



CAPITAL | **AMERICAN**
GROUP® | **FUNDS®**

Application for Entities

(Trust, Estate, Business and Nonprofit Accounts)

Complete the following steps to open and access your account:

1. Complete the *Application for Entities (Trust, Estate, Business and Nonprofit Accounts)*. The application must be signed in Section 9.
Ensure that the appropriate documentation for the account type you are opening is submitted with this application.
2. Once your account has been funded, you will receive a welcome package with your new account number. When you receive it, visit **www.capitalgroup.com/getstarted** to set up online access.
This will enable you to:
 - buy, sell and exchange shares online and establish automatic investment plans,
 - view current and past balances as well as dividend and capital gain information,
 - manage your account information, and
 - sign up for electronic delivery of tax forms, annual and semiannual reports, quarterly statements and prospectuses.
3. Additional account options can be set up online, or, if a signature guarantee is required, submit a completed *Mutual Fund Account Options* form, which can be obtained from your financial professional.

Fund information

For a quick guide to fund names, numbers, minimums and share class restrictions, go to **www.capitalgroup.com/fundguide**.



1 Account registration

Registration type	Required supporting documentation
<input type="checkbox"/> Trust	The title page, signature page and trustee assignment page
<input type="checkbox"/> Estate	Letters Testamentary or Letters of Administration, identifying the name of the decedent and the administrator or executor
<input type="checkbox"/> Corporation <input type="checkbox"/> C OR <input type="checkbox"/> S	<ul style="list-style-type: none"> • <i>Entity Beneficial Owners</i> form and • Certified articles of incorporation OR a government-issued document verifying the existence of the entity
<input type="checkbox"/> Unincorporated business (e.g., an organization, partnership, limited liability company)	<ul style="list-style-type: none"> • <i>Entity Beneficial Owners</i> form and • A government-issued document verifying the existence of the business
<input type="checkbox"/> Nonprofit organization (e.g., a school, library, museum, community foundation)	<ul style="list-style-type: none"> • <i>Entity Beneficial Owners</i> form and • A copy of the 501(c)(3) federal determination letter verifying that the organization is tax-exempt OR a government-issued document verifying the existence of the business

2 Entity information

Important: This section must

Continued on next page



2 Entity information

(continued)

B. Additional account information

Complete this section if you are identifying additional persons who could act on behalf of the organization, entity or trust named in the application. Attach additional pages, if necessary.

-
SSN

-
Date of birth of authorized person (mm/dd/yyyy)

Country of citizenship

First name of corporate officer, trustee or authorized person

MI

Last

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

City

State

ZIP

Email address*

()

Ext.

Daytime phone

-
SSN

-
Date of birth of authorized person (mm/dd/yyyy)

Country of citizenship

First name of corporate officer, trustee or authorized person

MI

Last

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

City

State

ZIP

Email address*

()

Ext.

Daytime phone

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

C. Authority of trustees to act: joint versus independent (if applicable)

If you are establishing a trust account with multiple trustees, select one:

☐ Trustees must act jointly. If a financial or account maintenance request must be submitted in writing, **all** trustees must sign.

OR

☐ Trustees may act independently. If a financial or account maintenance request must be submitted in writing, **only one** trustee signature is needed.

Notes: • If no selection is made, trustees must act jointly.

• Requests that can be made via phone only require one trustee to act.

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

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4351

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.



3 Investment instructions

You must complete A, B and C.

- Notes:**
- If no investment instructions are provided in this section, there will be a delay in establishing the account. Be sure to complete this section. If electing to invest by percentage, ensure the total percentage is equal to 100%.
 - For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.

A. Provide information regarding your contribution method. (Select all that apply.)

1. ☐ **One-time purchase with a check:** Provide your investment selection(s) in 3-C.

Note: Make the check payable to "American Funds Service Company."

2. ☐ **One-time purchase via Automated Clearing House (ACH):** Provide your investment selection(s) in 3-C.

\$ _____
Amount

- Notes:**
- The transaction will be processed on the same day the account is established.
 - The maximum ACH purchase limit is \$100,000 per investor per day.
 - Provide bank information in Section 4.

3. ☐ **Recurring ACH investment plan:** Complete the information below, and provide your investment selection(s) in 3-C.

- Notes:**
- American Funds must receive your request at least five business days prior to the first transaction date requested.
 - If a start date is not provided, the option will be established the date received and the bank account will be drafted the following month and each month thereafter.
 - Provide bank information in Section 4.

