



DO NOT use this form for Capital Bank and Trust Company retirement accounts.

#### Important information:

- If you are holding stock certificates for shares involved in this sale, return them by registered or certified mail, along with this form. Without them, we will not be able to withdraw shares. **DO NOT** sign the certificates. American Funds no longer issues stock certificates.
- If the withdrawal request is due to the death of the account owner, you must also complete the Transfer/Registration Change Request.

Any tax questions resulting from this withdraw	wal should be directed to your ta	x advisor.		-	-	·
Your account information						
Account registration			Account r	umber		
Address	<u>c</u>	ity			State	ZIP
Email address*			_ (	)		
			Dayti	me phone		
*Your privacy is important to us. For information on o	ur privacy policies, visit www.capita	igroup.com.				
For fund names and numbers, review your standard Notes:  • The cost basis method currently on file for the Update Request, or access your account at warms.	is account will be used. To chan	ge the cost basis n	nethod, d	obtain and	complete a	a Cost Basis
<ul> <li>To avoid delays in processing your request, en minimums that must be met and maintained. bond funds or \$250 each for all other funds.</li> </ul>		· ·				
Total withdrawal (remove all assets from all	funds to close the account)					
Partial withdrawal — You must provide the	full fund name or number AND th	ne dollar amount, r	number o	of shares o	r percenta	ge to be sold.
Fund name or number	Amount	N	lumber	of shares	F	Percentage
	\$	OR			OR _	
	\$	ΩP			ΛP	,

	\$ OR	OR	%
	\$ OR	OR	%
	\$ OR	OR	%
	\$ OR	OR	%
Total	\$ OR		

\_\_\_\_\_ \$ \_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_%

\_\_\_\_\_\_ \$ \_\_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_\_ %



## Delivery instructions

Select one of the options below. A signature guarantee may be required. See Section 5.

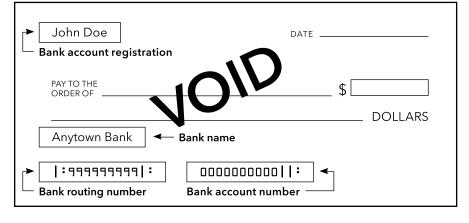
	Note: You must provide a physical address (no P.O. boxes) for third-party wire red  Bank information — For ACH or a wire	uests.				
	Address	State ZIP				
	Name of payee					
	2. Payee name and address:					
	Wire to third party					
	Automated Clearing House (ACH) to a third-party bank account					
	Check payable to someone other than the account owner or mailed to an address other than the address of record					
	1. Method of delivery:					
	. Send proceeds to a third party. Specify the method of delivery and provide the payee name and address below. Provide bank information in Section 4 (if applicable). A signature guarantee is required in Section 5.					
Wire to my bank account (\$1,000 minimum. A signature guarantee is required in Section 5.)						
	Automated Clearing House (ACH) to my bank account					
	Check to my address of record					
	Method of delivery:					
Α.	. Send proceeds to me. Specify the method of delivery and provide bank information i	i Section 4 (if applicable).				

#### Atta and

Attach an unsigned, voided check below. The check you attach must be preprinted with the bank name, registration, routing number and account number. Please do not staple. Read the signature guarantee requirements in Section 5.

#### Important:

- The bank information you provide here will be kept on file for future ACH requests. You will receive an acknowledgment as confirmation.
- If you do not want this information retained and available for future ACH distribution requests, decline here.
- You may cancel the ACH option at any time online at www.capitalgroup.com or by calling us at (800) 421-4225.



**Note:** In lieu of a check, submit a preprinted bank document, such as a bank statement or letter on your bank's letterhead, providing the bank information.

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## Authorization for sale of shares/Signature guarantee

All owners must sign in this section. If a signature guarantee is required, this form must be mailed.

I authorize the sale of shares as indicated in Section 2. If I have agreed to allow American Funds to retain bank information for future ACH requests, I authorize AFS, upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to 1) withdraw fund shares from this account and deposit the proceeds into the bank account identified on this document; and/or 2) secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronically signed copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. A copy of this document will be made available to me as required.

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

	X		1 1	
Name of fund account owner, trustee, custodian or guardian (print)	Signature of fund account owner, trustee, custodian or guardian		(mm/dd/yyyy)	
	x		1 1	
Name of fund account co-owner (if applicable) (print)	Signature of fund account co-owner	Date (mm/dd/yyyy)		

### A signature guarantee is required if any of the following apply:

- The proceeds are deposited into a bank account not currently associated with a withdrawal option that has been on the account for at least 10 calendar days.
- · The proceeds are wired to a bank account.
- The check is payable to a third party or mailed to an address that is different than your address of record.
- The check is mailed to your address of record and the address has changed in the last 10 calendar days.
- The withdrawal amount is more than \$250,000.

**If required**, signatures must be guaranteed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulatory Authority that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal.



 $Stamp\ signature\ or\ medallion\ guarantee\ here.$ 



Stamp signature or medallion guarantee here.



 $If \ mailing, \ choose \ the \ service \ center \ for \ your \ state. \ Mail \ the \ form \ to \ the \ Indiana \ Service \ Center \ if \ you \ live \ outside \ the \ U.S.$ 



American Funds Service Company P.O. Box 6007 Indianapolis, IN 46206-6007

Overnight mail address 12711 N. Meridian St. Carmel, IN 46032-9181



American Funds Service Company P.O. Box 2280 Norfolk, VA 23501-2280

**Overnight mail address** 5300 Robin Hood Rd. Norfolk, VA 23513-2430

Investor upload www.capitalgroup.com/submit

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4351