



CAPITAL GROUP® | AMERICAN FUNDS®

F-2 Share Account Application For Financial Professionals

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2 | F-2 Share Account Application

To open a new American Funds account, complete the application on pages 2-10 and the appropriate supplements for the account type(s) selected. The application must be signed by the financial professional in Section 6, and must be signed by the account owner or authorized signer for the account owner in Section 8.

11 | Additional Account Information

Complete this page if there are additional authorized persons who can act on behalf of the account.

12 | Bank Verification Terms & Conditions

This document explains how American Funds uses a third party to verify the bank information you provide.

Fund information

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

Financial professional: Before submitting this application, consult your firm to confirm F-2 is an approved share class.



1 Account type

Select all that apply. If opening multiple accounts, the information collected in this application will apply to all account types opened.

Account type	Links to required documents
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	Traditional, Roth, SEP or SARSEP IRA F-2 Share Class Supplement
<input type="checkbox"/> Inherited traditional IRA <input type="checkbox"/> Inherited Roth IRA	Inherited Traditional or Roth IRA F-2 Share Class Supplement If the beneficiary is a non-person entity (such as an estate, charity or trust) or a minor, call us to discuss additional requirements.
<input type="checkbox"/> SEP IRA <input type="checkbox"/> SARSEP IRA	Traditional, Roth, SEP or SARSEP IRA F-2 Share Class Supplement Additionally, to establish a new SEP or SARSEP IRA plan: SEP IRA Plan Sponsor Guide or SARSEP Plan Sponsor Guide
<input type="checkbox"/> SIMPLE IRA	SIMPLE IRA F-2 Share Class Supplement Additionally, to establish a new SIMPLE IRA plan: SIMPLE IRA Plan Sponsor Guide (DFI plans) or IRS Form 5304 SIMPLE (non-DFI plans)
<input type="checkbox"/> Individual account <input type="checkbox"/> Gift transfer to a minor (UGMA/UTMA)* <input type="checkbox"/> Joint account <input type="checkbox"/> Tenants in common <input type="checkbox"/> Conservatorship/Guardianship	Individual or Joint Account F-2 Share Class Supplement *Investments in an UGMA/UTMA account constitute an irrevocable gift to the minor. The custodian is responsible for transferring the property to the minor when the minor reaches the specified age. If the state allows a successor custodian to be named, and if you wish to name a successor custodian, complete and submit an <i>UGMA/UTMA Successor Custodian Designation</i> form.
CollegeAmerica® 529	In lieu of sending this application with a supplement, submit the CollegeAmerica 529-F-2 Share Account Application or CollegeAmerica 529-F-2 Share Account Application (for Multiple Beneficiaries)
ABLEAmerica®	In lieu of sending this application with a supplement, submit the ABLEAmerica ABLE-F-2 Share Account Application
<input type="checkbox"/> Non-Capital Bank and Trust IRA	Individual Retirement Account F-2 Share Class Supplement
<input type="checkbox"/> Coverdell	Coverdell ESA F-2 Share Class Supplement

Continued on next page

1 Account type

(continued)

Account type	Links to required documents and supporting documentation
<input type="checkbox"/> Trust	Trust, Estate, Business and Nonprofit Accounts F-2 Share Class Supplement and • The title page, signature page and trustee assignment page.
<input type="checkbox"/> Estate	Trust, Estate, Business and Nonprofit Accounts F-2 Share Class Supplement and • 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	Trust, Estate, Business and Nonprofit Accounts F-2 Share Class Supplement 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)	Trust, Estate, Business and Nonprofit Accounts F-2 Share Class Supplement and • A government-issued document verifying the existence of the business.
<input type="checkbox"/> Nonprofit organization (e.g., a school, library, museum, community foundation)	Trust, Estate, Business and Nonprofit Accounts F-2 Share Class Supplement 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 organization.



