

CollegeAmerica® Payroll Deduction Election

For employer/employee use only

Important information

- If you are opening a new Account, you must attach a completed *Employer-Sponsored CollegeAmerica Account Application* to this form. Your employer will forward the completed forms to American Funds Service Company® on your behalf.
- Return this completed form to your employer. **Do not send this form to American Funds Service Company.**
- If multiple accounts are established, a separate *Payroll Deduction Election* form should be submitted for each Account Beneficiary.

NOTE: Any money withheld from your paycheck to invest in a payroll deduction program is considered taxable income.

Agreement between

Please type or print clearly.

Name of employee

Name of employer

Name of Account Beneficiary

Payroll election

Select one of the following four options.

- A. **New election for NEW Accounts** — I am opening a new Account (the application is attached) and elect to participate in the CollegeAmerica payroll deduction program. (Specify your election and effective date below.)

Deductions of _____% **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

- B. **New election for EXISTING Accounts** — I have an existing CollegeAmerica Account and elect to begin participating in the CollegeAmerica payroll deduction program. (Specify your election and effective date below.)

Deductions of _____% **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

- C. **Change deductions** — I am currently participating in the CollegeAmerica payroll deduction program and wish to change my election. (Specify your new election and effective date below.)

Deductions of _____% **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

- D. **Suspend deductions** — I wish to stop participating in the CollegeAmerica payroll deduction program as of the effective date specified below.

Effective date _____
(mm/dd/yyyy)

Signature

I authorize my employer to withhold the amount/percentage specified above from each paycheck as of the effective date provided. I may revoke or update this election at any time as permitted by my employer. The revocation or update will be effective as soon as administratively possible by my employer after they have received the notice. I also understand that my contributions are subject to gain or loss in accordance with my selected investments.

X

Signature of employee

Date (mm/dd/yyyy)