

the U.S., mail the form to the Indiana

Service Center.)

## **Trusted Contact**

1	Account owner information					
	Please type or print clearly.					
ame(	s) of owner(s)					
			(	)		
nail a	address*		Daytin	ne phone		
ddres	SS S	City			State	ZIP
nis r	equest applies to the following American Funds account numbers:					
our	privacy is important to us. For information on our privacy policies, visit <b>wwv</b>	v.capitalgroup.com	n.			
7	Trusted contact information					
_	We can only maintain information for one trusted contact. If you are update	tina existina trusted	contact information	. the inform	ation below	will replace a
	and all information on file. The trusted contact must be age 18 or older.	, g g		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ame of trusted contact MI					
rst na	ame of trusted contact MI	Last	(	)		
Email address			( Daytin	ne phone		
dres	ss	City			State	ZIP
ddres	Signature	City			State	ZIP
ddres		City			State	ZIP
3 We	Signature understand that American Funds may contact the trusted contact a	nd disclose limite			dress poss	sible financi
We u	Signature	nd disclose limite			dress poss	sible financi
We in the second	Signature  understand that American Funds may contact the trusted contact a station; and/or to confirm my/our contact information; health status;	nd disclose limite or the identity of a	any legal guardiai		dress poss	sible financi
We use ploid act. (Chis c	Signature  understand that American Funds may contact the trusted contact a station; and/or to confirm my/our contact information; health status; Contact may also be initiated as otherwise permitted by law.	nd disclose limite or the identity of a	any legal guardiai		dress poss	sible financi
We oppose the control of the control	Signature  understand that American Funds may contact the trusted contact a station; and/or to confirm my/our contact information; health status; Contact may also be initiated as otherwise permitted by law.	nd disclose limite or the identity of a	any legal guardiai		dress poss	sible financi or attorney-i
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