



		Account number					
lame of account recipient (child)	<u> </u>	ame of authorize	ed person				
ddress		City				State	ZIP
uuless		City		(	)	State	ZIF
mail address*				$-\frac{1}{D}$	aytime phone		
itizenship: U.S. citizen U.S. re	esident alien  Nonre	esident alien (	Submit an I	RS F	orm W-8BEN.)		
Your privacy is important to us. For information on o	ur privacy policies, visit www.	capitalgroup.co	om.				
Distribution options							
To avoid delays in processing your request, be met and maintained. The fund minimums a	are \$1,000 for money market a	nd interval fund					
numbers, review your statement or access yo							
the authorized person, the parent or legal gua Complete <b>A</b> or <b>B</b> .):	rdian of the account recipi	ent, request a	distribution	from	the Coverdell E	ESA as fo	lows
. One-time distribution							
Fund name or number	Amount	Pei	rcentage		Number of sh	ares	
	_ \$	_ OR _	%	OR			
	_ \$	OR	%	OR			
Installment payments							
	\$	_ OR _	%				
B. Installment payments	\$	_ OR _	%				Number o
3. Installment payments	\$	OR e instructions					Number of payments
. Installment payments	\$	OR e instructions A wit					payment
. Installment payments  Note: To avoid delays in processing you	_ \$srequest, provide complet	OR e instructions wit per		OR	Number of sh	nares	payment until acc closes
Installment payments  Note: To avoid delays in processing you  Fund name or number	Amount	OR e instructions wit per OR		OR	Number of sh	nares	payment until acci closes
. Installment payments  Note: To avoid delays in processing you  Fund name or number	Amount	OR e instructions wit per OR OR		OR OR OR	Number of sh	ares OR	payment until acc closes
Installment payments  Note: To avoid delays in processing you  Fund name or number	Amount  \$\$	OR e instructions wit per OR OR OR OR		OR OR OR	Number of sh	nares OR OR	payments until acct closes
Installment payments  Note: To avoid delays in processing you  Fund name or number	Amount  \$\$  ar amount of the automatic withdrawal date. For example 1.	e instructions witt pero  OR  OR  OR  hdrawal is reca		OR OR OR OR In on till innual w	Number of sh	ores OR OR Signated, tid	payment until acci closes
* For annual percentage withdrawals, the dollar the transactions and the account value on ea	Amount  \$	e instructions witt pero  OR OR hdrawal is reca ple, if you requ vious withdrawa	Annual centage*  %  %  %  lculated base est a 12% an als, the actual	OR OR OR OR In on till innual w	Number of sh	OR OR OR Signated, tid monthly, ary with ea	payment until acct closes



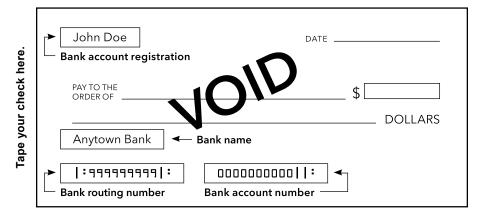
2	Payment instructions			
<b>3</b>	Select A, B or C.			
<b>A</b> .	•	ny bank account. Follow the instructions in Section 4. Payments will each distribution. A signature guarantee may be required. See S		red to your
в. 🗌	Reinvest in either a new or existing American	Funds CollegeAmerica® 529 account. If opening a new account, an	า applicati	on must be
	completed and attached; if it is an existing acc	count, enter the account number here		
	Investment instructions			
	Move shares to the receiving account with	nin the same fund(s) and comparable share class.		
	☐ I have attached a separate letter of instruc	ction that specifies how my shares should be invested in the receivi	ng accour	ıt.
c. [	Send a check.			
	. ,	meone other than the authorized person or will be mailed to an addinalling instructions below. A signature guarantee may be required		
	Name of payee, educational institution, trustee or custo	dian (if applicable)		
	Address	City	State	ZIP
	Account number (if applicable)	FBO (if applicable)		
1	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.



**Note:** In lieu of a check, submit a preprinted bank document, such as an account statement or letter on your bank's letterhead, providing your information.



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## **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 City ZIP Address State I, the beneficiary, request a distribution from the Coverdell ESA as follows: Total distribution (Unless otherwise instructed, we will mail the distribution to the beneficiary at the address above.) Transfer to a CB&T Coverdell ESA\* If opening a new account, attach the Coverdell ESA Application. If transferring to an existing account, provide the American Funds account number: \_ Transfer to a non-American Funds Coverdell ESA\* (Provide instructions below.) Payee Account number FBO

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 6164 Indianapolis, IN 46206-6164

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



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

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

**Investor upload** www.capitalgroup.com/submit

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4371

<sup>\*</sup>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."





## Authorization and signature guarantee

For submission instructions, see page 3.

I direct Capital Bank and Trust Company (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) 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.

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. A copy of this document will be made available to me as required.

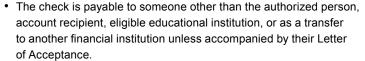
This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

	X		1 1	
Name of authorized person (print)	Signature of authorized person (required)		(mm/dd/yyyy)	
	X		1 1	
Name of beneficiary* (print)	Signature of beneficiary* (if the account recipient is deceased)	Date	(mm/dd/yyyy)	

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



Stamp signature or medallion guarantee here.



- The check is mailed to an address that is different from your address of record, unless sent to an eligible educational institution.
- The check is mailed to your address of record and the address has been changed in the last 10 calendar days.
- The proceeds are deposited into a bank account, unless 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 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 withdrawal amount is more than \$250,000 or more than \$25,000 if made payable to the account recipient.

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 guaranter. 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.

<sup>\*</sup>If the beneficiary is a minor, this form must be signed by the minor's parent or legal guardian.