





## 2 Transfer on Death (TOD) beneficiary designation — optional

(continued)

2. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
First name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Address

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

3. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
First name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Address

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

**Important: Section 2-A must be completed prior to completing Section 2-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. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
First name

**OR** \_\_\_\_\_  
Name of trust or other entity

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Address

Child  Parent  Spouse\*  Sibling  Other  Entity or trust \_\_\_\_\_ %  
Date of birth or trust (mm/dd/yyyy) SSN/TIN Whole % only

2. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
First name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Address

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

3. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
First name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Address

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.



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

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

in the County of, State of

X 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.

Name of witness (print) X Signature of witness

Name of witness (print) X Signature of witness

3 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 1, and I expressly consent to the beneficiary(ies) designated in Section 2 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)

## 4 Investment instructions

For a quick guide to fund names, numbers, minimums and share class restrictions, go to [www.capitalgroup.com/fundguide](http://www.capitalgroup.com/fundguide).

Invest my contribution as instructed below.

Fund name or number	Amount	Percentage (whole percentages only)
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
<b>Total contribution</b>		<b>\$ _____ OR _____%</b>

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

## 5 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 on the core application. Electronic deposits will be delivered to your bank within three (3) business days of the transaction date.