



# Application for Entities

## (Trust, Estate, Business and Nonprofit Accounts)

### Complete the following steps to open and access your account:

1. Complete the *Application for Entities (Trust, Estate, Business and Nonprofit Accounts)*. The application must be signed in Section 9. **Ensure that the appropriate documentation for the account type you are opening is submitted with this application.**
2. Once your account has been funded, you will receive a welcome package with your new account number. When you receive it, visit **[www.capitalgroup.com/getstarted](http://www.capitalgroup.com/getstarted)** to set up online access. This will enable you to:
  - buy, sell and exchange shares online and establish automatic investment plans,
  - view current and past balances as well as dividend and capital gain information,
  - manage your account information, and
  - sign up for electronic delivery of tax forms, annual and semiannual reports, quarterly statements and prospectuses.
3. Additional account options can be set up online, or, if a signature guarantee is required, submit a completed *Mutual Fund Account Options* form, which can be obtained from your financial professional.

### Fund information

For a quick guide to fund names, numbers, minimums and share class restrictions, go to **[www.capitalgroup.com/fundguide](http://www.capitalgroup.com/fundguide)**.

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### Financial professional

If a signature guarantee is not required and you have prior approval from both American Funds and your home office, you can complete, sign, and submit this form electronically. Once the application has been signed, you must print and deliver a copy of this application to the account owner.





### 3 Investment instructions

*You must complete A, B and C.*

- Notes:**
- If no investment instructions are provided in this section, there will be a delay in establishing the account. Be sure to complete this section. If electing to invest by percentage, ensure the total percentage is equal to 100%.
  - For a quick guide to fund names, numbers, minimums and share class restrictions, go to [www.capitalgroup.com/fundguide](http://www.capitalgroup.com/fundguide).

**A. Provide information regarding your contribution method.** (Select all that apply.)

1.  **One-time purchase with a check:** Provide your investment selection(s) in 3-C.

**Note:** Make the check payable to "American Funds Service Company."

2.  **One-time purchase via Automated Clearing House (ACH):** Provide your investment selection(s) in 3-C.

\$ \_\_\_\_\_  
Amount

- Notes:**
- The transaction will be processed on the same day the account is established.
  - The maximum ACH purchase limit is \$100,000 per investor per day.
  - Provide bank information in Section 4.

3.  **Recurring automatic ACH purchase:** Complete the information below, and provide your investment selection(s) in 3-C.

- Notes:**
- American Funds must receive your request at least five business days prior to the first transaction date requested.
  - If requesting monthly recurring automatic purchases from the account owner's bank account and a start date is not provided, the option will be established the date received and the bank account will be drafted the following month and will occur monthly thereafter.
  - Provide bank information in Section 4.

Transactions should begin during the month of \_\_\_\_\_

Transactions should occur on the following date(s) of the month \_\_\_\_\_, \_\_\_\_\_ (e.g., 8th, 19th)

Frequency:  Monthly  Every other month  Quarterly  Annually

- B. Select a share class:**  Class A **OR**  Class C

**C. Provide investment selection(s).** (If a fund is not specified, investments will be placed in the money market fund by default.)

Invest my contribution as instructed below.

Fund name or number	One-time purchase		Recurring automatic
	Amount	Percentage	ACH purchase (\$50 min. per fund)
_____	\$ _____	<b>OR</b> _____%	\$ _____
_____	\$ _____	<b>OR</b> _____%	\$ _____
_____	\$ _____	<b>OR</b> _____%	\$ _____
_____	\$ _____	<b>OR</b> _____%	\$ _____
<b>Total investments</b>	<b>\$ _____</b>	<b>OR _____%</b>	<b>\$ _____</b>

- Notes:**
- To request automatic rebalancing, visit [www.capitalgroup.com](http://www.capitalgroup.com) or complete and attach a *Mutual Fund Account Options* form.
  - The American Funds cost basis default is Average Cost for this and all future accounts. To request a different cost basis method, obtain and complete a *Cost Basis Update Request*, or make the change online once your account has been established at [www.capitalgroup.com](http://www.capitalgroup.com).