Account registration

Account owner is defined as an individual owner, minor (for UGMA/UTMA accounts), recipient (for Coverdell accounts), beneficiary (for inherited IRAs), trust, estate, entity or other organization. Co-owner/authorized person is defined as a co-owner, custodian, trustee, executor, conservator or additional authorized person (for entity accounts).

Name of account owner



3 Investment instructions — Not applicable to SIMPLE, SEP, SARSEP or inherited IRAs

Method of initial investment (Select all that apply.)

- A. ☐ **One-time investment with a check made payable to "American Funds Service Company":** Provide your investment selection(s) using the supplemental documents based on the account type(s) selected.

Allocate \$ _____ of the total investment into _____
Specify account type

Allocate \$ _____ of the total investment into _____
Specify account type

Allocate \$ _____ of the total investment into _____
Specify account type

Allocate \$ _____ of the total investment into _____
Specify account type

- B. ☐ **One-time investment via a bank account:** Provide your investment selection(s) using the supplemental documents based on the account type(s) selected.

Allocate \$ _____ of the total investment into _____
Specify account type

Allocate \$ _____ of the total investment into _____
Specify account type

Allocate \$ _____ of the total investment into _____
Specify account type

Allocate \$ _____ of the total investment into _____
Specify account type

Notes:

- The transaction will be processed on the same day the account is established.
- Provide bank information in Section 4.
- To set up a recurring ACH investment plan, complete and attach the *Automatic Investment Plan Request*.

- C. ☐ **Account(s) to be funded later:** Provide your investment selection(s) using the supplemental documents based on the account type(s) selected.

- D. ☐ **Transfer from existing American Funds account number(s):** _____

Note: Unless otherwise specified, shares will transfer in-kind.



4 Bank information

Important: The online/telephone investing option is not available for SIMPLE, SEP/SARSEP or inherited IRAs.

A. Tape an unsigned, voided check below (no deposit slips) — 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.

Tape your check here.

John Doe

DATE _____

Bank account registration

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Anytown Bank

Bank name

| : 999999999 | :

Bank routing number

0000000000 | : | :

Bank account number

VOID

B. Link my bank information:

- ☐ For online/telephone investing
- ☐ For online/telephone withdrawals from my American Funds account

Note: If no option is selected, your bank account will be linked for investing and withdrawals.

C. Signature guarantee requirements:

1. For investing (ACH):

Is at least one of the American Funds account owners listed as a bank account owner?

- ☐ Yes. **Proceed to Section 4-C-2.**
- ☐ No — **A signature guarantee is required.** Obtain and submit the *Add/Update Bank Information* form to add the ACH option.

2. For withdrawals from my American Funds account (ACH):

Are **ALL** the American Funds account owners listed as bank account owners?

- ☐ Yes. **Proceed to Section 4-D.**
- ☐ No — **A signature guarantee is required.** Obtain and submit the *Add/Update Bank Information* form to add the ACH option.

D. Are you signing this form electronically?

- ☐ No. **Proceed to Section 5.**
- ☐ Yes — Complete the following bank information **ONLY** if your financial professional's firm has an electronic signature indemnification agreement with American Funds.

Bank name

Bank routing number

Bank account number

Bank account owner(s)

☐ Checking **OR** ☐ Savings

Notes:

- Once the withdrawal option is established, there will be a 10-day waiting period before it can be used. The investment option is available once the account has been established.
- The maximum ACH investment limit is \$100,000 per investor per day.

5 Additional options

A. Online/telephone exchange and withdrawal privileges will be automatically 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 and/or withdrawals via the website or by telephone. Requests would need to be submitted in writing.

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

Withdrawals: I **DO NOT** want the option of using the online/telephone withdrawal privilege. ☐

B. Household account aggregation

Note: If an investor 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 investor's own accounts and/or accounts of his or her spouse (or spouse equivalent, if recognized under local law) and children.

Account owner, spouse and children under 21 or disabled adult children with ABLE accounts can aggregate accounts. Any share classes within these accounts may contribute toward reduced fees. The Social Security or account numbers on these accounts are:

6 Financial professional

Important: This section must be signed by an individual authorized to act on behalf of the firm.

