



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

# 1 Account information

First name of owner MI Last

First name of co-owner (if applicable) MI Last

Address City State ZIP

Email address\* Daytime phone ( )

Only accounts listed in this section will be changed. You must provide at least one account number.

Check here if the mailing address entered above is new. Our records will be updated accordingly.

\* Your privacy is important to us. For more information about our privacy policies, visit [www.capitalgroup.com](http://www.capitalgroup.com).

# 2 IAR registration

You are authorized to act as our agent in connection with transactions under the authorization referred to below.

## IAR information

Name of IAR Financial professional number†

Address (if different from firm address) City State ZIP

Email address Daytime phone (if different from firm) Ext. Fax ( )

## RIA firm information

Name of RIA firm (as it appears on Form ADV or home office) Firm number† Daytime phone Ext. ( )

Firm address City State ZIP

801- SEC number IARD/CRD number State registration and number

By signing below, I certify that the firm listed above: **1)** is an RIA with a current Form ADV filed with the U.S. Securities and Exchange Commission or a state regulatory agency; **2)** is providing investment advisory services to the account owner(s) identified in Section 1; **3)** if applicable, has provided a copy of SEC Form CRS to the account owner(s) named on this form; **4)** indemnifies and holds harmless American Funds Service Company® (AFS) and 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 as a result of misrepresentations or omissions by the firm in connection with the firm making American Funds available to its clients; and **5)** acknowledges and agrees that AFS is not a qualified custodian under the Investment Advisers Act of 1940 Rule 206(4)-2 (the "Custody Rule").

**X** Signature of person authorized to sign for the RIA — required Date / / (mm/dd/yyyy)

† Financial professional number or firm number may be assigned by American Funds. If you need assistance, call (800) 421-5450.

### 3 Signature(s)

I authorize the designated IAR to have access to my account(s) and to act on my behalf with respect to my account(s). This authorization does not otherwise alter the terms and provisions of such account(s), 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(s); (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/dd/yyyy)

**X** \_\_\_\_\_ / /  
Signature of co-owner (if applicable) Date (mm/dd/yyyy)

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](http://www.capitalgroup.com/upload)

**Fax** (888) 421-4351

**For more information, contact your financial professional, visit [www.capitalgroup.com](http://www.capitalgroup.com) or call us at (800) 421-4225.**