

Investors opening an account for a legal entity — such as a corporation, organization, partnership, limited liability company or nonprofit — should complete and sign this form to provide or update beneficial owner information. Federal regulations require American Funds to obtain and verify this information. For the purposes of this form, the beneficial owners are 1) each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the entity, and 2) a single individual with significant responsibility for controlling, managing or directing the legal entity.

Information provided on this document will be used to verify the beneficial owners' identities. For example, identities may be verified through the use of a database maintained by a third party. If American Funds is unable to verify the individuals' identities, American Funds may need to take action, possibly including closing the account and redeeming the shares at the current market price, and such action may have tax consequences, including a tax penalty.

**If you are updating information on an existing account, you must provide all the information requested in Sections 2 and 3, even if you are only updating the information for one individual.**

# 1 Entity information

Full legal name of entity \_\_\_\_\_ Account number (if applicable) \_\_\_\_\_

Physical address of entity (no P.O. boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

# 2 Owner information

*If any owner is not a U.S. citizen or has not been issued an SSN, contact us at (800) 421-4225, ext. 71 for additional information.*

Provide information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the entity.

Check this box if no individual owns 25% or more of the equity interests of the entity.

1.    -   -           (  ) Ext. \_\_\_\_\_  
 SSN Date of birth (mm/dd/yyyy) Daytime phone

\_\_\_\_\_  
 Name of owner Country of citizenship % ownership

Residence or business address (physical address required — no P.O. boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2.    -   -           (  ) Ext. \_\_\_\_\_  
 SSN Date of birth (mm/dd/yyyy) Daytime phone

\_\_\_\_\_  
 Name of owner Country of citizenship % ownership

Residence or business address (physical address required — no P.O. boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3.    -   -           (  ) Ext. \_\_\_\_\_  
 SSN Date of birth (mm/dd/yyyy) Daytime phone

\_\_\_\_\_  
 Name of owner Country of citizenship % ownership

Residence or business address (physical address required — no P.O. boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

