

Important updates about the American Funds

American Funds announces several changes to our family of funds:

- New fund — Short-Term Bond Fund of AmericaSM
- New number codes for each share class of the new fund
- Restrictions on certain share class exchanges

New fund

Effective November 1, 2006, American Funds will introduce a new fund, the Short-Term Bond Fund of America. The fund will invest primarily in debt securities rated AA/Aa or better and will have a dollar-weighted average effective maturity no greater than three years.

New fund number codes for each share class, to be used as applicable

Short-Term Bond Fund of America

Share class	Fund number
A	048
B	248
C	348
F	448
529-A	1048
529-B	1248
529-C	1348
529-E	1548
529-F	1448
R-1	2148
R-2	2248
R-3	2348
R-4	2448
R-5	2548

Restrictions on certain share class exchanges

Generally, you may exchange your shares of the American Funds into shares of the same class of other American Funds without a sales charge. Class A shares of The Cash Management Trust of America® may be exchanged into any other fund's Class B, C, 529-B and 529-C shares, with the exception of Intermediate Bond Fund of America®, Short-Term Bond Fund of AmericaSM and Limited Term Tax-Exempt Bond Fund of AmericaSM.

Visit us at americanfunds.com.

The Capital Group Companies

American Funds Capital Research and Management Capital International Capital Guardian Capital Bank and Trust



1 Account registration

Important: This section must be completed before an Account can be established, and the application must be signed in Section 6.
 Please type or print clearly.

A. Employer information

 -

Employer's taxpayer ID number (please contact your employer for this information)

 Name of employer

B. Account Owner: the sole individual or entity establishing and controlling a CollegeAmerica account. The Account Owner must be an employee of the employer named above.

 - -

SSN of registered Owner/employee

 - -

Date of birth (mm/dd/yyyy)

 First name of registered Owner/employee MI Last ()
 Daytime phone

 Residence address (physical address required — no P.O. boxes) City State ZIP - Country of citizenship

 Mailing address (if different from residence address) City State ZIP -

C. Beneficiary: the person on whose behalf the Account is opened and who is entitled to receive its benefits for the purpose of higher education.

 First name of Beneficiary (print) MI Last

 - -

SSN of Beneficiary

 - -

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.

 First name of Successor Owner (print) MI Last

 - -

SSN of Successor Owner

 - -

Date of birth (mm/dd/yyyy)

2 Registered representative

This section may be completed by the registered representative servicing your Account.

The registered representative must be a member of the dealer firm selected by your employer. If this section is not completed, the registered representative selected by your employer will be assigned to your Account.

 Name of rep (exactly as it appears on firm's registration) Rep number Branch number ()
 Phone

 Representative's branch address City State ZIP -

 Name of broker-dealer firm (as it appears on Selling Group Agreement) **X**
 Dealer's authorized signature



3 Fund selection and automatic purchase

Complete this section 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.

A one-time \$10 setup fee will be deducted from your Account.

CollegeAmerica investments must be made by automatic electronic transfer from your bank account. Please do not send any investments by check. Indicate the dollar amount you wish to contribute per fund from your bank account. The minimum purchase is \$25 per fund. **If no fund is selected, investments will be made into The Cash Management Trust of America, Class 529-E shares. NOTE: Please attach an unsigned, voided check or a blank savings account deposit slip to Section 5 where indicated.**

Fund name	Fund number	Amount (\$25 min. per fund)
_____	<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"/>	\$ _____

- A. Transactions should begin during the month of:** _____
- B. Transactions should occur on the following date(s) of the month:** _____ (ex: 8th, 19th, etc.)
- C. Frequency of automatic transactions:** Every month Every 3 months Every 6 months Every year
- D. One time purchase: Total purchase amount \$** _____

