



1 Information about the participant

Important: This section must be completed before an account can be established. Please type or print clearly.

SSN of participant

Date of birth of participant (mm/dd/yyyy)

Country of citizenship

First name of participant (print)

MI

Last

Residence address (physical address required — **no P.O. boxes**)

City

State

ZIP

Mailing address (if different from residence address)

City

State

ZIP

Email address*

()
Daytime phone

Marital status: ☐ I am married. (See Section 5.) ☐ I am not married.

*Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Information about the employer

Name of organization

Plan ID

EIN

Name of employer contact

()
Daytime phone

Ext.

Address

City

State

ZIP

3 Investment instructions

For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide. Only Class A share investments are available for this plan type.

Note: The minimum initial and subsequent investment is \$25 per fund. All future contribution investments will be applied using the selections identified below. To make changes to your fund selections and/or percentage allocations in the future, notify your employer. The percentage specified must equal the fund minimum of \$25 per fund.

Fund name or number	Percentage
	%
	%
	%
	%
	%
Total contribution	
	%

Note: The \$10 setup fee will be deducted from your account.



4 Beneficiary designation

We encourage you to consult a professional regarding the tax-law and estate planning implications of your beneficiary designation. All stated percentages must be whole percentages (e.g., 33%, not 33.3%). If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally.

Notes: • Your spouse may need to sign in Section 5. If you wish to name more than one trust or entity, customize your designation or need more space, attach a separate page. Include the name, address, relationship, date of birth or trust, SSN/TIN and percentage for each beneficiary.

• If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."

A. Primary Beneficiary(ies): If any designated Primary Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries unless otherwise indicated. If no Primary Beneficiaries survive me, assets will be paid to the named Contingent Beneficiaries, if any.

1. _____
First name (print) MI Last name Suffix

OR
Name of trust or other entity (print) _____

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person ☐ Trust ☐ Other entity _____
Date of birth or trust (mm/dd/yyyy) SSN/TIN _____ %
Whole % only

2. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

3. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

4. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.



4 Beneficiary designation

(continued)

Important: Section 4-A must be completed prior to completing Section 4-B.

B. Contingent Beneficiary(ies): If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies).

If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Contingent Beneficiaries unless otherwise indicated. If no Contingent Beneficiaries survive me, assets will be paid according to the Custodial Agreement default designation.

1. _____
First name (print) MI Last name Suffix

OR
Name of trust or other entity (print) _____

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person ☐ Trust ☐ Other entity _____
Date of birth or trust (mm/dd/yyyy) SSN/TIN _____ Whole % only %

2. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ Whole % only %

3. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ Whole % only %

4. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ Whole % only %

5. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ Whole % only %

* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.



5 Spousal consent

Consult your financial professional and/or employer about the need for spousal consent.

I am the spouse of the participant named in Section 1. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) specified in Section 4. I understand that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me, that such beneficiary designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

_____	X	_____ / _____
Name of spouse of participant (print)	Signature of spouse of participant	Date (mm/dd/yyyy)

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

6 Signature

By signing below, I acknowledge that I agree to the beneficiary designation default or I have designated the beneficiary(ies) in Section 4 or on the attached page. I understand that I and all shareholders at my address will receive one copy of fund documents (such as annual reports and proxy statements) unless I opt out by calling **(800) 421-4225**.

_____	X	_____ / _____
Name of participant (print)	Signature of participant	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.