

DO NOT use this form if requesting a tax-free charitable contribution from your IRA. Instead, use the *Required Minimum Distribution (RMD) Request* available at www.capitalgroup.com, or from your financial professional.

Donor instructions

Use this form to give shares from your American Funds account as a gift to a charitable organization.

Complete Sections 1–3, as applicable, then send this form to the recipient for acceptance, certification of taxpayer identification number and instructions for disposition of shares.

- Any tax questions resulting from this transfer or withdrawal should be directed to your tax advisor.
- Since the transfer of shares does not result in a sale of securities, the donor may not incur a taxable event; however, a gift tax may be applicable. Consult your tax advisor before making the transfer.
- If you are holding stock certificates for shares involved in this request, return them by registered or certified mail, along with this form. Without them, we will not be able to honor your request. **DO NOT** sign the certificates.

Recipient instructions

You are being given shares of American Funds mutual funds.

Complete Sections 4–9, as applicable. You must also complete the *Entity Beneficial Owners* form. Attach 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 business. Return the forms and documentation to the appropriate American Funds Service Company location listed on page 7.

- Contact us at **(800) 421-4225, ext. 78** if you have questions about these requirements, the fund(s) or need help completing the forms.
- Any tax questions resulting from this transfer or withdrawal should be directed to your tax advisor.

1 Donor account information

Enter the information exactly as it appears on your existing American Funds account statement.

Account registration	Account number		
Address	City	State	ZIP
Email address*	()	Daytime phone	

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

2 Gift transfer of shares instructions

For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

Fund name or number	Amount	Number of shares	Percentage
_____	\$ _____	OR _____	OR _____%
_____	\$ _____	OR _____	OR _____%
_____	\$ _____	OR _____	OR _____%
_____	\$ _____	OR _____	OR _____%
Total \$		OR	
_____		_____	



3 Donor authorization and signature guarantee

Authorize the transfer of shares here. For your protection, transfers from your account to others are not available unless this section is completed.

Additional documentation may be required for transfers of shares held in corporate, partnership or authorization fiduciary accounts. Contact us at (800) 421-4225, ext. 78 for more information.

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

Name of co-owner, if applicable (print) _____ X _____ / /
Signature of co-owner Date (mm/dd/yyyy)

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

A signature guarantee is required and must be performed 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.

4 Recipient account information

Select A or B.

Note: Attach 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 business. You must also complete the Entity Beneficial Owners form on pages 6-7. If you have questions about these requirements, call us at (800) 421-4225, ext. 78.

A. Our charitable organization currently has an account with American Funds registered as indicated below. The shares should be transferred to this existing account.

Account name (exactly as it appears on the account registration) _____ Account number _____

OR

B. Our charitable organization does not have an account with American Funds. The account should be registered as follows and the shares transferred to this account.

Name of charitable organization _____ TIN (required by law) [] [] [] [] [] [] [] [] [] []

Address of entity (physical address required — no P.O. boxes) _____ City _____ State _____ ZIP _____

5 Recipient decline online/telephone exchanges and/or withdrawal privileges — optional

Online/telephone exchange and withdrawal privileges will automatically be enabled on your account unless you decline below. To decline these privileges, read the individual statements and check the applicable box(es).

Note: If either option is declined, no one associated with this account, including your financial professional will be able to request exchanges or withdrawals via the website or by telephone. Requests would need to be submitted in writing.

Exchanges: I **DO NOT** want the option of using the online/telephone exchange privilege.

Withdrawals: I **DO NOT** want the option of using the online/telephone withdrawal privilege.

6 Recipient instructions

Provide instructions for the donated shares. Select **A**, **B** or **C**. A signature guarantee is required in Section 9 for withdrawals exceeding \$250,000.

A. Hold all shares on deposit until further notice.

Note: Shares will automatically be deposited into the account unless otherwise requested.

B. Withdraw all shares and send the check to the address of record.

C. Withdraw shares as indicated below and send the check to the address of record.

Fund name or number	Amount	Number of shares	Percentage
_____	\$ _____	OR _____	OR _____%
_____	\$ _____	OR _____	OR _____%
_____	\$ _____	OR _____	OR _____%
_____	\$ _____	OR _____	OR _____%
Total \$ _____		OR _____	

7 Recipient financial professional information

This section **must** be filled out completely by the financial professional(s).

We authorize American Funds Service Company (AFS) to act as our agent for this account and agree to notify AFS of investments made under a Statement of Intention or Rights of Accumulation.

 Name(s) of professional(s) Professional/team ID # Branch number () Ext. Daytime phone

 Branch address City State ZIP

 Name of broker-dealer firm (as it appears on the Selling Group Agreement) **X** Signature of person authorized to sign for the broker-dealer

8 Recipient account owner signatures and certification
Authorize acceptance of the shares and withdrawal, if applicable, here.

I have read the applicable prospectus(es) and this document. I agree to all their terms and I authorize the instructions in this document. I agree to indemnify and hold harmless AFS; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents for any losses, expenses, costs or liability (including attorney fees) that may be incurred in connection with these instructions or the exercise of online/telephone exchange and/or withdrawal privileges or arising from such instructions once the online/telephone exchange and/or withdrawal privileges have been established.

I understand that exchanges between funds may be taxable transactions. I authorize the financial professional assigned to my account to have access to my account and to act on my behalf with respect to my account.

I understand that information provided on this application will be used to verify the charitable organization listed in this document. For example, the organization may be verified through the use of a database maintained by a third party. If American Funds Service Company is unable to verify this information, I understand it may need to take action, possibly including closing the account and withdrawing the shares at the current market price and that such action may have tax consequences, including a tax penalty.

By the authorized signature(s) below, the charitable organization listed in Section 4 accepts the gift of transferred shares and authorizes the withdrawal requested in Section 6 (if applicable). If a new account is being established, I certify under penalty of perjury that:

1. the Social Security or taxpayer identification number shown in Section 4 is correct;
2. the IRS has never notified me that I am subject to backup withholding or has notified me that I am no longer subject to such backup withholding;
3. I am a U.S. citizen or a legal U.S. resident; and
4. the entity is exempt from Foreign Account Tax Compliance Act (FATCA) reporting (if applicable).

Check this box if you are subject to backup withholding and cannot certify to item 2 above.

NOTE: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____ / /
 Authorized signature representing the charitable organization listed in Section 4 Date (mm/dd/yyyy)

X _____ / /
 Authorized signature representing the charitable organization listed in Section 4 (if applicable) Date (mm/dd/yyyy)

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

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 withdrawing 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

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. - - () 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 _____

2. - - () 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. - - () 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 _____

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.

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, ext. 78.