

- This form should **not** be used for retirement accounts for which Capital Bank and Trust CompanySM is the custodian or trustee.
- If you are changing only the bank information, use the *Add/Update Bank Information* form.
- For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.
- **This form cannot be used to change the cost basis method for this account.** To change the cost basis method, obtain and complete a *Cost Basis Update Request*, or access your account at www.capitalgroup.com prior to submitting this request.
- If a signature guarantee is required, mail this completed form to the service center for your state using the maps on page 8. Otherwise, you may fax it to **(888) 421-4351**.

1 Account information
Please type or print clearly.

Account number _____

Name(s) of owner(s) _____

Address _____ City _____ State _____ ZIP _____

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 Link bank information to purchase and sell shares

Once the sell option is established, there will be a 10-day waiting period before it can be used. Automated Clearing House (ACH) purchase is available upon processing this request. You may cancel the ACH option at any time online at www.capitalgroup.com or by calling us at (800) 421-4225. Your election will apply to all of your current and future accounts.

I would like to perform the following transactions by telephone and online at www.capitalgroup.com. (Select only one option.)

Purchase Sell Both

3 Automatic investment plan for your American Funds account

Complete steps 1–2 and 3, if applicable. Transactions will continue automatically until American Funds receives instructions to stop. To modify an existing investment plan, visit www.capitalgroup.com or call us at (800) 421-4225. Provide bank information in Section 10; a signature guarantee may be required.

NOTE: Fund minimums must be met within the first five months of account establishment.

Fund minimums: \$1,000 each for money market and state-specific tax-exempt bond funds or \$250 each for all other funds

Step 1: Identify the fund name or number and the investment amount. (If you need more space, use page 9 or attach a separate page.)

Fund name or number	Investment amount (\$50 min. per fund)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

3 Automatic investment plan for your American Funds account

(continued)

Step 2: Choose the starting month, transaction date(s) and frequency for your investment plan. American Funds must receive your request at least five business days prior to the first transaction date requested. If no date is provided below, the option will be established the date received, and transactions will begin the following month and will occur monthly thereafter.

- A. Transactions should begin during the month of _____
- B. Transactions should occur on the following date(s) of the month _____, _____ (e.g., 8th, 19th)
- C. Frequency of automatic transactions: Monthly Every other month Quarterly Annually

Step 3: Choose a stop date (optional).

Transactions should stop on the following date _____
(mm/dd/yyyy)

4 Automatic withdrawal plan from your American Funds account

Complete steps 1–3 and 4, if applicable. Transactions will continue automatically until American Funds receives instructions to stop. To modify an existing withdrawal plan, visit www.capitalgroup.com or call us at (800) 421-4225. Provide bank information in Section 10; a signature guarantee may be required.

Step 1: Identify the fund name or number and the amount or percentage. (If you need more space, use page 9 or attach a separate page.)

Fund name or number	Withdrawal amount (\$50 min. per fund)	Annual withdrawal percentage*
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%

*For annual percentage withdrawals, the dollar amount of the automatic withdrawal is recalculated based on the percentage designated, the frequency of the transactions and the account value on each withdrawal date. For example, if you request a 12% annual withdrawal, drafted monthly, you will receive 1% each month. Because of market fluctuation and the amount of any previous withdrawals, the actual payment amount will vary with each transaction.

Step 2: Choose the starting month, transaction date(s) and frequency for your withdrawal plan. American Funds must receive your request at least five business days prior to the first transaction date requested.

- A. Transactions should begin during the month of _____
- B. Transactions should occur on the following date(s) of the month _____, _____ (e.g., 8th, 19th)
- C. Frequency of automatic transactions: Monthly Every other month Quarterly Annually

4 Automatic withdrawal plan from your American Funds account (continued)

Step 3: Select a payment option. (If any fund goes to a zero balance, the automatic option will be stopped for that fund.)

- Electronically deposit my withdrawal into my bank account. Electronic withdrawals will be deposited into bank accounts within three (3) business days of the transaction date. **A signature guarantee may be required in Section 11.**
- Mail checks to a third party. **Provide third-party information below and have your signature guaranteed in Section 11.**

Name of third party

Address

City

State

ZIP

Step 4: Choose a stop date (optional).

Transactions should stop on the following date _____
(mm/dd/yyyy)

5 Dividend and capital gain options

Complete steps 1 and 2, if applicable. Transactions will continue automatically until American Funds receives instructions to stop. Provide bank information in Section 10.

Step 1: Choose the fund and distribution type. (If you need more space, use page 9 or attach a separate page.)