American Funds

<u>U.S. growth funds</u>	Fund no.
AMCAP Fund®	1502
The Growth Fund of America®	1505
The New Economy Fund®	1514
<u>International/global growth funds</u>	
EuroPacific Growth Fund®	1516
New Perspective Fund®	1507
New World Fund SM	1536
SMALLCAP World Fund®	1535
<u>Growth-and-income funds</u>	
American Mutual Fund®	1503
Capital World Growth and Income Fund SM	1533
Fundamental Investors SM	1510
The Investment Company of America®	1504
Washington Mutual Investors Fund SM	1501

<u>Equity-income funds</u>	Fund no.
Capital Income Builder®	1512
The Income Fund of America®	1506
<u>Balanced fund</u>	
American Balanced Fund®	1511
<u>Bond funds</u>	
American High-Income Trust SM	1521
The Bond Fund of America®	1508
Capital World Bond Fund®	1531
Intermediate Bond Fund of America®	1523
U.S. Government Securities Fund SM	1522
<u>Money market fund</u>	
The Cash Management Trust of America®	1509

4 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).

Maximum purchase is \$100,000 per day.

Your election will apply to all of your fund holdings unless you specify otherwise. **Please attach an unsigned, voided check or blank savings account deposit slip to this page where indicated.**

5 Bank information

Be sure that the unsigned, voided check you attach below has all the designated data provided.

Attach an unsigned, voided check here.

Bank Account Registration

Acme Incorporated DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Anytown Bank

[:999999999]: 000000000||:

Bank Routing Number
Bank Account Number

VOID



**Virginia College Savings Plan
Employer-Sponsored CollegeAmerica
New Account Application**

6 Signature of CollegeAmerica Account Owner

I hereby establish a CollegeAmerica Account with the Virginia College Savings Plan through American Funds and acknowledge that I have received, read and agree to the terms set forth in the CollegeAmerica Program Description, the prospectus(es) of the fund(s) selected and this application, as these documents may be modified from time to time.

I authorize the instructions set forth in this application and consent to the \$10 setup fee and the annual Account maintenance fee (currently \$10) as specified in the Program Description. I agree to the conditions of the electronic exchange authorization and agree to the electronic purchasing authorization. I understand that amounts invested electronically may not be redeemed for 10 business days.

I agree to hold harmless and indemnify the Virginia College Savings Plan; American Funds Service Company, 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 in connection with these application instructions, the exercise of the telephone and website purchase, exchange and/or redemption privileges or in connection with the establishment of an Account with a minor Account Owner.

I understand that, if American Funds Service Company does not employ reasonable procedures to confirm that the instructions received from any person with appropriate Account information are genuine, it may be liable for losses due to unauthorized or fraudulent instructions. I authorize the registered representative assigned to my Account to have access to my Account and to act on my behalf with respect to my Account. I certify that I, the Beneficiary and the Successor Owner named in this application are either U.S. citizens or legal residents. I understand that to comply with federal regulations, information provided on this application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If American Funds Service Company is unable to verify my identity, I understand it may need to take action possibly including closing my Account and redeeming the shares at the fund's current market price and that such action may have tax consequences, including a tax penalty.

X _____ Date / /
Signature of Account Owner (or parent/guardian if Owner is a minor) (mm/dd/yyyy)

	Western Service Center	West Central Service Center	East Central Service Center	Eastern Service Center
<p>Please mail this form to the service center nearest you. <i>(If you live outside the U.S., please mail the form to the Western Service Center.)</i></p>	 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

Call toll-free from anywhere in the United States, 8 a.m. to 8 p.m. Eastern time, 800/421-0180.
CollegeAmerica is sponsored by and a registered trademark of the Virginia College Savings Plan.SM

Visit our website at americanfunds.com.