## 4 Bank information

Before completing this section, read the signature guarantee requirements below. We will use a third-party service to validate your bank information. Refer to the Bank Verification Terms & Conditions.

### Signature guarantee requirements:

- **To purchase or fund the account electronically via ACH:** The bank account owner's/co-owner's signature(s) must be guaranteed if at least one of the American Funds account owners is not on the bank account registration.
- **To sell shares electronically:** The American Funds account owners' signatures must be guaranteed if the bank account registration does not include all of the American Funds account owners' names.

**Note:** If a signature guarantee is required, obtain and submit a completed *Add/Update Bank Information* form. A document with a signature guarantee cannot be signed electronically or faxed. Mail the completed forms to the service center for your state using the maps on page 3.

**Important:** To avoid delays in processing this application, attach an unsigned, voided check where indicated below. The check you attach must be preprinted with the bank name, registration, routing number and account number. Please do not staple.

Tape your check here.

John Doe

DATE \_\_\_\_\_

**Bank account registration**

PAY TO THE ORDER OF \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Anytown Bank

← **Bank name**

| : 999999999 | :

0000000000 | :

**Bank routing number**

**Bank account number**

**Note:** In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number, account number and account type (checking or savings). The letter must be on the bank's letterhead.

**Complete the following ONLY if you are signing this document electronically. Your financial professional's firm must have an electronic signature indemnification agreement with American Funds. If signing electronically, a voided check or letter from your bank is not required.**

Bank name	Bank routing number
Bank account number	Bank account registration (the name preprinted on the check)
<input type="checkbox"/> Checking <b>OR</b> <input type="checkbox"/> Savings	

### Link my bank information to purchase and/or sell shares (optional):

I would like the option to perform the following transactions by telephone and online at **www.capitalgroup.com**. (Select only one option.)

Purchase   
  Sell   
  Both

- Notes:**
- Your election will apply to all of your current and future accounts.
  - You may cancel the ACH option at any time online at **www.capitalgroup.com** or by calling us at (800) 421-4225.
  - Once the sell option is established, there will be a 10-day waiting period before it can be used. ACH purchase is available once the account has been established.



## 5 Decline telephone and website exchange and/or redemption privileges — optional

Telephone and website exchange and redemption privileges will automatically be enabled on your account unless you decline below. To decline these privileges, read the individual statements and check the applicable box(es).

**Note:** If either option is declined, no one associated with this account, including your financial professional, will be able to request exchanges or redemptions by telephone or via the website. Requests would need to be submitted in writing.

**Exchanges:** I **DO NOT** want the option of using the telephone and website exchange privilege.

**Redemptions:** I **DO NOT** want the option of using the telephone and website redemption privilege.

## 6 Reducing the sales charge on Class A shares only

**Note:** If a purchaser has **sole control** of a corporation, partnership or other type of business, accounts registered in the name of the business may be aggregated with the purchaser's own accounts and/or accounts of his or her spouse (or spouse equivalent, if recognized under local law) and children.

### Rights of Accumulation (cumulative discount)

Account owner, spouse and children under age 21 or disabled adult children with ABLE accounts can aggregate accounts to reduce sales charges. Any share classes within these accounts will contribute toward a reduced sales charge. The Social Security or account numbers on these accounts are:

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### Statement of Intention (SOI)

I plan to invest over a 13-month period in one or more American Funds accounts. The aggregate amount will be at least:

\$25,000    \$50,000    \$100,000    \$250,000    \$500,000    \$750,000    \$1,000,000

- Notes:**
- If you are establishing a Statement of Intention and do not invest the intended amount within 13 months, the sales charge will be adjusted.
  - Purchases in the money market fund do not apply toward a Statement of Intention or Rights of Accumulation.
  - Certain purchases may not apply toward the completion of a Statement of Intention. Refer to the fund(s) prospectus(es) for additional information.



## 7 Automatic dividends and capital gain reinvestments — optional

Dividends and capital gains will be reinvested for all of my fund selections unless declined below.

I **DO NOT** want all dividends and capital gains reinvested.  (Complete the steps below.)

