



4 Authorization

Capital Bank and Trust CompanySM (CB&T) or one of its affiliates is hereby authorized to access the account listed on this form on behalf of the plan so that contributions can be transmitted via ACH. The Plan Sponsor has full responsibility for this retirement plan. The undersigned, **as an officer of the company sponsoring the plan**, hereby grants CB&T the authority to make withdrawals from the account noted above.

In consideration of CB&T acting on such instructions and processing such transactions, I/we agree to hold harmless and indemnify CB&T; 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 CB&T 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 CB&T. The termination request will be effective as soon as CB&T has had reasonable time to act upon it.

Name (print) _____ Title _____

X _____
Authorized signature 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) 421-6621, ext. 40.