Transactions should begin during the month of _____

Transactions should occur on the following date(s) of the month _____, _____ (e.g., 8th, 19th)

Frequency: ☐ Monthly ☐ Every other month ☐ Quarterly ☐ Annually

4. ☐ **Account will be funded later.**

B. Select a share class: ☐ Class A **OR** ☐ Class C

C. Provide investment selection(s). (If a fund is not specified, investments will be placed in the money market fund by default.)

Invest my contribution as instructed below.

Fund name or number	One-time purchase		Recurring ACH investment plan (\$50 min. per fund)
	Amount	Percentage	
_____	\$ _____	OR _____%	\$ _____
_____	\$ _____	OR _____%	\$ _____
_____	\$ _____	OR _____%	\$ _____
_____	\$ _____	OR _____%	\$ _____
Total investments		\$ _____ OR _____%	\$ _____

Notes:

- To request automatic rebalancing, visit www.capitalgroup.com or complete and attach a *Mutual Fund Account Options* form.

- The American Funds cost basis default is Average Cost for this and all future accounts. To request a different cost basis method, obtain and complete a *Cost Basis Update Request*, or make the change online once your account has been established at www.capitalgroup.com.



4 Bank information

Before completing this section, read the signature guarantee requirements below. We will use a third-party service to validate your bank information. Refer to the Bank Verification Terms & Conditions.

Signature guarantee requirements:

- **To purchase or fund the account electronically via ACH:** The bank account owner's/co-owner's signature(s) must be guaranteed if at least one of the American Funds account owners is not on the bank account registration.
- **To sell shares electronically:** The American Funds account owners' signatures must be guaranteed if the bank account registration does not include all of the American Funds account owners' names.

Note: If a signature guarantee is required, obtain and submit a completed *Add/Update Bank Information* form. A document with a signature guarantee cannot be signed electronically or faxed. Mail the completed forms to the service center for your state using the maps on page 3.

Important: To avoid delays in processing this application, attach an unsigned, voided check where indicated below. The check you attach must be preprinted with the bank name, registration, routing number and account number. Please do not staple.

Tape your check here.

John Doe DATE _____

Bank account registration

PAY TO THE ORDER OF _____ \$ _____

Anytown Bank DOLLARS

Bank name

| : 999999999 | : 0000000000 | : |

Bank routing number Bank account number

VOID

Note: In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number, account number and account type (checking or savings). The letter must be on the bank's letterhead.

Complete the following ONLY if you are signing this document electronically. Your financial professional's firm must have an electronic signature indemnification agreement with American Funds. If signing electronically, a voided check or letter from your bank is not required.

Bank name	Bank routing number
Bank account number	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
Bank account registration (the name preprinted on the check)	

Link my bank information to purchase and/or sell shares (optional):

I would like the option to perform the following transactions by telephone and online at **www.capitalgroup.com**. (Select only one option.)

☐ Purchase ☐ Sell ☐ Both

- Notes:**
- Your election will apply to all of your current and future accounts.
 - You may cancel the ACH option at any time online at **www.capitalgroup.com** or by calling us at (800) 421-4225.
 - Once the sell option is established, there will be a 10-day waiting period before it can be used. ACH purchase is available once the account has been established.



5 Decline telephone and website exchange and/or redemption privileges — optional

Telephone and website exchange and redemption privileges will automatically be enabled on your account unless you decline below. To decline these privileges, read the individual statements and check the applicable box(es).

Note: If either option is declined, no one associated with this account, including your financial professional, will be able to request exchanges or redemptions by telephone or via the website. Requests would need to be submitted in writing.

Exchanges: I **DO NOT** want the option of using the telephone and website exchange privilege. ☐

Redemptions: I **DO NOT** want the option of using the telephone and website redemption privilege. ☐

6 Reducing the sales charge on Class A shares only

Note: If a purchaser has **sole control** of a corporation, partnership or other type of business, accounts registered in the name of the business may be aggregated with the purchaser's own accounts and/or accounts of his or her spouse (or spouse equivalent, if recognized under local law) and children.

Rights of Accumulation (cumulative discount)

Account owner, spouse and children under age 21 or disabled adult children with ABLE accounts can aggregate accounts to reduce sales charges. Any share classes within these accounts will contribute toward a reduced sales charge. The Social Security or account numbers on these accounts are:

Statement of Intention (SOI)

I plan to invest over a 13-month period in one or more American Funds accounts. The aggregate amount will be at least:

☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$750,000 ☐ \$1,000,000

- Notes:**
- If you are establishing a Statement of Intention and do not invest the intended amount within 13 months, the sales charge will be adjusted.
 - Purchases in the money market fund do not apply toward a Statement of Intention or Rights of Accumulation.
 - Certain purchases may not apply toward the completion of a Statement of Intention. Refer to the fund(s) prospectus(es) for additional information.



