

For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.

1 Account information

Account number _____

A. Account Owner

First name _____ MI _____ Last _____

Address _____ City _____ State _____ ZIP _____

Email address ¹ _____ () _____
Daytime phone _____

B. Authorized representative information (if applicable)

First name _____ MI _____ Last _____

Address _____ City _____ State _____ ZIP _____

Email address ¹ _____ () _____
Daytime phone _____

☐ Check here to update the mailing address on your account(s).

Footnote:

¹ Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Link bank information

Once the withdrawal option is established, there will be a 10-day waiting period before it can be used. The investment option is available once this request has been processed. You may cancel your election at any time online at www.capitalgroup.com or by calling us at (800) 421-4225. Your election will apply to all of your current and future accounts. **Provide bank information in Section 4.**

Link my bank information:

☐ For online/telephone investing

AND/OR

☐ For online/telephone withdrawals from my American Funds account.

Note: If no option is selected, your bank account will be linked for investing and withdrawals.

ABLEAmerica is a nationwide plan sponsored by  **Commonwealth Savers**

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



American Funds Service Company
P.O. Box 6273
Indianapolis, IN 46206-6273

Overnight mail address
12711 N. Meridian St.
Carmel, IN 46032-9181



American Funds Service Company
P.O. Box 2713
Norfolk, VA 23501-2713

Overnight mail address
5300 Robin Hood Rd.
Norfolk, VA 23513-2430

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4351

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



3 Automatic investment plan for your American Funds account

Complete steps 1–2 and 3, if applicable. Transactions will continue automatically until American Funds receives instructions to stop. To modify an existing investment plan, please call us at (800) 421-4225. Provide bank information in Section 4; a signature guarantee may be required.

NOTES:

- Fund minimums must be met within the first five months of account establishment.
- Please review ABLEAmerica maximum contribution limits prior to completing this section.

Fund minimums: \$1,000 for money market and \$250 each for all other funds.

Step 1: Identify the fund name or number and the investment amount. (If you need more space, attach a separate page.)

Fund name or number	Investment amount (\$50 min. per fund)
American Funds U.S. Government Money Market Fund	\$ _____
American Funds Conservative Growth and Income Portfolio	\$ _____
American Funds Growth Portfolio	\$ _____
American Funds Global Growth Portfolio	\$ _____
American Funds Moderate Growth and Income Portfolio	\$ _____
American Funds Growth and Income Portfolio	\$ _____
American Funds Preservation Portfolio	\$ _____

Step 2: Choose the starting month, transaction date(s) and frequency for your investment plan. American Funds must receive your request at least five business days prior to the first transaction date requested. If no date is provided below, the option will be established the date received, and transactions will begin the following month and will occur monthly thereafter.

A. Transactions should begin during the month of _____

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

C. Frequency of automatic transactions: ☐ Monthly ☐ Every other month ☐ Quarterly ☐ Annually

Step 3: Choose a stop date (optional).

Transactions should stop on the following date _____
(mm/dd/yyyy)

4 Bank information

A. Tape an unsigned, voided check below (no deposit slips) — In lieu of a check, submit an unmasked, preprinted bank document, such as a bank statement or a letter on the bank’s letterhead. It must include the following: bank account registration (name(s) of the account owner); full account number; routing number; and account type (checking or savings).

Tape your check here.

John Doe

DATE

Bank account registration

PAY TO THE ORDER OF

\$

Anytown Bank

Bank name

Bank routing number

Bank account number

VOID

- B. Signature guarantee requirements for investing and withdrawals from American Funds account (ACH):**
 Complete 1 or 2 depending on whether an authorized representative is listed in the ABLEAmerica account registration.
- Authorized representative is listed in the ABLEAmerica account registration:
 - For investing (ACH):** Is the authorized representative listed on the bank account?

☐ Yes. **Proceed to Section 4-B-1-b.**
☐ No. **The signature of the bank account owner(s) must be guaranteed in Section 6.** If the ABLEAmerica account owner is one of the bank account owners, their signature is not required.
 - For withdrawals (ACH):** Is the ABLEAmerica account owner listed on the bank account?

