



**Important note:** We encourage you to consult a professional who understands both the tax-law and related estate-planning implications of this form.

## 1 Account registration

*Please type or print clearly.*

**A. Account Recipient:** the person on whose behalf the Account is opened and who is entitled to receive its benefits for the purpose of education.

Account number \_\_\_\_\_

First name \_\_\_\_\_

MI \_\_\_\_\_

Last \_\_\_\_\_

**B. Authorized Person:** the parent or legal guardian of the Account Recipient. The Custodial Agreement does not permit anyone other than a parent or legal guardian to act as the Authorized Person (e.g., a grandparent cannot be an "Authorized Person" unless named as a legal guardian).

First name \_\_\_\_\_

MI \_\_\_\_\_

Last \_\_\_\_\_

( ) \_\_\_\_\_

Ext. \_\_\_\_\_

Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

## 2 New Account Beneficiary

The **Account Beneficiary** will automatically become the Account Recipient in the event of the Recipient's death only if the Beneficiary is a family member of the Recipient and is under age 30. Otherwise, the Beneficiary must contact the Custodian to request a distribution.

SSN of Account Beneficiary \_\_\_\_\_

Date of birth of Account Beneficiary (mm/dd/yyyy) \_\_\_\_\_

First name \_\_\_\_\_

MI \_\_\_\_\_

Last \_\_\_\_\_

## 3 Signature of Authorized Person

I wish to update this account with the new Account Beneficiary identified in Section 2.

**X**

Signature of Authorized Person (parent or legal guardian) \_\_\_\_\_

Date / /  
(mm/dd/yyyy)

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

Please mail or fax this form to the appropriate service center.

(If you live outside the U.S., mail the form to the Indiana Service Center.)



### Indiana Service Center

**American Funds Service Company**  
P.O. Box 6164  
Indianapolis, IN 46206-6164

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

**Fax** (888) 421-4371



### Virginia Service Center

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

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

**Fax** (888) 421-4371

If you have questions or require more information, contact your financial professional or call American Funds Service Company at (800) 421-4225.