

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 _____



2 Owner information

(continued)

4. [] [] [] - [] [] - [] [] [] [] [] [] [] [] () 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 Control person/authorized person

This section must be completed, even if the control person/authorized person was previously identified in Section 2. If the control person/authorized person is not a U.S. citizen or if an SSN has not been issued, contact us at (800) 421-4225, ext. 71 for additional information.

Provide information for one individual with significant responsibility for managing the entity, such as a chief executive officer, chief financial officer, managing member, general partner, president, vice president or treasurer.

[] [] [] - [] [] - [] [] [] [] [] [] [] [] () Ext.
SSN Date of birth Daytime phone

Name of control person/authorized person Title of control person/authorized person Country of citizenship

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

4 Signature of control person/authorized person

I hereby certify, to the best of my knowledge, that the information provided on this form is complete and correct.

Name of control person/authorized person (print) Title

X Signature of control person/authorized person Date (mm/dd/yyyy)

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

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



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For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225, ext. 78.