

## Investment Change Request for Future Allocations/Contributions Only

## For Employer/Employee use only

Important: This Investment Change Request must be returned to your employer. Check with your employer to ensure this form meets the employer's requirements. Do not send this form to American Funds Service Company or Capital Bank and Trust Company.

Participant information	1	
Please type or print clearly.		
-irst name		Last
	Change effective date	
Account number		(mm/dd/yyyy)
Investment instruction		etrictions, go to www.capitalgroup.com/fundguide.
A. Select a share class:		ancions, go to www.capitaigroup.com/tunuguide.
3. Change my contribution investment	<del>_</del>	
		investments must be at least \$25 per fund.
	d name or number	Percentage (whole percentages only)
		%
		%
		%
		%
		%
		%
		%
		%
		Total%
Class C share funds are not available	for 457(b) plans and some 403(b)	plans. See the prospectus for details.
○ Signaturo		
3 Signature		
By signing below, I agree to the investn	nent changes speci ed above.	
v		
X Signature of participant		Date (mm/dd/yyyy)