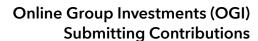


Online Group Investments (OGI) Submitting Contributions

- For new plans, submit this form with your initial plan paperwork.
- An email will be sent to each contact with instructions for getting started.
- To add or remove contacts after the plan is established, the plan sponsor may call us at (800) 421-4225, ext. 39.
- Changes to existing contacts must be authorized by the plan sponsor currently listed on the plan. If the plan sponsor on file is unable to call us or sign this form, additional documentation is required. Contact us for instructions.

1 Employer information	n					
				- 🗆 🗆		
Plan ID (if known)	Name of company		EIN			
Company address		City			State ZIP	
	words should not be shared wit	use it to update employee investm th others. Employer contacts will co			•	
A. Plan sponsor — The plan sponsor paperwork related to plan establish remove employer contacts.				-		-
			()	Ext.	
Name of plan sponsor			Daytir	me phone		
information with Capital Group. Name of plan contact			() me phone	Ext.	
Email address* — required We require an email address to send you log in within seven days to customize you	ur password. We respect your	•				ease
Third-party remitter – Complete this section only if you a		have access to information and ma	ke contribution	s. A separate	e user ID will be assi	gned.
			()	Ext.	
lame of third-party remitter (business name)			Daytii	me phone		
Name of third-party contact		Email address* — requi	ired			
Address		City			State ZIP	
Relationship to the company (payroll compan	v advisor CPA etc.)			Existing OG	GI user ID (if applicable	<u>-)</u>

^{*}We require an email address to send you a user ID and a link to the OGI website so that you can submit contributions online. Upon receiving the email, please log in within seven days to customize your password. We respect your privacy. For more information on our privacy policy, visit **www.capitalgroup.com**.





Z	
	-

${\bf Remove\ contacts-if\ applicable}$

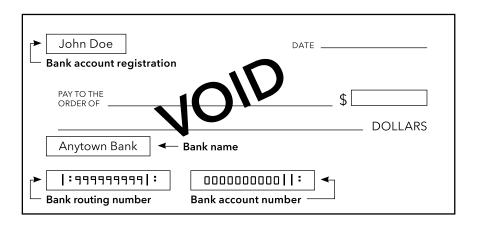
Provide the name of any individual who should no longer have access to the plan. Online user IDs will be deactivated.					
Name	Name				
Check here to remove ALL existing contacts. They will be replaced by	the new contacts listed in Sections 2 and 3.				

5

Bank information

If not attaching a voided check here, you can submit bank information on the OGI website after receiving a user ID. If attaching a check, the unsigned, voided check you attach below **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple.**

Tape your check here.







Plan sponsor authorization

I have the authority to act on behalf of the Employer and agree to submit contributions electronically via ACH through the OGI website.

I understand that: 1) the OGI contacts designated on this form are authorized users of the OGI website and will have access to the website to update employee investment allocations and to instruct Capital Bank and Trust Company (CB&T) or American Funds Service Company (AFS) to initiate ACH transactions to fund the contributions; 2) immediate notification to CB&T or AFS is needed if a contact is to be removed and/or replaced; and 3) unique user IDs will be provided to the contacts via email (as indicated within this form).

CB&T and AFS are hereby authorized to access the bank account/information provided on this form or the OGI website to withdraw money in respect of contributions via ACH.

In consideration of CB&T and AFS acting on such instructions and processing such transactions, I agree to hold harmless and indemnify CB&T and AFS; any of their 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 CB&T and AFS establishing these privileges or acting on such instructions.

lame of plan sponsor (print)	Title	
(1 1
authorized plan sponsor signature		Date (mm/dd/yyyy)
his document may not be signed using Adobe Acrobat Reader's "	fill and sign" feature.	
ins document may not be signed using Adobe Actobat Reader's	ini and sign feature.	

For more information about submitting contributions, call (800) 421-4225, ext. 39.

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 6164 Indianapolis, IN 46206-6164

Overnight mail address 12711 N. Meridian St. Carmel, IN 46032-9181



American Funds Service Company P.O. Box 2560 Norfolk, VA 23501-2560

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

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4371