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. _____
4. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	4. _____

Step 2: Select a payment option if you elected to receive dividends and/or capital gains in cash:

- Electronically deposit my withdrawal into my bank account. Electronic deposits will be delivered to the bank account within three (3) business days of the transaction date. **A signature guarantee may be required in Section 11.**
- Mail checks to a third party. **Provide third-party information below and have your signature guaranteed in Section 11.**

Name of third party

Address

City

State

ZIP

6 Automatic exchange plan

Complete steps 1–2 and 3, if applicable. Transactions will continue automatically until American Funds receives instructions to stop. To modify an existing exchange plan, visit www.capitalgroup.com or call us at (800) 421-4225.

Step 1: Identify the fund numbers and amount or percentage of exchange. You can exchange from one fund to another within the same share class. (If you need more space, use page 9 or attach a separate page.)

From fund number	→	To fund number	Amount (\$50 min. per fund)	OR	Annual percentage*
_____	→	_____	\$ _____	OR	_____ %
_____	→	_____	\$ _____	OR	_____ %
_____	→	_____	\$ _____	OR	_____ %
_____	→	_____	\$ _____	OR	_____ %
_____	→	_____	\$ _____	OR	_____ %
_____	→	_____	\$ _____	OR	_____ %
_____	→	_____	\$ _____	OR	_____ %
_____	→	_____	\$ _____	OR	_____ %

* For annual percentage exchanges, the dollar amount of the automatic exchange is recalculated based on the percentage designated, the frequency of the transactions and the account value on each exchange date. For example, if you request a 12% annual exchange, transacted monthly, 1% will be exchanged each month. Because of market fluctuation and the amount of any previous withdrawals, the actual exchange amount will vary with each transaction.

Step 2: Choose the starting month, transaction date(s) and frequency for your exchanges. American Funds must receive your request at least five business days prior to the first transaction date requested. If no date is provided below, the option will be established the date received, and transactions will begin that month.

A. Transactions should begin during the month of _____

B. Transactions should occur on the following date(s) of the month _____, _____ (e.g., 8th, 19th)

C. Frequency of automatic transactions: Monthly Every other month Quarterly Annually

Step 3: Choose a stop date (optional).

Transactions should stop on the following date _____
(mm/dd/yyyy)

7 Automatic rebalance plan

Complete steps 1 and 2. Transactions will continue automatically until American Funds receives instructions to stop. To modify an existing rebalance plan, visit www.capitalgroup.com or call us at (800) 421-4225.

- Use this section to rebalance your account on a schedule.
- You may only rebalance between funds within the same share class. If you want to rebalance funds in multiple share classes, call us at (800) 421-4225.
- At least one fund in this account must change by 5% or more in order for the account to rebalance.
- Once the rebalance plan is established, any new fund added to the account by exchange or new investment will not be included in the rebalance transaction without specific instructions at the time the investments are received. Fund minimums must be met and maintained.

Step 1: Identify each fund name or number to which the funds will be rebalanced and the target allocation percentage.

Exclude the money market fund from the rebalance request.

Note: If you elect to exclude the money market fund from automatic rebalancing, the total allocation percentages of the other funds must equal 100%.

Rebalance to: fund name or number	Target allocation percentage (whole percentages only)
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	Total <u> </u> % (must total 100%)

Step 2: Identify the frequency of the scheduled rebalance.

Each rebalancing transaction will occur on the 20th of the month based on the scheduled option below. If the 20th falls on a weekend or holiday, the rebalance will occur on the next business day.

Quarterly (March, June, September and December) Semiannually (June and December) Annually (December)

Note: The request must be received at least five business days prior to the 20th of the month in which the rebalance is to occur.

8 Wire redemptions to your bank account — For the money market fund only

Important: If this option is selected, a signature guarantee is required in Section 11.

Wire proceeds of redemptions (\$1,000 minimum) requested by telephone or fax to the bank account specified in Section 10.

9 Check writing for the money market fund — Class A or F-2 shares only

You must have a minimum fund balance of \$1,000. Checks will be sent to you automatically. The minimum check amount is \$250.

Important: A signature guarantee is required in Section 11 if this form is submitted after account establishment.

Subject to the terms of the prospectus, I want to write redemption checks and have completed the signature verification below.

Notes:

- You must have sufficient funds available in the money market fund listed below **BEFORE** your check can be presented for payment. Checks will not be honored if sufficient funds are not available within the money market fund.

- Only those people named in the account registration can sign checks. In the case of corporate, limited liability, partnership registration, etc., only those people who have authority to sign checks for that entity have the legal capacity to do so here. If you are unsure how this applies to your request, please contact your financial professional for guidance.