7 Automatic dividends and capital gain reinvestments — optional

Dividends and capital gains will be reinvested for all of my fund selections unless declined below.

I **DO NOT** want all dividends and capital gains reinvested. ☐ (Complete the steps below.)

Transactions are established to continue automatically until American Funds receives instructions to stop.

All dividends and/or capital gains will be handled in the following manner:

Fund number	Dividends	Capital gains	Cross-reinvest into fund (if applicable; same share class only)
1. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	1. _____
2. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	2. _____
3. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	3. _____

Note: Cash payment of dividends and/or capital gains will be made electronically via ACH using the bank information provided in Section 4. Electronic deposits will be delivered to your bank within three (3) business days of the transaction date.

8 Financial professional

*This section **must** be filled out completely by the financial professional(s).*

We authorize American Funds Service Company® (AFS) to act as our agent for this account and agree to notify AFS of purchases made under a Statement of Intention or Rights of Accumulation. If applicable, we have provided a copy of our SEC Form CRS to the account owner named on this application.

_____ Name(s) of financial professional(s)	_____ Professional/team ID #	_____ Branch number	() Daytime phone	_____ Ext.
---	---------------------------------	------------------------	--------------------------	---------------

_____ Branch address	_____ City	_____ State	_____ ZIP
-------------------------	---------------	----------------	--------------

_____ Name of broker-dealer firm (as it appears on the Selling Group Agreement)	X Signature of person authorized to sign for the broker-dealer — required
--	--



9 Your signature(s)

Important: You must sign in this section to open your new account.

I have read the applicable prospectus(es) and this application, I agree to all their terms and I authorize the instructions in this application. 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. I agree to indemnify and hold harmless AFS; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents for any losses, expenses, costs or liability (including attorney fees) that may be incurred in connection with these instructions or the exercise of the telephone or website purchase, exchange and/or redemption privileges or arising from such instructions once the telephone and website exchange and redemption privileges have been established.

I understand that exchanges between funds may be taxable transactions. I authorize the financial professional assigned to my account to have access to my account and to act on my behalf with respect to my account. If applicable, I acknowledge that I have received and read a copy of my financial professional's SEC Form CRS.

If I have requested ACH privileges, 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)** redeem fund shares from this account and deposit the proceeds into the bank account identified on this application, and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to account without responsibility for its correctness. I have read, understand and agree to the *Bank Verification Terms & Conditions*, and I authorize AFS to access records from public and proprietary sources in order to validate that I am the bank account owner. I understand that amounts invested may not be redeemed for 7 business days.

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 AFS 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 current market price, and that such action may have tax consequences.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic 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

I certify, under penalties of perjury, that: **1)** the Social Security or Taxpayer Identification number shown in Section 2 is correct; **2)** the IRS has never notified me that I am subject to backup withholding or has notified me that I am no longer subject to such backup withholding **3)** I am a U.S. citizen or a legal U.S. resident; and **4)** the entity is exempt from Foreign Account Tax Compliance Act (FATCA) reporting (if applicable).

☐ Check this box if you are subject to backup withholding and cannot certify to item 2 above.

NOTE: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

Name of person authorized to sign on behalf of the entity (print)

Title

X

Signature of authorized person

Date (mm/dd/yyyy)

Name of person authorized to sign on behalf of the entity (print)

Title

X

Signature of authorized person

Date (mm/dd/yyyy)

Name of person authorized to sign on behalf of the entity (print)

Title

X

Signature of authorized person

Date (mm/dd/yyyy)



Review this agreement if you provided bank information.

Electronic bank verification is conducted through a third party service provider that is unaffiliated with American Funds Service Company (AFS) and Capital Bank and Trust Company (CB&T). If you choose to add a bank account electronically, you must agree to the Bank Verification Terms & Conditions of Use set forth below. The Fund or the Fund's transfer agent will send your information to the third party service provider, who will then compare your information with their database to verify the information you provided. Please read and agree to the Bank Verification Terms & Conditions of Use for the third party service in order to continue.