Transactions are established to continue automatically until American Funds receives instructions to stop.

All dividends and/or capital gains will be handled in the following manner:

Fund number	Dividends	Capital gains	Cross-reinvest into fund (if applicable; same share class only)
1. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	1. _____
2. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	2. _____
3. _____	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	<input type="checkbox"/> Cash payment <input type="checkbox"/> Cross-reinvest	3. _____

**Note:** Cash payment of dividends and/or capital gains will be made electronically via ACH using the bank information provided in Section 4. Electronic deposits will be delivered to your bank within three (3) business days of the transaction date.

## 8 Financial professional

*This section **must** be filled out completely by the financial professional(s).*

We authorize American Funds Service Company® (AFS) to act as our agent for this account and agree to notify AFS of purchases made under a Statement of Intention or Rights of Accumulation. If applicable, we have provided a copy of our SEC Form CRS to the account owner named on this application.

\_\_\_\_\_ (    ) \_\_\_\_\_ Ext.  
 Name(s) of financial professional(s)      Professional/team ID #      Branch number      Daytime phone

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Branch address

\_\_\_\_\_ **X** \_\_\_\_\_  
 Name of broker-dealer firm (as it appears on the Selling Group Agreement)      Signature of person authorized to sign for the broker-dealer — **required**

**9 Your signature(s)**

**Important:** You must sign in this section to open your new account.

I have read the applicable prospectus(es) and this application, I agree to all their terms and I authorize the instructions in this application. I understand that I and all shareholders at my address will receive one copy of fund documents (such as annual reports and proxy statements) unless I opt out by calling **(800) 421-4225**. I agree to indemnify and hold harmless AFS; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents for any losses, expenses, costs or liability (including attorney fees) that may be incurred in connection with these instructions or the exercise of the telephone or website purchase, exchange and/or redemption privileges or arising from such instructions once the telephone and website exchange and redemption privileges have been established.

I understand that exchanges between funds may be taxable transactions. I authorize the financial professional assigned to my account to have access to my account and to act on my behalf with respect to my account. If applicable, I acknowledge that I have received and read a copy of my financial professional's SEC Form CRS.

If I have requested ACH privileges, I authorize AFS, upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to **1)** redeem fund shares from this account and deposit the proceeds into the bank account identified on this application, and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to account without responsibility for its correctness. I have read, understand and agree to the *Bank Verification Terms & Conditions*, and I authorize AFS to access records from public and proprietary sources in order to validate that I am the bank account owner. I understand that amounts invested may not be redeemed for 7 business days.

I understand that to comply with federal regulations, information provided on this application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If AFS is unable to verify my identity, I understand it may need to take action, possibly including closing my account and redeeming the shares at the current market price, and that such action may have tax consequences.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document.

I certify, under penalties of perjury, that: **1)** the Social Security or Taxpayer Identification number shown in Section 2 is correct; **2)** the IRS has never notified me that I am subject to backup withholding or has notified me that I am no longer subject to such backup withholding **3)** I am a U.S. citizen or a legal U.S. resident; and **4)** the entity is exempt from Foreign Account Tax Compliance Act (FATCA) reporting (if applicable).

**Check this box if you are subject to backup withholding and cannot certify to item 2 above.**

**NOTE: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

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

\_\_\_\_\_  
Name of person authorized to sign on behalf of the entity (print) \_\_\_\_\_  
Title

**X** \_\_\_\_\_  
Signature of authorized person \_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name of person authorized to sign on behalf of the entity (print) \_\_\_\_\_  
Title

**X** \_\_\_\_\_  
Signature of authorized person \_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name of person authorized to sign on behalf of the entity (print) \_\_\_\_\_  
Title

**X** \_\_\_\_\_  
Signature of authorized person \_\_\_\_\_  
Date (mm/dd/yyyy)

**Review this agreement if you provided bank information.**

Electronic bank verification is conducted through a third party service provider that is unaffiliated with American Funds Service Company (AFS) and Capital Bank and Trust Company<sup>SM</sup> (CB&T). If you choose to add a bank account electronically, you must agree to the Bank Verification Terms & Conditions of Use set forth below. The Fund or the Fund's transfer agent will send your information to the third party service provider, who will then compare your information with their database to verify the information you provided. Please read and agree to the Bank Verification Terms & Conditions of Use for the third party service in order to continue.