Signature verification for check writing

Provide the name(s) and signature(s) below for each person who is authorized to write checks on this account. **Each signature must be captured within the boxes below.** Although multiple signatures may be provided on this form, only one signature is required on a check.

Shareholder's signature:

Shareholder's name (print)

Co-shareholder's signature:

Co-shareholder's name (print)

Other authorized signer's signature:

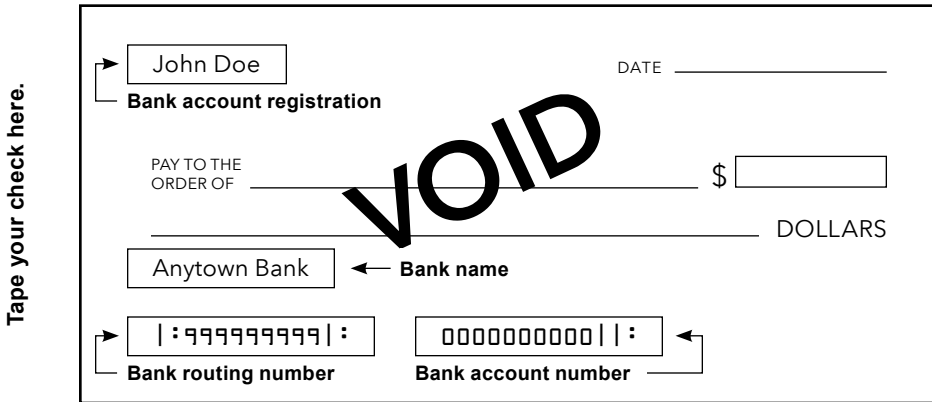
Other authorized signer's name (print)

If you are an authorized signer and have not previously provided information about yourself, you must complete page 9.

10 Bank information

We will use a third-party service to validate your bank information. Refer to the Bank Verification Terms & Conditions.

If requesting options 2, 3, 4, 5 or 8, attach an unsigned, voided check. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple.**



- Notes:**
- Only one bank account can be used on any Account Options form. Separate Account Options forms must be submitted if you want to use different bank accounts for various options.
 - 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.

Complete the following ONLY if you are signing this document electronically. Approval from American Funds must be obtained by your financial professional's firm before this document can be signed electronically. If signing electronically, a voided check or letter from your bank is not required.

Bank name _____ Bank routing number _____

Bank account number _____ Bank account registration (the name preprinted on the check) _____

Checking **OR** Savings



11 Signature/Signature guarantee

I/We request the establishment of the privileges selected on this form and authorize American Funds Service Company® (AFS), upon request via telephone, 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 form, and/or **2)** secure payments from the bank account into this account. I/We authorize the bank to accept any such credit or debit to my/our account without responsibility for its correctness. I/We have read, understand and agree to the *Bank Verification Terms & Conditions*, and I/we authorize AFS to access records from public and proprietary sources in order to validate that I/we am/are the bank account owner(s). I/We understand that amounts invested may not be redeemed for 7 business days.

I/We understand that if requesting check-writing privileges against the money market fund, there must be sufficient funds available within the money market fund to honor the check. I/We also understand that if there are insufficient funds, the check will be returned and not honored.

In consideration of AFS acting on such instructions and processing such transactions, I/we agree to hold harmless and indemnify AFS; 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 AFS establishing these privileges or acting on such instructions. I/We understand that this authorization may be terminated by me/us at any time by telephone or written notification to AFS. The termination request will be effective as soon as AFS has had reasonable time to act upon it.

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

<p>X _____ / / Signature of fund account owner Date (mm/dd/yyyy)</p>	<p>X _____ / / Signature of fund account co-owner Date (mm/dd/yyyy)</p>
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The account owner's/co-owner's signature(s) must be guaranteed if establishing electronic deposits of account proceeds (redemptions, dividends, capital gains or automatic withdrawals) **unless** all of the name(s) of the American Funds account owner(s) are included in the bank account registration, **and** the request is received at least 10 calendar days prior to the first withdrawal.

<p>X _____ / / Signature of bank account owner (if different from above) Date (mm/dd/yyyy)</p>	<p>X _____ / / Signature of bank account co-owner (if different from above) Date (mm/dd/yyyy)</p>
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The bank account owner's/co-owner's signature(s) must be guaranteed if establishing electronic or automatic investments (the purchase of shares) **and** the name of at least one of the American Funds account owners is not on the bank account registration.

If required, signatures must be guaranteed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulatory Authority that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.** The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal.

Note: A medallion guarantee is acceptable in place of a signature guarantee.

