



1 Account recipient information

				Account number	
Name of account recipient (child)			Name of authorized person		
Address		City	State	ZIP	
Email address*			() Daytime phone		
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien <input type="checkbox"/> 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 money market and interval funds 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

Fund name or number	Amount	Percentage	Number of shares
_____	\$ _____	OR _____ %	OR _____
_____	\$ _____	OR _____ %	OR _____
_____	\$ _____	OR _____ %	OR _____

B. ☐ Installment payments

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

Fund name or number	Amount	Annual withdrawal percentage*	Number of shares	Number of payments until acct. closes
_____	\$ _____	OR _____ %	OR _____	OR _____
_____	\$ _____	OR _____ %	OR _____	OR _____
_____	\$ _____	OR _____ %	OR _____	OR _____

* 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. For example, if you request a 12% annual withdrawal, drafted monthly, you will receive 1% each month. Because of market fluctuation and the amount of any previous withdrawals, the actual payment amount will vary with each transaction.

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. ☐ Reinvest 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.

John Doe

DATE _____

Bank account registration

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Anytown Bank ← Bank name

← Bank routing number | : 999999999 | :

0000000000 | : ← Bank account number

VOID

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.



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 _____

Address _____ City _____ State _____ ZIP _____

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 _____

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."

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

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.



6 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.

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

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

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

Stamp signature or medallion guarantee here.

- The check is payable to someone other than the authorized person, account recipient, eligible educational institution, or as a transfer to another financial institution unless accompanied by their Letter of Acceptance.
- 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 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.