

1 Information about the current custodian

First name _____ MI _____ Last _____ Account number (if known) _____

Address _____ City _____ State _____ ZIP _____

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Email address* _____ Daytime phone _____

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

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

2 Successor custodian information

Name of successor custodian (print) _____ Relationship to minor _____

- -

SSN

- -

Date of birth (mm/dd/yyyy)

3 Signatures

As current custodian for the above-referenced account, I hereby designate the individual named in Section 2 as successor custodian to succeed my duties as custodian, to be effective upon my resignation, death, incapacity or removal as custodian.

This instrument is being executed under the Uniform Gift to Minors Act (UGMA) or Uniform Transfers to Minor Act (UTMA) for the following state:

State _____

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

X _____ / /
Signature of current custodian — **Required** Date (mm/dd/yyyy)

X _____
Signature of witness — **Required** Name of witness (print)

Note: The witness cannot be the person named as current custodian or successor custodian in Section 2 above.

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.