

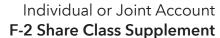
Individual or Joint Account F-2 Share Class Supplement

Information about	ut the account	owner(s)				
		_		$\times \times \times$	- X X -	
First name	MI	Last		SSN of account of	owner (provide the las	t four digits)
First name		Last		SSN of account of	owner (provide the las	t four digits)
State of residence			_			
Transfer on Deat	h (TOD) benef	ficiary designa	ation — optior	nal		
We encourage you to conspercentages must be who proportionately on the state	le percentages (e.g., 3	33%, not 33.3%). If the	e percentages do not	add up to 100%, each b	beneficiary's share w	
Important: Complete this sector account. Do not complete for 3 Successor Custodian to an UC	Tenants in Commor	n, UGMA/UTMA, or	Conservatorship/G	uardianship account	registrations. To a	-
I acknowledge that this accour of residence indicated in Secti established under the Californ law, the account will be admini	on 1, or, if my state ia TOD Act. Furthe	of residence has no rmore, I acknowled	ot adopted the unifo ge that, upon my de	orm TOD Act, I under	stand that this acc	ount will be
I direct that my American Func me but fails to survive the trans beneficiary's estate.		· · · · · · · · · · · · · · · · · · ·	_	-		-
Notes: • Your spouse may new more space, attach a each beneficiary.	_			-	-	
If you name a trust as	s beneficiary, provid	de the full legal nam	ne of the trust. Exar	nple: "The Davis Fan	nily Trust."	
 In the event the bene custodian under the 	-			y take instruction to	transfer the procee	eds to a
A. Primary Beneficiary(ies): among the surviving Primar named Contingent Beneficial	y Beneficiaries unle			•		
1First name			Last			Suffix
OR Name of trust or other entity						
Address			City		State	ZIP
Child Parent Spouse*	Sibling Other En	litity or trust Date of	birth or trust (mm/dd/yy	yyy) SSN/TIN		Whole % only

Continued on next page

former spouse as my non-spouse beneficiary.

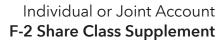
* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my





(continued)		on — optional		
2				
First name	MI	Last		Suffix
Address		City	State	ZIP
Child Parent Spouse* Sibling Other Date of bi	rth (mm/dd/yyyy)	SSN		Whole % only
First name	MI	Last		Suffix
Address		City	State	ZIP
Child Parent Spouse* Sibling Other Date of bi	rth (mm/dd/yyyy)	SSN		Whole % only
ortant: Section 2-A must be completed prior to	completing Sec	etion 2-B.		
First name	MI	Last		
Name of trust or other entity				Suffix
Name of trust or other entity Address		City	State	_ ZIP
Name of trust or other entity	trust Date of birth	City n or trust (mm/dd/yyyy) SSN/TIN	State	
Address Child Parent Spouse* Sibling Other Entity or t	trust Date of birth		State	ZIP
Address Child Parent Spouse* Sibling Other Entity or t First name		n or trust (mm/dd/yyyy) SSN/TIN Last		ZIP Whole % only Suffix
Address Child Parent Spouse* Sibling Other Entity or t		n or trust (mm/dd/yyyyy) SSN/TIN	State	ZIP Whole % only
Address Child Parent Spouse* Sibling Other Entity or to the spouse* First name Address Child Parent Spouse* Sibling Other Date of bit spouse* Child Parent Spouse* Sibling Other Date of bit spouse*		n or trust (mm/dd/yyyy) SSN/TIN Last		ZIP Whole % only Suffix
Address Child Parent Spouse* Sibling Other Entity or to the state of	MI	n or trust (mm/dd/yyyy) SSN/TIN Last City		ZIP Whole % only Suffix ZIP
Address Child Parent Spouse* Sibling Other Entity or to the spouse Sibling Other Entity or the spouse Sibling Other Entity Othe	MI wrth (mm/dd/yyyy)	an or trust (mm/dd/yyyy) SSN/TIN Last City SSN		ZIP Whole % only Suffix ZIP 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.



(mm/dd/yyyy)



	neficiary designation — opt	ional
(continued)		
_	ner's signature must be notarized OR tw	vo witnesses who are not being named as beneficiaries
must sign below.		
X		1
Signature of account owner		Date (mm/dd/yyyy)
Sworn to and subscribed before me, this	day of	
Sworn to and subscribed before me, this	Mon	th Year
in the County of	, State of	·
v		
Signature of notary public		Date commission expires (mm/dd/yyyy)
NOTARY: Affix seal here.		
If this form includes a notary signature, it	must be mailed.	
	<u>X</u>	vitness
Name of witness (print)	Signature of w	ritness
	Y	
Name of witness (print)	Signature of w	vitness
	neficiary designation — if re	quired
This section is not required if the co-owner	s are married to each other.	
If you are married to the account owner (or ar	ny account co-owner) and he or she des	signated a Primary Beneficiary(ies) other than you,
please consult your financial professional about	out the state-law and tax-law implication	ns of this beneficiary designation, including the need for
your consent.		
I am the spouse of the account owner (or any designated in Section 2 or attached.	account co-owner) named in Section 1	1, and I expressly consent to the beneficiary(ies)
This document may not be signed using Ac	dobe Acrobat Reader's "fill and sign" f	feature.
	X Signature of spouse	
Name of account owner's spouse (print)	Signature of spouse	Date (mm/dd/yyyy)

Name of account co-owner's spouse (print)

Signature of spouse



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Investment instructions

For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.

Invest my contribution as instructed below.

Fund name or number	Amount	Percentage (whole percentages only)
	\$	OR%
Total contribution	\$	OR%

Note: 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**.

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Automatic dividends and capital gain reinvestments — optional

ividends and capital	gains will be	reinvested for a	ll of my func	d selections unle	ss declined below.
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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)
	Cash payment	Cash payment	
1	Cross-reinvest	Cross-reinvest	1
	Cash payment	Cash payment	
2	Cross-reinvest	Cross-reinvest	2
	Cash payment	Cash payment	
3	Cross-reinvest	Cross-reinvest	3

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