

Investment Advisor Representative (IAR) to Act as Agent

This form must be completed and signed by an authorized signer for the RIA firm and account owner(s) before being faxed or mailed.

Account information						
Please type or print clearly.						
First name of owner	MI	Last				
First name of co-owner (if applicable)	MI	Last				
Address		City			State	ZIP
			()		
Email address*			Daytir	ne phone		
Only accounts listed in this section will be changed. You must provi	ide at le	east one accou	nt number.			
Check here if the mailing address entered above is new. Our re		•				
* Your privacy is important to us. For more information about our privacy pol	licies, vi	sit www.capital (group.com.			
IAR registration						
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You are authorized to act as our agent in connection with transaction	ons und	ler the authoriz	ation referred to b	elow.		
You are authorized to act as our agent in connection with transactic IAR information	ons und	ler the authoriz	ation referred to b	elow.		
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Name of IAR Address (if different from firm address)	(City	Fina Ext.	ncial profes	State)	_
Name of IAR Address (if different from firm address) Email address	(City	Fina Ext.	ncial profes	State)	ZIP
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† Financial professional number or firm number may be assigned by American Funds. If you need assistance, call **(800) 421-5450**.

Signature(s)

I authorize the designated IAR to have access to my account and to act on my behalf with respect to my account. This authorization does not otherwise alter the terms and provisions of such account, and the IAR, by providing information and obtaining an RIA firm authorized signature in Section 2, agrees to act as my agent in accordance therewith. If applicable, I acknowledge that I have received and read a copy of my financial professional's SEC Form CRS.

I hold harmless and indemnify American Funds Service Company (AFS); any of its 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 AFS acting on my instructions or the instructions of the IAR designated herein.

I understand that this appointment shall survive my incapacity and will remain in effect, and you may rely upon it, until the earlier of (1) my designation of another financial professional to have access to my account; (2) my providing you notice of termination as set forth below; or (3) your receipt of a death certificate verifying my death.

I understand that this authorization may be terminated by me at any time by telephone or written notification to AFS. The termination request will be effective as soon as AFS has had reasonable time to act upon it.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronically signed copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document.

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

X		/	/	
Signature of owner	Date	(mm/do	d/yyyy)	
X		/	1	
Signature of co-owner (if applicable)	Date	(mm/do	d/yyyy)	

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.