

Traditional and Roth IRA Recharacterization Request

If establishing a new Traditional or Roth IRA, you must attach an application.

E. Indicate the amount(s) to remove from the current fund(s). The amount(s) specified will be invested in the receiving account in the same fund(s) and share class. If instructions are not provided below, any amount removed will be removed in the same percentage as originally invested. (In accordance with IRS regulations, the amounts removed from your account will be adjusted to reflect earnings or losses.) If you have questions about tax liability, contact your tax advisor. Fund name or number Share class Amount \$	Owner information					
Address	Please type or print clearly.					
Email address Check here if the mailing address listed is new. Our records will be updated accordingly. *vor privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.	First name MI	Last		Account number		
Email address Check here if the mailing address listed is new. Our records will be updated accordingly. **our privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.						
Check here if the mailing address listed is new. Our records will be updated accordingly. Comprisely is important to us. For information on our privacy policies, visit www.capitalgroup.com. Support of the contribution of the contracterization prior to 4 p.m. Eastern time on October 15 of the year following the tax year of the contribution. A conversion from a Traditional IRA or a rollover from a qualified plan to a Roth IRA cannot be reversed. A. For tax year: required B. Recharacterize the contribution originally invested in my: Traditional IRA OR Roth IRA Account number Mow money to: D. Amount: All contributions for tax year referenced above OR Partial \$ OR E. Indicate the amount(s) to remove from the current fund(s). The amount(s) specified will be invested in the receiving account in the same fund(s) and share class. If instructions are not provided below, any amount removed will be removed in the same fund(s) and share class. If instructions devices and variants and variants and the advisor. Fund name or number	Address		City	()	State	ZIP
Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com. 2 Instructions for recharacterization Complete A-E to avoid delays in processing your request. If you need additional space, attach a separate page. Mumber 2 American Funds must receive your request for recharacterization prior to 4 p.m. Eastern time on October 15 of the year following the tax year of the contribution. • A conversion from a Traditional IRA or a rollover from a qualified plan to a Roth IRA cannot be reversed. A. For tax year: required B. Recharacterize the contribution originally invested in my: Traditional IRA OR Roth IRA Account number	Email address			Daytime phone		
2 Instructions for recharacterization Complete A-E to avoid delays in processing your request. If you need additional space, attach a separate page. Important • American Funds must receive your request for recharacterization prior to 4 p.m. Eastern time on October 15 of the year following the tax year of the contribution. • A conversion from a Traditional IRA or a rollover from a qualified plan to a Roth IRA cannot be reversed. A. For tax year:	Check here if the mailing address listed is new	w. Our records will be u	pdated accordingly	<i>ı</i> .		
 Complete A-E to avoid delays in processing your request. If you need additional space, attach a separate page. Exportant: A merican Funds must receive your request for recharacterization prior to 4 p.m. Eastern time on October 15 of the year following the tax year of the contribution. A conversion from a Traditional IRA or a rollover from a qualified plan to a Roth IRA cannot be reversed. A. For tax year: required B. Recharacterize the contribution originally invested in my: Traditional IRA OR Roth IRA Account number	* Your privacy is important to us. For information on our	privacy policies, visit ww	v.capitalgroup.com.			
Important: • American Funds must receive your request for recharacterization prior to 4 p.m. Eastern time on October 15 of the year following the tax year of the contribution. • A conversion from a Traditional IRA or a rollover from a qualified plan to a Roth IRA cannot be reversed. A. For tax year: required B. Recharacterize the contribution originally invested in my: Traditional IRA OR Roth IRA Account number	Instructions for recharacteriza	tion				
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year of the contribution. • A conversion from a Traditional IRA or a rollover from a qualified plan to a Roth IRA cannot be reversed. A. For tax year:	Important:					
 A conversion from a Traditional IRA or a rollover from a qualified plan to a Roth IRA cannot be reversed. A. For tax year: – required B. Recharacterize the contribution originally invested in my: Traditional IRA OR Roth IRA Account number C. Move money to: Existing account. Account number OR D. Amount: All contributions for tax year referenced above OR Partial \$ OR E. Indicate the amount(s) to remove from the current fund(s). The amount(s) specified will be invested in the receiving account in the same fund(s) and share class. If instructions are not provided below, any amount removed will be adjusted to reflect earnings or losses.) If you have questions about tax liability, contact your tax advisor. Fund name or number S		recharacterization prio	r to 4 p.m. Eastern	time on October 15 of th	ie year followii	ng the tax
A. For tax year:	•	er from a qualified plan	to a Roth IRA cann	ot be reversed.		
B. Recharacterize the contribution originally invested in my: Traditional IRA OR Roth IRA Account number C. Move money to:Existing account. Account number ORNew account. I have completed and attached a new account application. D. Amount: All contributions for tax year referenced above OR Partial \$ OR% E. Indicate the amount(s) to remove from the current fund(s). The amount(s) specified will be invested in the receiving account in the same fund(s) and share class. If instructions are not provided below, any amount removed will be removed in the same percentage as originally invested. (In accordance with IRS regulations, the amounts removed from your account will be adjusted to reflect earnings or losses.) If you have questions about tax liability, contact your tax advisor. Fund name or number Share class Amount						
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C. Move money to: Existing account. Account number OR New account. I have completed and attached a new account application. D. Amount: All contributions for tax year referenced above OR Partial \$ OR% E. Indicate the amount(s) to remove from the current fund(s). The amount(s) specified will be invested in the receiving account in the same fund(s) and share class. If instructions are not provided below, any amount removed will be removed in the same percentage as originally invested. (In accordance with IRS regulations, the amounts removed from your account will be adjusted to reflect earnings or losses.) If you have questions about tax liability, contact your tax advisor. Fund name or number Share class Amount	B. Recharacterize the contribution originally investigation	sted in my: Iradi	Itional IRA UR			
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OR New account. I have completed and attached a new account application. D. Amount: All contributions for tax year referenced above OR Partial \$	C. Move money to:					
New account. I have completed and attached a new account application. D. Amount: All contributions for tax year referenced above OR Partial \$ OR% E. Indicate the amount(s) to remove from the current fund(s). The amount(s) specified will be invested in the receiving account in the same fund(s) and share class. If instructions are not provided below, any amount removed will be removed in the same percentage as originally invested. (In accordance with IRS regulations, the amounts removed from your account will be adjusted to reflect earnings or losses.) If you have questions about tax liability, contact your tax advisor. Fund name or number Share class Amount \$						
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Your signature

I agree to hold harmless and indemnify Capital Bank and Trust CompanySM (CB&T), 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 as a result of CB&T acting on the instructions specified in Section 2.

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Signature of owner (custodian or guardian, if applicable) This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

Traditional a	nd Roth IRA
Recharacterizat	ion Request

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(mm/dd/yyyy)

Date

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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.)



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.