GUARANTOR:
Stamp signature guarantee or medallion guarantee here.

GUARANTOR:
Stamp signature guarantee or medallion guarantee here.

Please mail this form to the appropriate service center.
(If you live outside the U.S., mail the form to the Indiana Service Center.)



Indiana Service Center
American Funds Service Company
P.O. Box 6007
Indianapolis, IN 46206-6007
Overnight mail address
12711 N. Meridian St.
Carmel, IN 46032-9181



Virginia Service Center
American Funds Service Company
P.O. Box 2280
Norfolk, VA 23501-2280
Overnight mail address
5300 Robin Hood Rd.
Norfolk, VA 23513-2430

If you have questions or require more information, contact your financial professional or call American Funds Service Company at (800) 421-4225.



Complete and return this page ONLY if you have additional information from Section 9 or if you require space for additional instructions.

Additional persons acting on behalf of the legal entity or corporation that is the account owner

Attach additional pages, if necessary.

SSN [] [] [] - [] [] - [] [] [] [] [] [] Date of birth of Authorized Person (mm/dd/yyyy) [] [] - [] [] - [] [] [] [] [] [] Country of citizenship _____

First name of trustee, corporate officer, attorney-in-fact or Authorized Person MI Last

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

Email address* () Daytime phone Ext.

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

SSN [] [] [] - [] [] - [] [] [] [] [] [] Date of birth of Authorized Person (mm/dd/yyyy) [] [] - [] [] - [] [] [] [] [] [] Country of citizenship _____

First name of trustee, corporate officer, attorney-in-fact or Authorized Person MI Last

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

Email address* () Daytime phone Ext.

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

Additional space, if needed

Use for additional instructions or account options.

Review this agreement if you provided bank information.

Electronic bank verification is conducted through a third party service provider that is unaffiliated with American Funds Service Company (AFS) and Capital Bank and Trust CompanySM (CB&T). If you choose to add a bank account electronically, you must agree to the Bank Verification Terms & Conditions of Use set forth below. The Fund or the Fund's transfer agent will send your information to the third party service provider, who will then compare your information with their database to verify the information you provided. Please read and agree to the Bank Verification Terms & Conditions of Use for the third party service in order to continue.

Agreement and Bank Verification Terms & Conditions of Use of the Service

I (we) authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus (if applicable) for this designated bank account. I (we) authorize credits/debits to/from the bank account designated in conjunction with the account option(s) selected. I (we) agree that AFS and/or CB&T shall be fully protected in honoring any such transaction. I (we) also agree that AFS and/or CB&T may make additional attempts to credit/debit my (our) account if the initial attempt fails and I (we) will be liable for any associated costs. All account options elected will become part of the account and terms, representations, and conditions thereof.

Provide Accurate Information. I (we), the end user, agree to provide true, accurate, current and complete information about myself (ourselves) and my (our) accounts maintained at other web sites and I (we) agree to not misrepresent my (our) identity or my (our) account information. I (we) agree to keep my (our) account information up to date and accurate.

Proprietary Rights. I (we) are permitted to use content delivered to me (us) through the service only on the service. I (we) may not copy, reproduce, distribute, or create derivative works from this content. Further, I (we) agree not to reverse engineer or reverse compile any of the service technology, including but not limited to, any Java applets associated with the service.

Content You Provide. I (we) are licensing to AFS and/or CB&T ("Company") and its service providers ("Service Provider") any information, data, materials or other content (collectively, "Content") I (we) provide through or to the service. Company and Service Provider may use, modify, display, distribute and create new material using such Content to provide the service to you. By submitting Content, I (we) automatically agree, or promise that the owner of such Content has expressly agreed that, without any particular time limit, and without the payment of any fees, Company and Service Provider may use the Content for the purposes set out above. I (we) agree that, as between Company and Service Provider, Company owns your confidential account information.

Third Party Accounts. By using the service, I (we) authorize Company and Service Provider to access third party sites designated by Company, on my (our) behalf, to retrieve information requested by me (us), and to register for accounts requested by me (us). For all purposes hereof, I (we) hereby grant Company and Service Provider a limited power of attorney, and I (we) hereby appoint Company and Service Provider as my (our) true and lawful attorney-in-fact and agent, with full power of substitution and re-substitution, for me (us) and in my (our) name, place and stead, in any and all capacities, to access third party internet sites, servers or documents, retrieve information, and use your information, all as described above, with the full power and authority to do and perform each and every act and thing requisite and necessary to be done in connection with such activities, as fully to all intents and purposes as you might or could do in person. I (WE) ACKNOWLEDGE AND AGREE THAT WHEN COMPANY OR SERVICE PROVIDER ACCESSES AND RETRIEVES INFORMATION FROM THIRD PARTY SITES, COMPANY AND SERVICE PROVIDER ARE ACTING AS MY (OUR) AGENT, AND NOT THE AGENT OR ON BEHALF OF THE THIRD PARTY. I (we) agree that third party account providers shall be entitled to rely on the foregoing authorization, agency and power of attorney granted by me (us). I (we) understand and agree that the service is not endorsed or sponsored by any third party account providers accessible through the service.