**Agreement and Bank Verification Terms & Conditions of Use of the Service**

I (we) authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus (if applicable) for this designated bank account. I (we) authorize credits/debits to/from the bank account designated in conjunction with the account option(s) selected. I (we) agree that AFS and/or CB&T shall be fully protected in honoring any such transaction. I (we) also agree that AFS and/or CB&T may make additional attempts to credit/debit my (our) account if the initial attempt fails and I (we) will be liable for any associated costs. All account options elected will become part of the account and terms, representations, and conditions thereof.

**Provide Accurate Information.** I (we), the end user, agree to provide true, accurate, current and complete information about myself (ourselves) and my (our) accounts maintained at other web sites and I (we) agree to not misrepresent my (our) identity or my (our) account information. I (we) agree to keep my (our) account information up to date and accurate.

**Proprietary Rights.** I (we) are permitted to use content delivered to me (us) through the service only on the service. I (we) may not copy, reproduce, distribute, or create derivative works from this content. Further, I (we) agree not to reverse engineer or reverse compile any of the service technology, including but not limited to, any Java applets associated with the service.

**Content You Provide.** I (we) are licensing to AFS and/or CB&T ("Company") and its service providers ("Service Provider") any information, data, materials or other content (collectively, "Content") I (we) provide through or to the service. Company and Service Provider may use, modify, display, distribute and create new material using such Content to provide the service to you. By submitting Content, I (we) automatically agree, or promise that the owner of such Content has expressly agreed that, without any particular time limit, and without the payment of any fees, Company and Service Provider may use the Content for the purposes set out above. I (we) agree that, as between Company and Service Provider, Company owns your confidential account information.

**Third Party Accounts.** By using the service, I (we) authorize Company and Service Provider to access third party sites designated by Company, on my (our) behalf, to retrieve information requested by me (us), and to register for accounts requested by me (us). For all purposes hereof, I (we) hereby grant Company and Service Provider a limited power of attorney, and I (we) hereby appoint Company and Service Provider as my (our) true and lawful attorney-in-fact and agent, with full power of substitution and re-substitution, for me (us) and in my (our) name, place and stead, in any and all capacities, to access third party internet sites, servers or documents, retrieve information, and use your information, all as described above, with the full power and authority to do and perform each and every act and thing requisite and necessary to be done in connection with such activities, as fully to all intents and purposes as you might or could do in person. I (WE) ACKNOWLEDGE AND AGREE THAT WHEN COMPANY OR SERVICE PROVIDER ACCESSES AND RETRIEVES INFORMATION FROM THIRD PARTY SITES, COMPANY AND SERVICE PROVIDER ARE ACTING AS MY (OUR) AGENT, AND NOT THE AGENT OR ON BEHALF OF THE THIRD PARTY. I (we) agree that third party account providers shall be entitled to rely on the foregoing authorization, agency and power of attorney granted by me (us). I (we) understand and agree that the service is not endorsed or sponsored by any third party account providers accessible through the service.

