

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 redemption of securities 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.

Donor account information

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 redemption of securities should be directed to your tax advisor.

ccount registration		Account number		
Idress	City		State	ZIP
nail address*		Daytime phone		
our privacy is important to us. For information on our privacy poli	icies, visit www.capitalgroup.com			
Gift transfer of shares instructions				
For fund names and numbers, review your statement or acc	cess your account at www.capitalg	roup.com.		
For fund names and numbers, review your statement or acc	cess your account at www.capitalg Amount	roup.com. Number of share	s	Percentage
	Amount	Number of share		J
Fund name or number	Amount \$	Number of share	OR	
Fund name or number	Amount \$	Number of share OR OR	OR OR	Percentage
Fund name or number	**************************************	Number of share OR OR OR	OR OR OR	



ZIP

Authorize the transfer of shares	s here. For your protection, transfers from your account to others are n	not available unless this	s section is completed.
Additional documentation may be rus at (800) 421-4225, ext. 78 for m	required for transfers of shares held in corporate, partnership on the information.	or authorization fiduc	ciary accounts. Contac
	X		1 1
Name of owner (print)	Signature of owner	Date	(mm/dd/yyyy)
	X		1 1
lame of co-owner, if applicable (print)	Signature of co-owner	Date	(mm/dd/yyyy)
his document may not be signed	d using Adobe Acrobat Reader's "fill and sign" feature.		
acceptable guarantor. The guarantor acceptable guarantor are guarantors are guarantors.	dustry Regulatory Authority that is an eligible guarantor institut ntee must be in the form of a stamp or a typewritten or handwi	ritten guarantee that	is accompanied
Stamp signature or med	dallion guarantee here. Stamp signa	nture or medallion gu	uarantee here.
⚠ Recipient account in	oformation		
Select A or B.			
Select A or B. Note: Attach a copy of the 501(c)(3 document verifying the existe	Information 3) federal determination letter verifying that the organization is ence of the business. You must also complete the <i>Entity Bene</i> these requirements, call us at (800) 421-4225, ext. 78 .		
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Address of entity (physical address required — no P.O. boxes)

City





R	cipient decline telephone and	website	exchanges	and/or	redemption	privileges –	– optional
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-	_		=	=	nt unless you decline below	<i>1</i> .
					be able to request exchanges	3
Excha	nges: I DO NOT want the option of using	g the telephone and w	ebsite exchange privi	lege.		
Telephone and website exchange and redemption 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 redemptions by telephone or via the website. Requests would need to be submitted in writing. Exchanges: I DO NOT want the option of using the telephone and website exchange privilege. Redemptions: I DO NOT want the option of using the telephone and website redemption privilege. Recipient instructions Provide Instructions for the donated shares. Select A, B or C. A signature guarantee is required in Section 9 for redemptions exceeding \$125,000. A. Hold all shares on deposit until further notice. Note: Shares will automatically be deposited into the account unless otherwise requested. B. Redeem all shares and send the check to the address of record. C. Redeem 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 % Total \$ OR OR OR Portall \$ OR OR OR Portall \$ OR OR OR Portall \$ OR OR OR OR OR Portall \$ OR OR OR OR OR OR OR OR Portall \$ OR						
0	Provide instructions for the donated shares.		ature guarantee is require	ed in Section 9 for reder	nptions exceeding \$125,000.	-
	·		alaaa athamuisa raa	aatad		
_				uestea.		
_						
С	Redeem shares as indicated below and	send the check to the	e address of record.			
	Fund name or number		Amount	Number o	f shares Percentage	
		\$		OR	OR	%
		\$		OR	OR9	6
		\$		OR	OR	6
		\$		OR	OR	6
		Total \$ =		OR		
	Recipient financial professio This section must be filled out completely by	the financial profession	al(s).			_
	thorize American Funds Service Compa ement of Intention or Rights of Accumula	-	agent for this accoun	t and agree to notify	AFS of purchases made unde	r
Nama(a)	of professional/s)	- Drofossional/toam ID d	- Dranch number	()	Ext.	_
ivaine(S)	of professional(s)	Professional/team ID #	Branch number	Daytime ph	one	centage
Branch a	address		City		State ZIP	_
Name of	f broker-dealer firm (as it appears on the Selling	Group Agreement)	Signature of person a	uthorized to sign for the b	oroker-dealer	_