DISCLAIMER OF WARRANTIES. I (WE) EXPRESSLY UNDERSTAND AND AGREE THAT: MY (OUR) USE OF THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE IS AT MY (OUR) SOLE RISK. THE SERVICE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS. COMPANY AND SERVICE PROVIDER EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND AS TO THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE, WHETHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT. COMPANY AND SERVICE PROVIDER MAKE NO WARRANTY THAT (i) THE SERVICE WILL MEET MY (OUR) REQUIREMENTS, (ii) THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE, OR ERROR-FREE, (iii) THE RESULTS THAT MAY BE OBTAINED FROM THE USE OF THE SERVICE WILL BE ACCURATE OR RELIABLE, (iv) THE QUALITY OF ANY PRODUCTS, SERVICES, INFORMATION, OR OTHER MATERIAL PURCHASED OR OBTAINED BY ME (US) THROUGH THE SERVICE WILL MEET MY (OUR) EXPECTATIONS, OR (v) ANY ERRORS IN THE TECHNOLOGY WILL BE CORRECTED. ANY MATERIAL DOWNLOADED OR OTHERWISE OBTAINED THROUGH THE USE OF THE SERVICE IS DONE AT MY (OUR) OWN DISCRETION AND RISK AND I (WE) ARE SOLELY RESPONSIBLE FOR ANY DAMAGE TO MY (OUR) COMPUTER SYSTEM OR LOSS OF DATA THAT RESULTS FROM THE DOWNLOAD OF ANY SUCH MATERIAL. NO ADVICE OR INFORMATION, WHETHER ORAL OR WRITTEN, OBTAINED BY ME (US) FROM COMPANY OR SERVICE PROVIDER THROUGH OR FROM THE SERVICE WILL CREATE ANY WARRANTY NOT EXPRESSLY STATED IN THESE TERMS.

LIMITATION OF LIABILITY. I (WE) AGREE THAT NEITHER COMPANY, ITS INVESTMENT MANAGER, OR SERVICE PROVIDER NOR ANY OF THEIR EMPLOYEES, OFFICERS, TRUSTEES, DIRECTORS, AFFILIATES, ACCOUNT PROVIDERS OR ANY OF THEIR AFFILIATES WILL BE LIABLE FOR ANY HARMS, WHICH LAWYERS AND COURTS OFTEN CALL DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS, GOODWILL, USE, DATA OR OTHER INTANGIBLE LOSSES, EVEN IF COMPANY OR SERVICE PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, RESULTING FROM: (i) THE USE OR THE INABILITY TO USE THE SERVICE; (ii) THE COST OF GETTING SUBSTITUTE GOODS AND SERVICES, (iii) ANY PRODUCTS, DATA, INFORMATION OR SERVICES PURCHASED OR OBTAINED OR MESSAGES RECEIVED OR TRANSACTIONS ENTERED INTO, THROUGH OR FROM THE SERVICE; (iv) UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA; (v) STATEMENTS OR CONDUCT OF ANYONE ON THE SERVICE; (vi) THE USE, INABILITY TO USE, UNAUTHORIZED USE, PERFORMANCE OR NON-PERFORMANCE OF ANY THIRD PARTY ACCOUNT PROVIDER SITE, EVEN IF THE PROVIDER HAS BEEN ADVISED PREVIOUSLY OF THE POSSIBILITY OF SUCH DAMAGES; OR (vii) ANY OTHER MATTER RELATING TO THE SERVICE.

Indemnification. I (we) agree to protect and fully compensate Company, its investment manager, and Service Provider and their employees, officers, trustees, directors, and affiliates from any and all third party claims, liability, damages, expenses and costs (including, but not limited to, reasonable fees) caused by or arising from my (our) use of the service, my (our) violation of these terms or my (our) infringement, or infringement by any other user of my (our) account, of any intellectual property or other right of anyone. I (we) agree that the Company's investment manager and Service Provider are each a third party beneficiary of the above provisions, with all rights to enforce such provisions as if the investment manager or Service Provider were a party to this Agreement.