

IRA Beneficiary Change

Traditional (including SEP/SARSEP), Roth and SIMPLE IRAs

This form should only be used for traditional, Roth, SEP/SARSEP and/or SIMPLE IRAs. For inherited traditional, Roth and/or SIMPLE IRAs, use the Inherited IRA Beneficiary Change. For non-retirement individual and/or joint tenants with rights of survivorship (JTWROS) accounts, use the Transfer on Death (TOD) Registration Request.

If spousal consent is not required, you may update beneficiary information by logging in to your account at www.capitalgroup.com.

Important: The beneficiaries named on this form will replace any existing beneficiary information listed on your account. You must specify ALL primary and contingent beneficiaries on this form even if you are only changing one beneficiary.

1 Account information						
First name of IRA owner	MI	Last				
Address		City			State	ZIP
			()		
Email address*			Dayti	me phone		
Check here to update the mailing address on your account(s).						
The beneficiary designation below only applies to the following acco	unt(s) or	plan ID(s):				

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



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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 in whole numbers (e.g., 33%, not 33.3%). Percentages must total 100%. If more than one beneficiary is designated and 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 3.

• If you need more space, attach a separate page with the name, address, relationship, date of birth or trust, SSN/TIN and percentage for each beneficiary.

A. Primary beneficiary(ies): If any designated primary beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately

- If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."
- We cannot accept beneficiary designations that reference "will" or "trust under will".

		_		
First name	MI	Last name		Suffix
Name of trust or other entity				
Name of trust or other entity				
Address		City	State	ZIP
Spouse* Child of owner Other person Trust Other ent	ity Date of I	birth or trust (mm/dd/yyyy) SSN/TIN		Whole % o
First name	MI	Last name		Suffix
Address		City	State	ZIP
Spouse* Child of owner Other person Date of birth (mi	m/dd/vvvv)	SSN		Whole % o

Important: Section 2-A must be completed prior to completing Section 2-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. Contingent beneficiary percentages must total 100%.

1.	First name	MI	Last name			Suffix
OR	Name of trust or other entity					
	Address		City		State	ZIP
	Sequent Child of owner Other server Trust Other earlier	Date of high	or truct (popp/dd/ssss)	CONTIN		%

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^{*}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.

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Spousal consent to beneficiary designation — if required

If you are married to the IRA owner named in Section 1, and he or she designated a primary beneficiary(ies) other than you, please consult your financial professional about the state-law and tax-law implications of this beneficiary designation, including the need for your consent.

I am the spouse of the individual named in Section 1, and I expressly consent to the beneficiary(ies) designated in Section 2 or attached. I acknowledge that neither the custodian nor any affiliate of the custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this *IRA Beneficiary Change* form.

	X		1
Name of spouse (print)	Signature of spouse	Date	(mm/dd/yyyy)
This document was not be signed using Adaha Assa	hat Baadar's "fill and sign" feature		

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



Signature of IRA owner — required

I have expressly selected the beneficiary(ies) listed in Section 2 or attached. I acknowledge that neither the custodian nor any affiliate of the custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this *IRA Beneficiary Change* form.

x		1 1
Signature of IRA owner	Date	(mm/dd/yyyy)

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

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

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