Recipient account owner signatures and certification

Authorize acceptance of the shares and redemption, 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 the telephone or website purchase, exchange and/or redemption privileges or arising from such instructions once the telephone and website exchange and redemption 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 redeeming 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 redemption 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 su	bject to backup withholdi	ng 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		1 1	
Authorized signature representing the charitable organization listed in Section 4	Date	(mm/dd/yyyy)	
x		1 1	
Authorized signature representing the charitable organization listed in Section 4 (if applicable)	Date	(mm/dd/vvvv)	

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





Recipient signature guarantee

Complete this section ONLY if you have chosen to redeem donated shares in an amount exceeding \$125,000.

If a signature guarantee is required, the guarantee 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.

Note: A medallion guarantee is acceptable in place of a signature guarantee.

X		1	1
Authorized signature representing the charitable organization	Date	(mm/dd/y	уууу)
X		1	1
Authorized signature representing the charitable organization (if applicable)	Date	(mm/dd/y	уууу)
This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.			
Stamp signature or medallion guarantee here. Stamp signature or medallion guarantee here.	dallion gı	uarantee	here.

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.



Entity Beneficial Owners

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.

	Entity information					
Fu	ıll legal name of entity			Account number (if	applicable)	
Ph	nysical address of entity (no P.O. boxes)		City		State	ZIP
	Owner information If any owner is not a U.S. citizen or has not been is rovide information for each individual, if any, who, therwise, owns 25% or more of the equity interests. Check this box if no individual owns 25% or more	directly or indirectly, throug s of the entity.	gh any contract, arrai			ionship or
1.	SSN	Date of birth (mm/dd/yyyy)		() Daytime phone	Ext	t.
	Name of owner		Country of citizens	hip		% ownership
2.	Residence or business address (physical address required by SSN	d — no P.O. boxes) Date of birth (mm/dd/yyyy)	City	Daytime phone	State	ZIP
	Name of owner		Country of citizens	hip		% ownership
3.	Residence or business address (physical address required SSN	d — no P.O. boxes) Date of birth (mm/dd/yyyy)	City	Daytime phone	State	ZIP
	Name of owner		Country of citizens	hip		% ownership
	Residence or business address (physical address require	d — no P.O. boxes)	City		State	ZIP

Entity Beneficial Owners

Owner informa	ition							
(continued)								
]-[] [] []	Data of high (mm/dd/)]-		(Doutin)	Ex	xt.
SSN		Date of birth (mm/dd/yy	уу)		Daytiii	ne phone		
Name of owner			Cour	ntry of citizensh	nip			% ownersh
Residence or business addres	ss (physical address required	— no P.O. boxes)	City				State	ZIP
Control person	/authorized perso	on						
-	ompleted, even if the control		on was previou	ısly identified i	in Sectioi	n 2. If the c	ontrol persor	n/authorized
	zen or if an SSN has not be	•	-	-			-	
ovide information for one i		•		ntity, such as	a chief	executive	officer, chi	ef financial
icer, managing member, g	general partner, presider	nt, vice president or tre	asurer.					
					()	Ex	vt
		Date of birth			Daytin	ne phone		Λι.
me of control person/authorize	d person	Title of control pers	 on/authorized ¡	person	C	ountry of cit	izenship	
sidence or business address (p		no P.O. boxes)	City				State	ZIP
Signature of co	ntrol person/auth	norized person						
ereby certify, to the best o	of my knowledge, that the	e information provided	on this form	is complete	and cor	rect.		
me of control person/authorize	d person (print)			Т	itle			
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nature of control person/author	rized person					Date	/ (mm/dd/yy	/ /yy)
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in maining, choose the se	-			i vice Cente	. 11 you 1			vias Camar -
_	American Funds Ser P.O. Box 6007	rvice Company			1	P.O. Box 2		vice Compa

American Funds Service Compa P.O. Box 2280 Norfolk, VA 23501-2280 Overnight mail address

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

Financial professional upload www.capitalgroup.com/upload

Indianapolis, IN 46206-6007

Overnight mail address

12711 N. Meridian St. Carmel, IN 46032-9181

Fax (888) 421-4351

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