

1 Required supporting documentation

Registration type	Required supporting documentation
Trust	The title page, signature page and trustee assignment page
Estate	Letters Testamentary or Letters of Administration, identifying the name of the decedent and the administrator or executor
Corporation	<ul style="list-style-type: none"> • <i>Entity Beneficial Owners</i> form (attached) and • Certified articles of incorporation OR a government-issued document verifying the existence of the entity
Unincorporated business (e.g., an organization, partnership, limited liability company)	<ul style="list-style-type: none"> • <i>Entity Beneficial Owners</i> form (attached) and • A government-issued document verifying the existence of the business
Nonprofit organization (e.g., a school, library, museum, community foundation)	<ul style="list-style-type: none"> • <i>Entity Beneficial Owners</i> form (attached) 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

2 Information about the entity

A. _____
Name of entity

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

EIN or TIN of entity (provide the last four digits)

B. Authority of trustees to act: joint versus independent (if applicable)

If you are establishing a trust account with multiple trustees, select one:

Trustees must act jointly. If a financial or account maintenance request must be submitted in writing, **all** trustees must sign.

OR

Trustees may act independently. If a financial or account maintenance request must be submitted in writing, **only one** trustee signature is needed.

Notes: • If no selection is made, trustees must act jointly.

- Requests that can be made via phone only require one trustee to act.



3 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.

4 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 name or number	Dividends	Capital gains	Cross-reinvest into fund (if applicable)
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.

Investors opening an account for a legal entity — such as a corporation, organization, partnership, limited liability company or nonprofit — should complete and sign this form to provide or update beneficial owner information. Federal regulations require American Funds to obtain and verify this information. For the purposes of this form, the beneficial owners are 1) each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the entity, and 2) a single individual with significant responsibility for controlling, managing or directing the legal entity.

Information provided on this document will be used to verify the beneficial owners' identities. For example, identities may be verified through the use of a database maintained by a third party. If American Funds is unable to verify the individuals' identities, American Funds may need to take action, possibly including closing the account and redeeming the shares at the current market price, and such action may have tax consequences, including a tax penalty.

If you are updating information on an existing account, you must provide all the information requested in Sections 2 and 3, even if you are only updating the information for one individual.

1 Entity information

Please type or print clearly.

Full legal name of entity _____ Account number (if applicable) _____

Physical address of entity (no P.O. boxes) _____ City _____ State _____ ZIP _____

2 Owner information

If any owner is not a U.S. citizen or has not been issued an SSN, contact us at (800) 421-4225, ext. 71 for additional information.

Provide information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the entity.

Check this box if no individual owns 25% or more of the equity interests of the entity.

1.	<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"/> <input type="text"/> <small>SSN</small>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Date of birth (mm/dd/yyyy)</small>	<input type="text"/> (<input type="text"/>) <input type="text"/> <small>Daytime phone</small>	<input type="text"/> Ext. <small>Ext.</small>	
	_____	_____	_____	_____	
	<small>Name of owner</small>		<small>Country of citizenship</small>		<small>% ownership</small>
	_____	_____	_____	_____	
	<small>Residence or business address (physical address required — no P.O. boxes)</small>		<small>City</small>	<small>State</small>	<small>ZIP</small>

2.	<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"/> <input type="text"/> <small>SSN</small>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Date of birth (mm/dd/yyyy)</small>	<input type="text"/> (<input type="text"/>) <input type="text"/> <small>Daytime phone</small>	<input type="text"/> Ext. <small>Ext.</small>	
	_____	_____	_____	_____	
	<small>Name of owner</small>		<small>Country of citizenship</small>		<small>% ownership</small>
	_____	_____	_____	_____	
	<small>Residence or business address (physical address required — no P.O. boxes)</small>		<small>City</small>	<small>State</small>	<small>ZIP</small>

3.	<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"/> <input type="text"/> <small>SSN</small>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Date of birth (mm/dd/yyyy)</small>	<input type="text"/> (<input type="text"/>) <input type="text"/> <small>Daytime phone</small>	<input type="text"/> Ext. <small>Ext.</small>	
	_____	_____	_____	_____	
	<small>Name of owner</small>		<small>Country of citizenship</small>		<small>% ownership</small>
	_____	_____	_____	_____	
	<small>Residence or business address (physical address required — no P.O. boxes)</small>		<small>City</small>	<small>State</small>	<small>ZIP</small>

2 Owner information
(continued)

4. - - - - () Ext.

SSN Date of birth (mm/dd/yyyy) Daytime phone

Name of owner Country of citizenship % ownership

Residence or business address (physical address required — no P.O. boxes) City State ZIP

3 Control person/authorized person

This section must be completed, even if the control person/authorized person was previously identified in Section 2. If the control person/authorized person is not a U.S. citizen or if an SSN has not been issued, contact us at (800) 421-4225, ext. 71 for additional information.

Provide information for one individual with significant responsibility for managing the entity, such as a chief executive officer, chief financial officer, managing member, general partner, president, vice president or treasurer.

- - - - () Ext.

SSN Date of birth Daytime phone

Name of control person/authorized person Title of control person/authorized person Country of citizenship

Residence or business address (physical address required — no P.O. boxes) City State ZIP

4 Signature of control person/authorized person

I hereby certify, to the best of my knowledge, that the information provided on this form is complete and correct.

Name of control person/authorized person (print) Title

X _____
Signature of control person/authorized person Date (mm/dd/yyyy)

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

Please mail or fax this form to the appropriate service center.
(If you live outside the U.S., mail the form to the Indiana Service Center.)



Indiana Service Center
American Funds Service Company
P.O. Box 6007
Indianapolis, IN 46206-6007
Overnight mail address
12711 N. Meridian St.
Carmel, IN 46032-9181
Fax (888) 421-4351



Virginia Service Center
American Funds Service Company
P.O. Box 2280
Norfolk, VA 23501-2280
Overnight mail address
5300 Robin Hood Rd.
Norfolk, VA 23513-2430
Fax (888) 421-4351

If you have questions or require more information, contact your financial professional or call American Funds Service Company at (800) 421-4225, ext. 78.