Financial professional information

Name of financial professional		Financial professional number*	
Address (if different from firm address)		City	State ZIP
	()	Ext.	()
Email address	Daytime phone (if different from firm)	Fax	

Firm information

Name of firm (as it appears on Form ADV or home office)	Firm number*	()	Ext.
		Daytime phone	
Firm address	City	State	ZIP

801-	SEC number	IARD/CRD number	State registration and number
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By signing below, I certify that the firm listed above: **1)** has a current Form ADV filed with the U.S. Securities and Exchange Commission or a state regulatory agency; **2)** is providing investment advisory services to the account owner; **3)** if applicable, has provided the account owner named on this application a copy of SEC Form CRS; **4)** indemnifies and holds harmless American Funds Service Company® (AFS) and 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 as a result of misrepresentations or omissions by the firm in connection with the firm making American Funds available to its clients; **5)** acknowledges and agrees that AFS is not a qualified custodian under the Investment Advisers Act of 1940 Rule 206(4)-2 (the "Custody Rule"); and **6)** acknowledges that any fee recovery payments will be made according to the payment instructions on file with American Funds.

X	Signature of person authorized to sign on behalf of firm — required	Date	/ / (mm/dd/yyyy)
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*Financial professional number or firm number may be assigned by American Funds. If you need assistance, call (800) 421-5450.

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Fee debiting instructions

The financial professional should complete A. Investors should review B.

A. Financial professional: Check with your firm to determine approved rates and make a selection below.

- ☐ Fixed _____ (annual rate). Provide basis points in whole numbers (e.g., 100 basis points = 1.00% annually).
 ☐ Tiered schedule
 ☐ Opt out of fee debiting. Fees will not be debited by American Funds Service Company.

Note: If no selection is made, and your firm offers multiple rates, no fees will be debited until you notify us of the applicable rate.
 If your firm only offers one fixed rate, or a tiered schedule and no fixed rates, we will apply the applicable rate.

B. Investor: I authorize American Funds to debit fees from all my F-2 share account(s) as instructed by my financial professional.

Fees will be debited proportionately (based on fund/asset allocation) on a quarterly basis from all F-2 share accounts unless you indicate otherwise below.

Optional: Debit fees from a specific fund. If the fund designated does not have sufficient assets, the remaining fee will be debited from the original fund from which the fee is due.

Fees for account		Debit from fund
_____	→	_____
Account type		Fund name or number
_____	→	_____
Account type		Fund name or number
_____	→	_____
Account type		Fund name or number
_____	→	_____
Account type		Fund name or number
_____	→	_____
Account type		Fund name or number
_____	→	_____
Account type		Fund name or number

Note: Interval funds are excluded from fee debiting and fees cannot be debited from interval funds.

8 Signature

I hereby establish the American Funds F-2 share account(s) identified in Section 1 and, if applicable, appoint Capital Bank and Trust Company (CB&T) as custodian. If applicable, I acknowledge that I received the custodial agreement(s) and disclosure statement(s) for the account(s) selected at least seven days before establishing the account(s) and have read and agree to the terms set forth therein. I acknowledge that I have read and agree to the terms of the current prospectus(es) of the fund(s) selected, and I understand that certain investments have liquidity restrictions, as outlined in the prospectus. For CB&T retirement accounts, I consent to the \$10 setup fee for each account and the annual custodial fee (currently \$10 for each account). For SIMPLE IRAs, I understand that the investment instructions and beneficiary designation elections made in the attached supplement will apply to my pre-tax and Roth SIMPLE IRAs. For traditional, Roth, SIMPLE, SEP and SARSEP IRA accounts, if no beneficiary is named, the Custodial Agreement default will apply. For inherited IRA accounts, I certify any attached documentation (if applicable) is accurate. I also understand that CB&T reserves the right to require original documents or original certification of documents.