Agreement and Bank Verification Terms & Conditions of Use of the Service

I (we) authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus (if applicable) for this designated bank account. I (we) authorize credits/debits to/from the bank account designated in conjunction with the account option(s) selected. I (we) agree that AFS and/or CB&T shall be fully protected in honoring any such transaction. I (we) also agree that AFS and/or CB&T may make additional attempts to credit/debit my (our) account if the initial attempt fails and I (we) will be liable for any associated costs. All account options elected will become part of the account and terms, representations, and conditions thereof.

Provide Accurate Information. I (we), the end user, agree to provide true, accurate, current and complete information about myself (ourselves) and my (our) accounts maintained at other web sites and I (we) agree to not misrepresent my (our) identity or my (our) account information. I (we) agree to keep my (our) account information up to date and accurate.

Proprietary Rights. I (we) are permitted to use content delivered to me (us) through the service only on the service. I (we) may not copy, reproduce, distribute, or create derivative works from this content. Further, I (we) agree not to reverse engineer or reverse compile any of the service technology, including but not limited to, any Java applets associated with the service.

Content You Provide. I (we) are licensing to AFS and/or CB&T ("Company") and its service providers ("Service Provider") any information, data, materials or other content (collectively, "Content") I (we) provide through or to the service. Company and Service Provider may use, modify, display, distribute and create new material using such Content to provide the service to you. By submitting Content, I (we) automatically agree, or promise that the owner of such Content has expressly agreed that, without any particular time limit, and without the payment of any fees, Company and Service Provider may use the Content for the purposes set out above. I (we) agree that, as between Company and Service Provider, Company owns your confidential account information.

Third Party Accounts. By using the service, I (we) authorize Company and Service Provider to access third party sites designated by Company, on my (our) behalf, to retrieve information requested by me (us), and to register for accounts requested by me (us). For all purposes hereof, I (we) hereby grant Company and Service Provider a limited power of attorney, and I (we) hereby appoint Company and Service Provider as my (our) true and lawful attorney-in-fact and agent, with full power of substitution and re-substitution, for me (us) and in my (our) name, place and stead, in any and all capacities, to access third party internet sites, servers or documents, retrieve information, and use your information, all as described above, with the full power and authority to do and perform each and every act and thing requisite and necessary to be done in connection with such activities, as fully to all intents and purposes as you might or could do in person. I (WE) ACKNOWLEDGE AND AGREE THAT WHEN COMPANY OR SERVICE PROVIDER ACCESSES AND RETRIEVES INFORMATION FROM THIRD PARTY SITES, COMPANY AND SERVICE PROVIDER ARE ACTING AS MY (OUR) AGENT, AND NOT THE AGENT OR ON BEHALF OF THE THIRD PARTY. I (we) agree that third party account providers shall be entitled to rely on the foregoing authorization, agency and power of attorney granted by me (us). I (we) understand and agree that the service is not endorsed or sponsored by any third party account providers accessible through the service.

DISCLAIMER OF WARRANTIES. I (WE) EXPRESSLY UNDERSTAND AND AGREE THAT: MY (OUR) USE OF THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE IS AT MY (OUR) SOLE RISK. THE SERVICE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS. COMPANY AND SERVICE PROVIDER EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND AS TO THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE, WHETHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT. COMPANY AND SERVICE PROVIDER MAKE NO WARRANTY THAT (i) THE SERVICE WILL MEET MY (OUR) REQUIREMENTS, (ii) THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE, OR ERROR-FREE, (iii) THE RESULTS THAT MAY BE OBTAINED FROM THE USE OF THE SERVICE WILL BE ACCURATE OR RELIABLE, (iv) THE QUALITY OF ANY PRODUCTS, SERVICES, INFORMATION, OR OTHER MATERIAL PURCHASED OR OBTAINED BY ME (US) THROUGH THE SERVICE WILL MEET MY (OUR) EXPECTATIONS, OR (v) ANY ERRORS IN THE TECHNOLOGY WILL BE CORRECTED. ANY MATERIAL DOWNLOADED OR OTHERWISE OBTAINED THROUGH THE USE OF THE SERVICE IS DONE AT MY (OUR) OWN DISCRETION AND RISK AND I (WE) ARE SOLELY RESPONSIBLE FOR ANY DAMAGE TO MY (OUR) COMPUTER SYSTEM OR LOSS OF DATA THAT RESULTS FROM THE DOWNLOAD OF ANY SUCH MATERIAL. NO ADVICE OR INFORMATION, WHETHER ORAL OR WRITTEN, OBTAINED BY ME (US) FROM COMPANY OR SERVICE PROVIDER THROUGH OR FROM THE SERVICE WILL CREATE ANY WARRANTY NOT EXPRESSLY STATED IN THESE TERMS.