The Capital Group Companies

American Funds Capital Research and Management Capital International Capital Guardian Capital Bank and Trust

Financial Telesis Inc. *A Registered Broker/Dealer*

4340 Redwood Highway, Suite A 23, San Rafael, CA 94903

BRANCH OFFICE: **Seaside Financial & Insurance Services**

209 North Ditmar Street, Oceanside, CA 92054 • Mail: P.O. Box 57, Oceanside, CA 92049 - Ph. 800-649-1665

New Account Record and Agreement

Registration *(Include Trustee (s) if applicable)*

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

SSN: _____ DOB: _____

ID: DL or Passport: _____

Marital Status: _____ #Dependents _____

Employer's Name: _____

Employer's Address: _____

City, State, Zip: _____

Occupation: _____

Business Phone: _____

USA Citizen Yes No

Email Add: _____

Are you employed by, or affiliated with a member firm of the New York Stock Exchange or NASD Yes No
Please explain if "Yes" _____

Spouse Information

Name _____

Home Address: _____

SSN _____ DOB _____

Business Phone: _____

ID: DL or Passport _____

Employer's Name _____

Employer's Address: _____

City, State, Zip _____

Occupation: _____

USA Citizen Yes No

Investment Profile:

Investment Experience:

Stocks _____ Years

Bonds _____ Years

Mutual Funds _____ Years

Options _____ Years

Real Estate _____ Years

Oil _____ Years

Partnerships _____ Years

Investment Objectives: *(Rank in order of priority)*

Safety of Principal _____

Tax-Sheltered Income _____

Income _____

Long-Term Growth _____

Aggressive Growth _____

Speculation _____

Other _____

Accounts with other firms – list names _____

Portfolio Time Horizon:

_____ Short Term (1-4 years) _____ Intermediate Term (4-9 years) _____ Long Term (10 + years)

References:

Bank: _____

Branch & Address: _____

Person authorized to transact business if Client is an entity

Name: _____ Title: _____

A. Financial Information:

Marginal Tax Bracket _____%
 Annual Income
 (Including Spouse) \$ _____
 Assets \$ _____
 Liabilities \$ _____
 Investment Net Worth \$ _____

B. Pension Plans

Current Estimated Plan Value
 Plan Assets: Liquid \$ _____
 Non-Liquid \$ _____
Total \$ _____

(Includes Cash, Securities and non-liquid investments.
 Do not include home, home furnishings or automobiles.)
 (Includes liabilities related to assets)
 (Assets – Liabilities)

I acknowledge and represent that this New Account Record and Agreement has been completed in all respects and all of the information is accurate. I understand that Financial Telesis Inc. will rely on this information in its business dealings with me. I agree to inform Financial Telesis Inc. in writing at such time as any of the information on this New Account Record becomes inaccurate in any respect. I represent and warrant that I will indemnify Financial Telesis Inc. arising out of any inaccuracy contained in this New Account Record.

I understand that, from time to time, I may receive a prospectus or private placement memorandum in connection with a proposed investment. I understand that these are important documents which explain the proposed investment and its risks. I understand that it is my obligation to familiarize myself with these documents.

ARBITRATION AGREEMENT

Customer and Financial Telesis Inc. agree that if any dispute arises between them or their agents, the dispute shall be settled by arbitration pursuant to the Code of Arbitration Procedure administered by the National Association of Securities Dealers, Inc. The award of the arbitrator(s) shall be final and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

By signing this arbitration agreement, the parties agree as follows:

- (A) All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- (B) Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- (C) The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- (D) The arbitrators do not have to explain the reason(s) for their award.
- (E) The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- (F) The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- (G) The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) The class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

Customer acknowledges receipt of a copy of this agreement. If customer requests, Financial Telesis Inc. shall provide the customer with the names of, and information on how to contact or obtain the rules of, all arbitration forums in which a claim may be filed under this agreement.

I acknowledge that I have received a copy of this completed and executed New Account Record and Agreement.

I UNDERSTAND THAT A PRE-DISPUTE ARBITRATION CLAUSE IS CONTAINED IN THIS SECTION OF THIS AGREEMENT.

CLIENT SIGNATURE:

Name of Client (Print)

Name of Client (Print)

Signature of Client

Signature of Client

Date

Date

THIS NEW ACCOUNT RECORD MUST BE COMPLETED IN ALL RESPECTS BEFORE THE CLIENT EXECUTES IT.

Representative: Financial Telesis Inc.

By: _____ Date: _____
Anne-Marie Maxe, Registered Principal

Thomas R. LeBus, Registered Principal