients of Registered  
Investment Advisers to:**

Open a CollegeAmerica  
529 college savings  
account

# Look what's new...

We redesigned our application to simplify the new account process. In addition, we incorporated information required by the USA PATRIOT Act, which is designed to fight the funding of terrorism and money laundering activities by requiring mutual funds to verify your identity. **The following information is required for all individuals who will be the registered owner of an account or will be signing on behalf of a legal entity that will own the account:**

- Name
- Residence address
- Date of birth
- Taxpayer ID number such as SSN or ITIN

**If the registered owner of this account is a legal entity such as a corporation or trust, please also supply the following information:**

- Name of entity
- Principal place of business or local office address
- Taxpayer ID number
- Documents to evidence the existence of the entity such as registered articles of incorporation, a government-issued business license, partnership agreement or trust instrument (only first page and signature page(s) of trust are needed)

## American Funds

The American Funds family offers you an array of fund choices to suit your financial needs and objectives. No matter which fund(s) you own, you can be confident that each benefits from our philosophy, approach and commitment to serving the best interests of our shareholders.

## The value of advice

In addition to designing a long-term program that suits your needs, risk tolerance and financial goals, your investment adviser can help you:

- stay on course with your financial plan
- choose investments that are best suited for your long-term goals
- identify ways to reduce your sales charges
- answer questions about our funds and market-related matters
- establish a plan to supplement your income during retirement
- invest for the education of your children or grandchildren
- benefit from tax-advantaged investments
- exchange shares among funds should your circumstances or financial goals change

You may choose to access your statements through the American Funds website. Please go to [americanfunds.com](http://americanfunds.com) to establish this option.

**Share prices and returns will vary, so you may lose money. Investing for short periods makes losses more likely. Investments are not FDIC-insured, nor are they deposits of or guaranteed by a bank or any other entity. Although the money market fund(s) seek to preserve the value of your investment at \$1.00 per share, it's possible to lose money by investing in the fund(s).**

**This application may be used with the public only when preceded or accompanied by the program description and the prospectus for the funds being offered.**

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# Virginia College Savings Plan<sup>SM</sup>

## New Account Application — for clients of Registered Investment Advisers

### 1 Account registration

**STOP!**

*Please read: We cannot establish an account unless the registered owner, or persons acting on behalf of the owner, entity or corporation, completes this section in its entirety. For additional information, see inside front cover.*

**A. Type of account** (Please select only one type of account.)

- Individual account**
- Transfer from an UTMA/UGMA account:** If your current UTMA/UGMA assets are not held with American Funds, determine the amount you wish to transfer from your existing UTMA/UGMA account and send a check for the proceeds to CollegeAmerica. If the UTMA/UGMA assets are held at American Funds, send a written request with a signature of the current custodian to CollegeAmerica. Transfers from an UTMA/UGMA may have tax consequences. Enter the name of the adult custodian and the child on the Name line. (For example, "John Doe, custodian for Robert Doe.") By selecting this box, the account will be registered as a 529 UTMA/UGMA account that involves additional restrictions. Please refer to the Transferring Funds section of the program description.
- Trust account\***
- Other entity\* — please specify:** \_\_\_\_\_

**\*NOTE: If opening a trust or other entity account, additional documents must be provided. Please see the bottom of page 4 for more detailed information.**

**B. Account Owner:** is the individual or entity establishing and controlling a CollegeAmerica account.

Name (registered owner, trustee or custodian. Reference minor if UTMA/UGMA account.)

\_\_\_\_\_

Taxpayer ID (SSN, etc.)

\_\_\_\_-\_\_\_\_-\_\_\_\_  
  -   -

Date of birth (mm/dd/yyyy)

Residence address (physical address of owner required)

( )

Daytime phone

City

State ZIP

Country of citizenship

Mailing address (if different from residence address)

City

State ZIP

Trust name (if applicable)

\_\_\_\_\_

Taxpayer ID (SSN, etc.)

\_\_\_\_-\_\_\_\_-\_\_\_\_  
  -   -

Date of trust (if applicable) (mm/dd/yyyy)

**C. Beneficiary:** is the person on whose behalf the Account is opened and who is entitled to receive its benefits for the purpose of higher education. If UTMA/UGMA funded, please provide the beneficiary of the UTMA/UGMA.