**DISCLAIMER OF WARRANTIES.** I (WE) EXPRESSLY UNDERSTAND AND AGREE THAT: MY (OUR) USE OF THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE IS AT MY (OUR) SOLE RISK. THE SERVICE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS. COMPANY AND SERVICE PROVIDER EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND AS TO THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE, WHETHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NONINFRINGEMENT. COMPANY AND SERVICE PROVIDER MAKE NO WARRANTY THAT (i) THE SERVICE WILL MEET MY (OUR) REQUIREMENTS, (ii) THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE, OR ERROR-FREE, (iii) THE RESULTS THAT MAY BE OBTAINED FROM THE USE OF THE SERVICE WILL BE ACCURATE OR RELIABLE, (iv) THE QUALITY OF ANY PRODUCTS, SERVICES, INFORMATION, OR OTHER MATERIAL PURCHASED OR OBTAINED BY ME (US) THROUGH THE SERVICE WILL MEET MY (OUR) EXPECTATIONS, OR (v) ANY ERRORS IN THE TECHNOLOGY WILL BE CORRECTED. ANY MATERIAL DOWNLOADED OR OTHERWISE OBTAINED THROUGH THE USE OF THE SERVICE IS DONE AT MY (OUR) OWN DISCRETION AND RISK AND I (WE) ARE SOLELY RESPONSIBLE FOR ANY DAMAGE TO MY (OUR) COMPUTER SYSTEM OR LOSS OF DATA THAT RESULTS FROM THE DOWNLOAD OF ANY SUCH MATERIAL. NO ADVICE OR INFORMATION, WHETHER ORAL OR WRITTEN, OBTAINED BY ME (US) FROM COMPANY OR SERVICE PROVIDER THROUGH OR FROM THE SERVICE WILL CREATE ANY WARRANTY NOT EXPRESSLY STATED IN THESE TERMS.

**LIMITATION OF LIABILITY.** I (WE) AGREE THAT NEITHER COMPANY, ITS INVESTMENT MANAGER, OR SERVICE PROVIDER NOR ANY OF THEIR EMPLOYEES, OFFICERS, TRUSTEES, DIRECTORS, AFFILIATES, ACCOUNT PROVIDERS OR ANY OF THEIR AFFILIATES WILL BE LIABLE FOR ANY HARMS, WHICH LAWYERS AND COURTS OFTEN CALL DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS, GOODWILL, USE, DATA OR OTHER INTANGIBLE LOSSES, EVEN IF COMPANY OR SERVICE PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, RESULTING FROM: (i) THE USE OR THE INABILITY TO USE THE SERVICE; (ii) THE COST OF GETTING SUBSTITUTE GOODS AND SERVICES, (iii) ANY PRODUCTS, DATA, INFORMATION OR SERVICES PURCHASED OR OBTAINED OR MESSAGES RECEIVED OR TRANSACTIONS ENTERED INTO, THROUGH OR FROM THE SERVICE; (iv) UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA; (v) STATEMENTS OR CONDUCT OF ANYONE ON THE SERVICE; (vi) THE USE, INABILITY TO USE, UNAUTHORIZED USE, PERFORMANCE OR NON-PERFORMANCE OF ANY THIRD PARTY ACCOUNT PROVIDER SITE, EVEN IF THE PROVIDER HAS BEEN ADVISED PREVIOUSLY OF THE POSSIBILITY OF SUCH DAMAGES; OR (vii) ANY OTHER MATTER RELATING TO THE SERVICE.

**Indemnification.** I (we) agree to protect and fully compensate Company, its investment manager, and Service Provider and their employees, officers, trustees, directors, and affiliates from any and all third party claims, liability, damages, expenses and costs (including, but not limited to, reasonable fees) caused by or arising from my (our) use of the service, my (our) violation of these terms or my (our) infringement, or infringement by any other user of my (our) account, of any intellectual property or other right of anyone. I (we) agree that the Company's investment manager and Service Provider are each a third party beneficiary of the above provisions, with all rights to enforce such provisions as if the investment manager or Service Provider were a party to this Agreement.



## 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.**

Please mail or fax this form to the appropriate service center.  
*(If you live outside the U.S., mail the form to the Indiana Service Center.)*



**Indiana Service Center**  
**American Funds Service Company**  
P.O. Box 6007  
Indianapolis, IN 46206-6007  
**Overnight mail address**  
12711 N. Meridian St.  
Carmel, IN 46032-9181  
**Fax** (888) 421-4351



**Virginia Service Center**  
**American Funds Service Company**  
P.O. Box 2280  
Norfolk, VA 23501-2280  
**Overnight mail address**  
5300 Robin Hood Rd.  
Norfolk, VA 23513-2430  
**Fax** (888) 421-4351

If you have questions or require more information, contact your financial professional or call American Funds Service Company at (800) 421-4225, ext. 78.