



- 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) of owner(s)		Account number	
Address	City	State	ZIP
Email address*		() Daytime phone	

☐ Check here to update the mailing address on your account(s).

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

2 Instructions

Complete steps 1–2. Complete steps 3 and 4 if applicable. Investments continue automatically until American Funds receives instructions to stop. For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.

NOTE: Fund minimums must be met within the first five months of account establishment.

Fund minimums: \$1,000 each for money market, interval and state-specific tax-exempt bond funds or \$250 each for all other funds.

Step 1: Identify the investments being selected. (If you need more space, attach a separate page.)

Fund name/share class or fund number	Investment amount (\$50 min. per fund)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Step 2: Choose the start date and investment frequency for your plan.

Note: American Funds must receive your request at least five business days prior to the first transaction date requested. If no date is provided below, the automatic plan will be established on the date received. Transactions will begin the following month and will occur monthly thereafter.

A. Transactions should begin during the month of _____

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

C. Frequency of automatic transactions: ☐ Monthly ☐ Every other month ☐ Quarterly ☐ Annually

Step 3: Tax reporting instructions for Traditional or Roth IRA contributions.

Unless otherwise indicated, all investments will be reported as current-year contributions.

☐ Check this box to have investments you make between January 1 and April 15 reported as prior-year contributions.

Step 4: Choose a stop date (optional). Transactions should stop on the following date _____
(mm/dd/yyyy)



3 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.

Diagram of a voided check with labels for fields: John Doe, DATE, Bank account registration, PAY TO THE ORDER OF, \$, DOLLARS, Anytown Bank, Bank name, Bank routing number, Bank account number.

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 _____ 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.



4 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)	X _____ Signature of fund account co-owner	_____ / _____ / _____ Date (mm/dd/yyyy)
X _____ Signature of bank account owner (if different from above)	_____ / _____ / _____ Date (mm/dd/yyyy)	X _____ Signature of bank account co-owner (if different from above)	_____ / _____ / _____ Date (mm/dd/yyyy)

The bank account owner's/co-owner's signature(s) must be guaranteed if the name of the American Funds account owner is not on the bank account registration.

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