

For employer use

Plan ID _____ Company name _____

- Notes:**
- Once the enrollment form has been signed, send it to the appropriate service center using the maps on page 8.
 - Submit contributions electronically via the Online Group Investments website.

For employee use

1 Account registration
Select only one type of account.

- Individual account* Tenants in Common
 Joint Tenants with Rights of Survivorship (N/A in LA or PR)* Gift/Transfer to a minor (UGMA/UTMA)†

*If you wish to add a Transfer on Death (TOD) beneficiary to the account registration, complete Section 6.

†Investments in an UGMA/UTMA account constitute an irrevocable gift to the minor. The custodian is responsible for transferring the property to the minor when the minor reaches the specified age. If the state allows a successor custodian to be named, and if you wish to name a successor custodian, American Funds must receive an *UGMA/UTMA Successor Custodian Designation* form.

2 Account owner information
Important: This section must be completed, and the application must be signed before an account can be established.

- -
 SSN - -
 Date of birth (mm/dd/yyyy) _____
 Country of citizenship

 Name of account owner or custodian, if applicable MI Last

 Residence address (physical address required — **no P.O. boxes**) City State ZIP

 Mailing address (if different from residence address) City State ZIP

 Email address* ()
 Daytime phone

 Name of co-owner or minor MI Last

 Residence address (if different from above — **no P.O. boxes**) City State ZIP

- -
 SSN - -
 Date of birth (mm/dd/yyyy) _____
 Country of citizenship

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

3 Investment instructions

You must complete A and B.

- Notes:**
- If no investment instructions are provided in this section, there will be a delay in establishing the account. Be sure to complete this section. If electing to invest by percentage, ensure the total percentage is equal to 100%.
 - For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.
 - If opening an account for an employee of a broker-dealer firm or another financial intermediary at Net Asset Value (NAV) under the NAV privilege for financial professionals, submit a *Sales Charge Exemption* form.

A. Select a share class: Class A **OR** Class C

B. Provide investment selection(s).

Invest my contribution(s) as instructed below. (If a fund is not specified, investments will be placed in the money market fund by default.)

Fund name or number	Amount (\$25 min. per fund)	Percentage
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
	Total \$ _____	OR _____%

- Notes:**
- To request automatic rebalancing, obtain and complete a *Mutual Fund Account Options* form, or set up the option once your account has been established at www.capitalgroup.com.
 - The American Funds cost basis default is Average Cost for this and all future accounts. To request a different cost basis method, obtain and complete a *Cost Basis Update Request*, or make the change online once your account has been established at www.capitalgroup.com.



4 Decline telephone and website exchange and/or redemption privileges — optional

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.

Telephone and website information

You will receive a welcome package including your new account number. Once you receive it, we encourage you to visit our website at www.capitalgroup.com/getstarted to set up online account access.

This will enable you to:

- Sell and exchange shares online.
- View current and past account balances as well as dividend and capital gain information.
- Manage your account information.
- Sign up for paperless delivery of tax forms, annual and semiannual reports, quarterly statements and prospectuses. (Include your email address in Section 2 if you are interested in this option.)

5 Link bank information to sell shares — optional

NOTE: If you selected to decline the redemption privilege in Section 4, you will *not* be eligible for this option.

Link my American Funds account(s) and bank account so that I can redeem shares by telephone and/or online at www.capitalgroup.com.

- Notes:**
- Attach an unsigned, voided check to Section 8.
 - Your election will apply to all of your current and future accounts.
 - You may cancel the ACH option at any time online at www.capitalgroup.com or by calling us at (800) 421-4225.
 - Once the sell option is established, there will be a 10-day waiting period before it can be used.

6 Transfer on Death (TOD) beneficiary designation — optional

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.

Important: Complete this section if you wish to add a beneficiary designation to your Individual or Joint Tenants With Rights of Survivorship account. Do not complete for Tenants in Common or Conservatorship/Guardianship account registrations. To add a Successor Custodian to an UGMA/UTMA account, submit an *UGMA/UTMA Successor Custodian Designation* form.

I 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 the 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 10. 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

2. _____
 First name MI Last Suffix

Address City State ZIP

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

3. _____
 First name MI Last Suffix

Address City State ZIP

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.

Continued on next page

6 Transfer on Death (TOD) beneficiary designation — optional

(continued)

Important: Section 6-A must be completed prior to completing Section 6-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. _____
 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

2. _____
 First name MI Last Suffix

Address City State ZIP

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

3. _____
 First name MI Last Suffix

Address City State ZIP

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.

6 Transfer on Death (TOD) beneficiary designation — optional
(continued)

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

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

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

in the County of _____, State of _____

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

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

7 Automatic dividends and capital gain reinvestments — optional

Dividends and capital gains will be reinvested for all of my fund selections unless declined below.

I **DO NOT** want all dividends and capital gains reinvested. (Complete the steps below.)

Transactions are established to continue automatically until American Funds receives instructions to stop.

All dividends and/or capital gains will be handled in the following manner:

Fund number	Dividends	Capital gains	Cross-reinvest into fund (if applicable; same share class only)
1. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	1. _____
2. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	2. _____
3. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	3. _____

Note: Cash payment of dividends and/or capital gains will be made electronically via ACH using the bank information provided in Section 8. Electronic deposits will be delivered to your bank within three (3) business days of the transaction date.

8 Bank information — if applicable

Attach an unsigned, voided check below. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple.**

Tape your check here.

John Doe _____ DATE _____
Bank account registration

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

Anytown Bank ← **Bank name**

|:999999999|: _____ 0000000000|: _____
Bank routing number **Bank account number**

Note: In lieu of a voided check, you may submit a letter from your bank providing registration, routing number, account number and account type (checking or savings). The letter must be on the bank's letterhead.

9 Financial professional

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 purchases made under a Statement of Intention or Rights of Accumulation. If applicable, we have provided a copy of our SEC Form CRS to the investor(s) named on this application.

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

 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 — **required**

10 Spousal consent to TOD beneficiary designation — if required

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

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 account co-owner) named in Section 2, and I expressly consent to the beneficiary(ies) designated in Section 6 or attached.

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

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

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

11 Your signature(s)

Important: You must sign in this section to open your new account.

I have read the applicable prospectus(es) and this enrollment form, I agree to all their terms and I authorize the instructions in this enrollment form. 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. If applicable, I acknowledge that I have received and read a copy of my financial professional's SEC Form CRS. I understand that I and all shareholders at my address will receive one copy of fund documents (such as annual reports and proxy statements) unless I opt out by calling (800) 421-4225.

If I have requested ACH privileges, I authorize AFS, upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to **1)** redeem fund shares from this account and deposit the proceeds into the bank account identified on this application; and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness. I understand that amounts invested may not be redeemed for 7 business days.

If I have designated a TOD beneficiary(ies), 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 in Section 1, 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.

I understand that to comply with federal regulations, information provided on this enrollment form will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If AFS is unable to verify my identity, I understand it may need to take action, possibly including closing my account and redeeming the shares at the current market price, and that such action may have tax consequences.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic 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. A copy of this document will be made available to me as required.

I certify, under penalties of perjury, that: **1)** the Social Security or taxpayer identification number shown in Section 2 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.

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 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

Fax (888) 421-4351

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.