

Automatic Investment Plan Request

- In lieu of submitting this form, you may add or update an automatic investment plan at www.capitalgroup.com. The bank account must include the name of the American Funds account owner.
- This form cannot be used for employer-sponsored accounts or plans. Employer-sponsored 529 accounts are the only exception.

1	Account information					
Name(s) o	of owner(s)		Account no	ımber		
Address		City			State	ZIP
			()		
Email add	ress*		Daytir	ne phone		
Che	ck here to update the mailing address on your account(s).					
*Your pri	vacy is important to us. For information on our privacy policies, visit v	www.capitalgroup.com	1.			
2 C	nstructions Complete steps 1–2. Complete steps 3 and 4 if applicable. Investments For a quick guide to fund names, numbers, minimums and share class Fund minimums must be met within the first five months of	restrictions, go to www.	capitalgroup.com			o stop.
Fund m	inimums: \$1,000 each for money market, interval and state	e-specific tax-exem	ot bond funds o	r \$250 ea	ch for all of	ther funds.
Step 1:	Identify the investments being selected. (If you need more spi	ace, attach a separat	e page.)			
·	Fund name/share class or fund number	Investm	ent amount n. per fund)			
		\$				
		\$				
		\$				
		\$				
Step 2:	Choose the start date and investment frequency for your plan	ı .				
	Note: American Funds must receive your request at least fiv provided below, the automatic plan will be established and will occur monthly thereafter.				•	
	A. Transactions should begin during the month of					
	B. Transactions should occur on the following date(s) of the r	month	,	(e.g., 8th, 19	th)
	C. Frequency of automatic transactions:	Every other month	Quarterly	An	nually	
Step 3:	Tax reporting instructions for Traditional or Roth IRA contributions	tions.				
	Unless otherwise indicated, all investments will be reported as	s current-year contrib	utions.			
	Check this box to have investments you make between Ja	anuary 1 and April 15	reported as prior	-year con	tributions.	
Ston 4:	Choose a stop date (optional). Transactions should stop on the	o following data				

(mm/dd/yyyy)

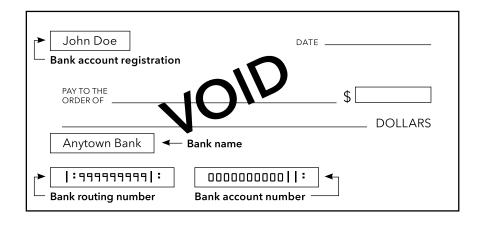
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Bank information

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.**

Tape your check here.



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.

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 B			Bank routing number		
		Checking	OR	Savings	
Bank account number	Bank account registration (the name preprinted on the check)	-			

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.



Automatic Investment Plan Request



Signature/Signature guarantee

I/We authorize American Funds Service Company® (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/We authorize the bank to accept any such credit or debit to my/our account without responsibility for its correctness. I/We understand that amounts invested may not be withdrawn for 7 business days.

I/We agree to hold harmless and indemnify AFS; 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 AFS establishing these privileges or acting on such instructions.

I/We understand that this authorization may be terminated by me/us at any time by telephone or written notification to AFS. The termination request will be effective as soon as AFS has had reasonable time to act upon it.

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.

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

			X		
Signature of fund account owner	Date	(mm/dd/yyyy)	Signature of fund account co-owner	Date	(mm/dd/yyyy)
X		1 1	X		1 1
Signature of bank account owner (if different from above)	Date	(mm/dd/yyyy)	Signature of bank account co-owner (if different from above)	Date	(mm/dd/yyyy)
The bank account owner's/co-c the bank account registration.	owner's sigr	nature(s) must be ç	guaranteed if the name of the American	Funds acc	count owner is not on
				omostic st	and avalance or the
Financial Industry Regulatory Aut	thority that is	an eligible guaranto	ssociation, credit union, member firm of a door institution. A notary public is NOT an addwritten guarantee that is accompanied by	cceptable	guarantor. The

If a signature guarantee is required, this form must be mailed.