Name

\_\_\_\_\_

Taxpayer ID (SSN, etc.)

\_\_\_\_-\_\_\_\_-\_\_\_\_  
  -   -

Date of birth (mm/dd/yyyy)

**D. Successor Owner:** will become the owner of the Account in the event the Account Owner dies or becomes legally incompetent. The Successor Owner cannot be the same person as the Account Owner and must be an adult. (Not applicable to Corporate and Trust accounts.)

Name

\_\_\_\_\_

Taxpayer ID (SSN, etc.)

\_\_\_\_-\_\_\_\_-\_\_\_\_  
  -   -

Date of birth (mm/dd/yyyy)

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## 2 Source of 529 funding

*If this plan is funded by a rollover or transfer from another 529 plan, an UTMA/UGMA, a Coverdell Education Savings Account or a qualified U.S. savings bond, you must complete this section. Otherwise, continue to Section 3 below.*

If this 529 account is being funded by a rollover or transfer from one of the following, please specify below:

- UTMA/UGMA
- Another Virginia 529 plan (Select the appropriate box(es) below.)
  - Virginia Prepaid Education Program (VPEP) **OR**  Virginia Education Savings Trust (VEST)
- Other qualified tuition program (529 plan)\* (PLEASE NOTE: You must submit a rollover form to the program manager that holds the funds you want transferred to this new 529 account.)
- Coverdell Education Savings Account (formerly Education IRA)\*
- Qualified U.S. savings bond\* (specify series)       Series EE       Series I

**\*NOTE: You must provide a statement from your prior institution showing cost basis and earnings of the funds being transferred. If you do not provide the documentation, the entire amount will be treated as earnings in computing the earnings portion of any future withdrawal from the Account. Please refer to the Transferring Funds section of the program description.**

## 3 Investment adviser

*This section must be filled out by a Registered Investment Adviser (RIA).*

We agree to notify American Funds Service Company of purchases made under a Statement of Intention or Rights of Accumulation. We guarantee the signature in Section 9.

### RIA firm

Name (as it appears on Form ADV) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

36000

Dealer number (for American Funds use only) \_\_\_\_\_

RIA firm number (please complete using RIA firm number assigned to you by American Funds)  
(call 800/421-5450 if you need assistance)

### Individual adviser

Name (of individual adviser) \_\_\_\_\_

Adviser number \_\_\_\_\_

(      )

Address (if different from RIA firm) \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

By signing below, I certify that the firm listed above:

- (1) is a registered investment adviser with a current Form ADV filed with the U.S. Securities and Exchange Commission or state regulatory agency;
- (2) is providing investment advisory services to the Account Owner identified in Section 1; and
- (3) indemnifies American Funds Distributors and its affiliates for all losses they may incur as a result of misrepresentations or omissions by the RIA in connection with the RIA firm making CollegeAmerica or the American Funds available to its clients.

Authorized signature \_\_\_\_\_

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## 4 Investment instructions

For fund names and fund numbers, see page 6.

**Fund minimums:**

- \$1,000 for money market funds
- \$250 for all other funds

I have enclosed a check for \$ \_\_\_\_\_ payable to “CollegeAmerica.”

Fund name	Fund number	Amount	Percent
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____ %	
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____ %	
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____ %	
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____ %	
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____ %	
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____ %	
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____ %	
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____ %	

**Total investment or rollover** \$ \_\_\_\_\_ or **100%**

I have included an additional \$10 with my investment to cover the setup fee.  
 (PLEASE NOTE: A one-time setup fee of \$10 will be deducted from your account unless payment is included.)

## 5 Telephone exchanges or redemptions

Telephone exchange and redemption privileges automatically apply unless declined below.

- Exchanges:** I do not want the option of using the telephone exchange privilege.
- Redemptions:** I do not want the option of using the telephone redemption privilege.

## 6 Purchase shares via the Web and telephone

Please link my American Funds account(s) and bank account(s) so that I can purchase shares by telephone and online ([americanfunds.com](http://americanfunds.com)).

Your election will apply to all your fund holdings unless you specify otherwise. **If you are not using the bank information from your initial investment check, please attach an unsigned, voided check or blank savings account deposit slip to the top of page 5.**

Maximum purchase is \$100,000 per day.

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## 7 Automatic purchase plan

Complete this section if you want to make investments through automatic withdrawals from your bank account.

