

This form can only be used for accounts that are established as either Individual or Joint Tenants With Rights of Survivorship.

Important: The beneficiaries named on this form will replace any existing beneficiary information listed on your account. You must specify ALL Primary and Contingent Beneficiaries on this form even if you are changing only one beneficiary.

1 Account information and state of residence

I acknowledge that this account is being established under the Uniform Transfer on Death Security Registration Act ("TOD Act") of the state of residence indicated below, 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 this document.

Name of account owner _____ Name of account co-owner (if applicable) _____

Address _____ City _____ State _____ ZIP _____

Email address* _____ () _____
Daytime phone

State of residence _____ Account number _____

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

2 Beneficiary designation

We encourage you to consult a professional regarding the tax-law and estate planning implications of your beneficiary designation. All stated percentages must be whole percentages (e.g., 33%, not 33.3%). If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally.

I revoke all previous designations and direct that my American Funds account be distributed upon my death to the designated beneficiary(ies) below. If any beneficiary survives me but fails to survive transfer of his or her entire share, then the remaining portion of such beneficiary's share shall be transferred to such beneficiary's estate.

Notes: • Your spouse may need to sign in Section 3. If you wish to name more than one trust or entity, customize your designation or need more space, attach a separate page. Include the name, address, relationship, date of birth or trust, SSN/TIN and percentage for each beneficiary.

- If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."
- In the event the beneficiary is a minor, American Funds Service Company® may take instruction to transfer the proceeds to a custodian under the applicable state's Uniform Transfers to Minors Act.

A. Primary Beneficiary(ies): If any designated Primary Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries unless otherwise indicated. If no Primary Beneficiaries survive me, assets will be paid to the named Contingent Beneficiaries, if any.

1. _____
First name MI Last Suffix

OR _____
Name of trust or other entity

Address _____ City _____ State _____ ZIP _____

Child Parent Spouse* Sibling Other Entity or trust _____ %
Date of birth or trust (mm/dd/yyyy) SSN/TIN Whole % only

Continued on next page



2 Beneficiary designation

(continued)

2. _____ MI _____ Last _____ Suffix _____
First name

_____ City _____ State _____ ZIP _____
Address

Child Parent Spouse* Sibling Other _____ %
Date of birth (mm/dd/yyyy) SSN Whole % only

3. _____ MI _____ Last _____ Suffix _____
First name

_____ City _____ State _____ ZIP _____
Address

Child Parent Spouse* Sibling Other _____ %
Date of birth (mm/dd/yyyy) SSN Whole % only

Important: Section 2-A must be completed prior to completing Section 2-B.

B. Contingent Beneficiary(ies): If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Contingent Beneficiaries unless otherwise indicated. If no Contingent Beneficiaries survive me, assets will be paid to my estate.

1. _____ MI _____ Last _____ Suffix _____
First name

OR _____
Name of trust or other entity

_____ City _____ State _____ ZIP _____
Address

Child Parent Spouse* Sibling Other Entity or trust _____ %
Date of birth or trust (mm/dd/yyyy) SSN/TIN Whole % only

2. _____ MI _____ Last _____ Suffix _____
First name

_____ City _____ State _____ ZIP _____
Address

Child Parent Spouse* Sibling Other _____ %
Date of birth (mm/dd/yyyy) SSN Whole % only

3. _____ MI _____ Last _____ Suffix _____
First name

_____ City _____ State _____ ZIP _____
Address

Child Parent Spouse* Sibling Other _____ %
Date of birth (mm/dd/yyyy) SSN Whole % only

* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.



3 Spousal consent to TOD beneficiary designation — if required

This section is not required if the co-owners are married to each other.

Note: If you are married to the account owner (or any account co-owner) and he or she designated a Primary Beneficiary(ies) other than you, please consult your financial professional about the state-law and tax-law implications of this beneficiary designation, including the need for your consent.

I am the spouse of the account owner (or any co-owner) named in Section 1, and I expressly consent to the beneficiary(ies) designated in Section 2 or attached. I agree to indemnify and hold harmless American Funds Service Company (AFS); each investment company served by AFS; each of the AFS-affiliated companies; and each of their respective directors; trustees; officers; and employees from and against any and all losses and liabilities (including court costs and reasonable attorney’s fees) resulting from AFS acting on this *Transfer on Death (TOD) Registration Request*, maintaining this account or transferring assets from this account in accordance with this request.

	X	/ /
Name of account owner’s spouse (print)	Signature of spouse	Date (mm/dd/yyyy)

	X	/ /
Name of account co-owner’s spouse (print)	Signature of spouse	Date (mm/dd/yyyy)

4 Your signature
All registered account owners must sign.

By establishing this account, I agree to indemnify and hold harmless American Funds Service Company (AFS); each investment company served by AFS; each of the AFS-affiliated companies; and each of their respective directors; trustees; officers; and employees from and against any and all losses and liabilities (including court costs and reasonable attorney's fees) resulting from AFS acting on this *Transfer on Death (TOD) Registration Request*, maintaining this account or transferring assets from this account in accordance with this request.

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

X _____ / /
Signature of account owner Date (mm/dd/yyyy)

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

Louisiana residents only: The account owner's signature must be notarized **OR** two witnesses who are not being named as beneficiaries must sign below.

Sworn to and subscribed before me, this _____ day of _____, _____
Month Year

in the County of _____, State of _____

X _____ / /
Signature of notary public Date commission expires (mm/dd/yyyy)

NOTARY: Affix seal here.

If this form includes a notary signature, it must be mailed.

Name of witness (print)

X _____
Signature of witness

Name of witness (print)

X _____
Signature of witness

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



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Carmel, IN 46032-9181



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Norfolk, VA 23513-2430

Investor upload www.capitalgroup.com/submit | **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.