LIMITATION OF LIABILITY. I (WE) AGREE THAT NEITHER COMPANY, ITS INVESTMENT MANAGER, OR SERVICE PROVIDER NOR ANY OF THEIR EMPLOYEES, OFFICERS, TRUSTEES, DIRECTORS, AFFILIATES, ACCOUNT PROVIDERS OR ANY OF THEIR AFFILIATES WILL BE LIABLE FOR ANY HARMS, WHICH LAWYERS AND COURTS OFTEN CALL DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS, GOODWILL, USE, DATA OR OTHER INTANGIBLE LOSSES, EVEN IF COMPANY OR SERVICE PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, RESULTING FROM: (i) THE USE OR THE INABILITY TO USE THE SERVICE; (ii) THE COST OF GETTING SUBSTITUTE GOODS AND SERVICES, (iii) ANY PRODUCTS, DATA, INFORMATION OR SERVICES PURCHASED OR OBTAINED OR MESSAGES RECEIVED OR TRANSACTIONS ENTERED INTO, THROUGH OR FROM THE SERVICE; (iv) UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA; (v) STATEMENTS OR CONDUCT OF ANYONE ON THE SERVICE; (vi) THE USE, INABILITY TO USE, UNAUTHORIZED USE, PERFORMANCE OR NON-PERFORMANCE OF ANY THIRD PARTY ACCOUNT PROVIDER SITE, EVEN IF THE PROVIDER HAS BEEN ADVISED PREVIOUSLY OF THE POSSIBILITY OF SUCH DAMAGES; OR (vii) ANY OTHER MATTER RELATING TO THE SERVICE.

Indemnification. I (we) agree to protect and fully compensate Company, its investment manager, and Service Provider and their employees, officers, trustees, directors, and affiliates from any and all third party claims, liability, damages, expenses and costs (including, but not limited to, reasonable fees) caused by or arising from my (our) use of the service, my (our) violation of these terms or my (our) infringement, or infringement by any other user of my (our) account, of any intellectual property or other right of anyone. I (we) agree that the Company's investment manager and Service Provider are each a third party beneficiary of the above provisions, with all rights to enforce such provisions as if the investment manager or Service Provider were a party to this Agreement.



Investors opening an account for a legal entity — such as a corporation, organization, partnership, limited liability company or nonprofit — should complete and sign this form to provide or update beneficial owner information. Federal regulations require American Funds to obtain and verify this information. For the purposes of this form, the beneficial owners are 1) each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the entity, and 2) a single individual with significant responsibility for controlling, managing or directing the legal entity.

If you are updating information on an existing account, you must provide all the information requested in Sections 2 and 3, even if you are only updating the information for one individual.

Full legal name of entity		Account number (if applicable)	
Physical address of entity (no P.O. boxes)	City	State	ZIP

If any owner is not a U.S. citizen or has not been issued an SSN, contact us at (800) 421-4225, ext. 71 for additional information.

☐ Check this box if no individual owns 25% or more of the equity interests of the entity.

1. - - - - () Ext. _____
SSN Date of birth (mm/dd/yyyy) Daytime phone

Name of owner	Country of citizenship	% ownership
---------------	------------------------	-------------

Residence or business address (physical address required — no P.O. boxes)	City	State	ZIP
---	------	-------	-----

2. - - - - () Ext. _____
SSN Date of birth (mm/dd/yyyy) Daytime phone

Name of owner	Country of citizenship	% ownership
---------------	------------------------	-------------

Residence or business address (physical address required — no P.O. boxes)	City	State	ZIP
---	------	-------	-----

3.

<div>[] [] [] - [] [] - [] [] []</div> <div>SSN</div>	<div>[] [] - [] [] - [] [] []</div> <div>Date of birth (mm/dd/yyyy)</div>	() _____ Ext. _____ Daytime phone
---	--	---

Name of owner	Country of citizenship	% ownership
---------------	------------------------	-------------

Residence or business address (physical address required — no P.O. boxes)	City	State	ZIP
---	------	-------	-----



2 Owner information

Residence or business address (physical address required — no P.O. boxes)	City	State	ZIP
---	------	-------	-----

3 Control person/authorized person

This section must be completed, even if the control person is the same as the person who submitted the application.

Residence or business address (physical address required — no P.O. boxes)	City	State	ZIP
---	------	-------	-----

4 Signature of control person/authorized person

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

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

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

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225, ext. 78.