If no start date is provided, the option will be established the date received, and the bank account will be drafted the following month.

Establish/Change an **Automatic Purchase Plan** — Purchase shares in your American Funds account(s).

Fund name	Fund number	Amount (\$50 min. per fund)	Start date (mm/dd/yyyy)
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	_____
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	_____
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	_____
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	_____
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	_____
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	_____

- I. Please establish the automatic transactions to take place:  
 Monthly **OR** during these months (check all that apply):  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec
- II. Please establish the automatic transactions to take place on the following day(s) of the month: \_\_\_\_\_
- III. To establish the plans I have requested, please use the bank information from the document I have provided.  
 Initial investment check  Checking account

**If you are not using the bank information from your initial investment check, please attach an unsigned, voided check or blank savings account deposit slip to the top of page 5.**

## 8 Automatic exchanges

For fund numbers and fund minimums, see page 6.

If no start date is provided, the option will be established the date received.

PLEASE NOTE: IRS guidelines limit changes in 529 investment strategy. Subsequent changes to automatic exchange instructions may be considered a change in investment strategy. Please refer to the CollegeAmerica program description. Exchanges are allowed only within the same share class, except when exchanging out of CMTA Class 529-A shares.

From fund number	To fund number	Amount (\$50 min. per fund)	Percent	Start date (mm/dd/yyyy)	Stop date (if desired)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____	_____ %	_____	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____	_____ %	_____	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____	_____ %	_____	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____ or _____	_____ %	_____	_____

- I. Please exchange:  
 Monthly **OR** during these months (check all that apply):  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec
- II. Please exchange funds on the following day(s) of the month: \_\_\_\_\_

**NOTE: If the account being established is for an entity, include documents to evidence the existence of the entity such as registered articles of incorporation, a government-issued business license, partnership agreement or trust instrument (only first page and signature page(s) of trust are needed). For additional information, see inside front cover.**

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You should obtain a current prospectus from your financial adviser for the funds you select. To learn more about the funds, please visit our website at [americanfunds.com](http://americanfunds.com).

**Transactions via the website and telephone:** You may purchase or exchange shares 24 hours a day by calling **American FundsLine®** at 800/325-3590 or visiting our website.

Requests received after 4 p.m. Eastern time will be transacted at the next business day's closing price. Your bank account should be debited or credited within three business days after the transaction date.

**Fund minimum:**

- **\$1,000 for money market funds**
- **\$250 for all other funds**

<b>The American Funds</b>	<b>Class 529-F</b> (Fund no.)
<b>U.S. growth funds</b>	
AMCAP Fund®	1402
The Growth Fund of America®	1405
The New Economy Fund®	1414
<b>International/Global growth funds</b>	
EuroPacific Growth Fund®	1416
New Perspective Fund®	1407
New World Fund <sup>SM</sup>	1436
SMALLCAP World Fund®	1435
<b>Growth-and-income funds</b>	
American Mutual Fund®	1403
Capital World Growth and Income Fund <sup>SM</sup>	1433
Fundamental Investors <sup>SM</sup>	1410
The Investment Company of America®	1404
Washington Mutual Investors Fund <sup>SM</sup>	1401
<b>Equity-income funds</b>	
Capital Income Builder®	1412
The Income Fund of America®	1406
<b>Balanced fund</b>	
American Balanced Fund®	1411
<b>Bond funds</b>	
American High-Income Trust <sup>SM</sup>	1421
The Bond Fund of America <sup>SM</sup>	1408
Capital World Bond Fund®	1431
Intermediate Bond Fund of America®	1423
U.S. Government Securities Fund <sup>SM</sup>	1422
<b>Money market fund</b>	
The Cash Management Trust of America®	1409

**Please mail this form to the service center nearest you.**  
 (If you live outside the U.S., please mail the form to the Western Service Center.)



**American Funds Service Company**  
 P.O. Box 25029  
 Santa Ana, CA  
 92799-5029



**American Funds Service Company**  
 P.O. Box 659419  
 San Antonio, TX  
 78265-9419



**American Funds Service Company**  
 P.O. Box 6273  
 Indianapolis, IN  
 46206-6273



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

**If you have any questions or require more information, please contact your financial adviser or call American Funds Service Company at 800/421-0180.**