I agree to indemnify and hold harmless AFS/CB&T; 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 online/telephone investment, exchange and/or withdrawal privileges or arising from such instructions once the privileges have been established.

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, ext. 69.

I authorize the financial professional assigned to the account(s) to have access to the account(s), to act on behalf of the account(s) and receive copies of account statements and other documents related to the account(s). If applicable, I acknowledge that I have received and read a copy of my financial professional's SEC Form CRS.

I understand that AFS will debit the account(s) to pay advisory fees in accordance with the instructions provided in Section 7 and by the financial professional listed in Section 6.

If I have requested ACH privileges, I authorize AFS/CB&T, 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/these account(s) and deposit the proceeds into the bank account identified on this application; and/or **2)** secure payments from the bank account into this/these account(s). I agree that my ACH elections will apply to all my current and future accounts. I understand that I may cancel the ACH options any time online at www.capitalgroup.com or by calling (800) 421-4225, ext. 69. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness. I have read, understand and agree to the *Bank Verification Terms & Conditions*, and I authorize AFS/CB&T 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 withdrawn for 7 business days. I understand that this authorization may be terminated by me at any time by telephone or written notification to AFS/CB&T. The termination request will be effective as soon as AFS/CB&T has had a reasonable time to act upon it.

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/CB&T is unable to verify my identity, I understand it may need to take action, possibly including closing my account(s) and withdrawing the shares at the current market price, and that such action may have tax consequences, including a tax penalty.

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.

Continued on next page

8 Signature (continued)

For CB&T retirement accounts, I certify that I have assigned the beneficiary(ies) listed in the supplement(s) for the account(s) listed in Section 1, and that if I am married and have not named my spouse as primary beneficiary, I have consulted my financial professional about the need for spousal consent.

If I am funding the account via a rollover contribution, I certify the rollover is an eligible rollover distribution and does not contain any amounts from a Required Minimum Distribution (RMD). I understand that only certain types of distributions are eligible for rollover treatment and it is solely my responsibility to ensure such eligibility. If I am requesting an indirect rollover, I certify that the distribution is being rolled over within 60 days of receipt or as otherwise permitted under applicable law. If after the permitted time frame, I have completed the appropriate self-certification (pursuant to IRS Revenue Procedure 2016-47) and have included a copy with this form. I understand that I may only request one indirect rollover from an IRA to another or the same IRA within a 12-month period.

I certify, under penalty of perjury, that my Social Security number is correct. For Coverdell accounts, I certify that I and the account recipient named in this application are either U.S. citizens or legal residents. I certify that the Social Security number of the account recipient is correct.

For individual or joint accounts with designated transfer on death beneficiary(ies), I acknowledge that the account is being established under the Uniform Transfer on Death Security Registration Act ("TOD Act") of the state of residence indicated in Section 1 of the attached supplement, 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 the attached supplement.

For non-retirement accounts, I understand that exchanges between funds may be taxable transactions. Additionally, 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.

I agree to all terms of this application and required supplement(s).

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

X _____ / /
Signature of account owner (custodian or legal guardian — if applicable) or person authorized to act on behalf of the account owner Date (mm/dd/yyyy)

X _____ / /
Signature of account co-owner (if applicable) Date (mm/dd/yyyy)

Note: To establish an individual account or IRA in the co-owner's name, a separate *F-2 Share Account Application* must be submitted.

If opening a SIMPLE, SEP or SARSEP IRA, return all completed paperwork to your employer.

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, ext. 69.



Complete and return this page if:

- You are identifying additional persons who could act on behalf of the account owner named in the application.
- You need additional space for instructions.

Additional persons acting on behalf of the trust or other legal entity or corporation that is the account owner

Attach additional pages, if necessary.

- -
SSN

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

Country of citizenship

First name of trustee, corporate officer, attorney-in-fact 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.

- -
SSN

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

Country of citizenship

First name of trustee, corporate officer, attorney-in-fact 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.

Additional space, if needed

Use for additional instructions.



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 NONINFRINGEMENT. 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.