



1 Information about the account owner(s)

First name	MI	Last	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			SSN of account owner (provide the last four digits)
First name	MI	Last	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			SSN of account owner (provide the last four digits)
State of residence _____			

2 Transfer on Death (TOD) beneficiary designation — optional

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.

Important: Complete this section if you wish to add a beneficiary designation to your Individual or Joint Tenants With Rights of Survivorship account. Do not complete for Tenants in Common, UGMA/UTMA, or Conservatorship/Guardianship account registrations. To add a Successor Custodian to an UGMA/UTMA account, submit an *UGMA/UTMA Successor Custodian Designation* form.

I acknowledge that this account is being established under the Uniform Transfer on Death Security Registration Act ("TOD Act") of the state of residence indicated in Section 1, or, if my state of residence has not adopted the uniform TOD Act, I understand that this account will be established under the California TOD Act. Furthermore, I acknowledge that, upon my death, should there be a conflict with applicable state law, the account will be administered in accordance with the terms of this document.

I direct that my American Funds account be distributed upon my death to the designated beneficiary(ies) below. If any beneficiary survives me but fails to survive the transfer of his or her entire share, then the remaining portion of such beneficiary's share shall be transferred to such beneficiary's estate.

Notes: • Your spouse may need to sign in Section 3. 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."
- In the event the beneficiary is a minor, American Funds Service Company® may take instruction to transfer the proceeds to a custodian under the applicable state's Uniform Transfers to Minors Act.

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 MI Last Suffix

OR _____
Name of trust or other entity

Address		City	State	ZIP
<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse*	<input type="checkbox"/> Sibling	<input type="checkbox"/> Other
<input type="checkbox"/> Entity or trust	Date of birth or trust (mm/dd/yyyy)		SSN/TIN	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.



2 Transfer on Death (TOD) beneficiary designation — optional

(continued)

2. _____
First name MI Last Suffix

Address City State ZIP

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

3. _____
First name MI Last Suffix

Address City State ZIP

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

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 to my estate.

1. _____
First name MI Last Suffix

OR

Name of trust or other entity

Address City State ZIP

☐ Child ☐ Parent ☐ Spouse* ☐ Sibling ☐ Other ☐ Entity or trust _____
Date of birth or trust (mm/dd/yyyy) SSN/TIN _____ %
Whole % only

2. _____
First name MI Last Suffix

Address City State ZIP

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

3. _____
First name MI Last Suffix

Address City State ZIP

☐ Child ☐ Parent ☐ Spouse* ☐ Sibling ☐ Other _____
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.



2 Transfer on Death (TOD) beneficiary designation — optional

(continued)

Louisiana residents only: The account owner's signature must be notarized **OR** two witnesses who are not being named as beneficiaries must sign below.

X _____ / /
Signature of account owner Date (mm/dd/yyyy)

Sworn to and subscribed before me, this _____ day of _____, _____
Month Year

in the County of _____, State of _____

X _____ / /
Signature of notary public Date commission expires (mm/dd/yyyy)

NOTARY: Affix seal here.

If this form includes a notary signature, it must be mailed.

Name of witness (print) **X** _____
Signature of witness

Name of witness (print) **X** _____
Signature of witness

3 Spousal consent to TOD beneficiary designation — if required

This section is not required if the co-owners are married to each other.

If you are married to the account owner (or any account co-owner) 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 account owner (or any account co-owner) named in Section 1, and I expressly consent to the beneficiary(ies) designated in Section 2 or attached.

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

Name of account owner's spouse (print) **X** _____
Signature of spouse Date (mm/dd/yyyy)

Name of account co-owner's spouse (print) **X** _____
Signature of spouse Date (mm/dd/yyyy)



4 Investment instructions

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

Invest my contribution as instructed below.

Fund name or number	Amount	Percentage (whole percentages only)
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
Total contribution \$ _____		OR _____%

Note: 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.

5 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 on the core application. Electronic deposits will be delivered to your bank within three (3) business days of the transaction date.