

ACH Authorization for Financial Intermediary Compensation

This form can be used by financial intermediaries to allow 12b-1 fees, dealer commissions and sub-TA fees to be remitted via Automated Clearing House (ACH).

Financial intermediary information					
		()		Ext.
Name of financial intermediary		Daytime	e phone		
Address	City			State	ZIP
Name of contact	Email address				

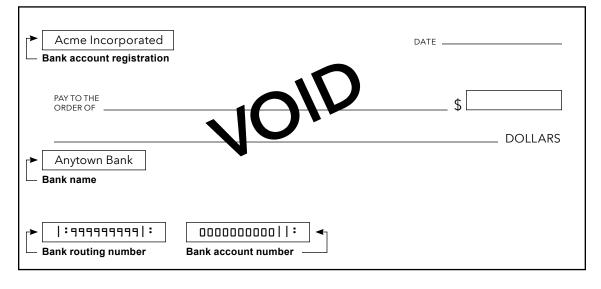
2

Tape your check here.

Bank information (of the financial intermediary named in Section 1)

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.**

Note: The bank information provided below will **replace** any bank information currently on file. (If no bank information is currently on file, the bank information below will be added.)



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



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3

Authorization

American Funds or one of its affiliates is hereby authorized to credit the bank account provided on this form on behalf of the financial intermediary named in Section 1 so that fees may be transmitted via ACH. I agree to provide American Funds with prior notice if the entire amount of an ACH payment to a U.S. bank will be forwarded to a bank in another country.

In consideration of American Funds acting on such instructions and processing such transactions, I agree to hold harmless and indemnify American Funds; 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 American Funds establishing these privileges or acting on such instructions.

I understand that this authorization may be terminated by me at any time by telephone or written notification to American Funds. The termination request will be effective as soon as American Funds 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.

Name of person authorized to sign for the financial intermediary (print)	Title		Dealer number (if known)			
x			1	/		
Signature of person authorized to sign for the financial intermediary		Date	Date (mm/dd/yyyy)			

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

If you have questions regarding this form, call (800) 421-5475.

SEND

American Funds Service Company Attn: HOST Payment Administration **REGULAR MAIL**

3500 Wiseman Blvd. San Antonio, TX 78251-4321 **EMAIL** dealer_invoice@capgroup.com

FAX (949) 975-4383