☐ Yes. **Proceed to Section 4-C.**
☐ No. **Please contact us at (800) 421-4225. Proceed to Section 4-C.**
 - OR
 - ABLE account owner is listed in the ABLEAmerica account registration with no authorized representative:
 - For investing (ACH):** Is the ABLEAmerica account owner listed on the bank account?

☐ Yes. **Proceed to Section 4-B-2-b.**
☐ No. **The signature of the bank account owner(s) must be guaranteed in Section 6.**
 - For withdrawals (ACH):** Is the ABLEAmerica account owner listed on the bank account?

☐ Yes. **Proceed to Section 4-C.**
☐ No. **The signature of the ABLEAmerica account owner must be guaranteed in Section 6.**
- C. Are you signing this form electronically?**
- ☐ No. **Proceed to Section 5.**
☐ Yes — Complete the following bank information **ONLY** if your financial professional's firm has an electronic signature indemnification agreement with American Funds.

Bank name

Bank routing number

☐ Checking
 OR
☐ Savings

Bank account number

Bank account owner(s)

Note: Only one bank account can be used on any Account Options form. Separate Account Options forms must be submitted if you want to use different bank accounts for various options.

5 Additional options

Important note:

IRS rules limit changes in ABLEAmerica investment strategy to two per year. You may establish an automatic exchange or rebalance plan at the time of account setup. Adding or changing an automatic exchange or rebalance plan on an existing account will be considered a change in investment strategy. The request may be denied if a change in investment strategy exceeds two per year. Refer to the *ABLEAmerica Program Description* for additional information or speak with a financial professional. You may only exchange from one fund to another or rebalance funds within the same share class.

A. Automatic exchange plan

Complete steps 1–2 and 3, if applicable. Transactions will continue automatically until American Funds receives instructions to stop. To modify an existing exchange plan, call us at **(800) 421-4225**.

Step 1: Identify the fund numbers and amount or percentage of exchange. You can exchange from one fund to another within the same share class. (If you need more space, attach a separate page.)

From fund number		To fund number	Amount (\$50 min. per fund)		Annual percentage ²
_____	➔	_____	\$ _____	OR	_____ %
_____	➔	_____	\$ _____	OR	_____ %
_____	➔	_____	\$ _____	OR	_____ %
_____	➔	_____	\$ _____	OR	_____ %
_____	➔	_____	\$ _____	OR	_____ %
_____	➔	_____	\$ _____	OR	_____ %
_____	➔	_____	\$ _____	OR	_____ %
_____	➔	_____	\$ _____	OR	_____ %

Footnote:

² For annual percentage exchanges, the dollar amount of the automatic exchange is recalculated based on the percentage designated, the frequency of the transactions and the account value on each exchange date. For example, if you request a 12% annual exchange, transacted monthly, 1% will be exchanged each month. Because of market fluctuation and the amount of any previous withdrawals, the actual exchange amount will vary with each transaction.

Step 2: Choose the starting month, transaction date(s) and frequency for your exchanges. American Funds must receive your request at least five business days prior to the first transaction date requested. If no date is provided below, the option will be established the date received, and transactions will begin that month.

A. Transactions should begin during the month of _____

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

C. Frequency of automatic transactions: ☐ Monthly ☐ Every other month ☐ Quarterly ☐ Annually

Step 3: Choose a stop date (optional).

Transactions should stop on the following date _____
(mm/dd/yyyy)

5 Additional options

(continued)

B. Automatic rebalance plan

- Use this section to rebalance your account on a schedule.
- Complete steps 1 and 2. Transactions will continue automatically until American Funds receives instructions to stop. To modify an existing rebalance plan, visit www.capitalgroup.com or call us at (800) 421-4225.
- You may only rebalance between funds within the same share class.
- At least one fund in this account must change by 5% or more in order for the account to rebalance.
- Once the rebalance plan is established, any new fund added to the account by exchange or new investment will not be included in the rebalance transaction without specific instructions at the time the investments are received. Fund minimums must be met and maintained.

Step 1: Identify each fund name or number to which the funds will be rebalanced and the target allocation percentage.

☐ Exclude the money market fund from the rebalance request.

Note: If you elect to exclude the money market fund from automatic rebalancing, the total allocation percentages of the other funds must equal 100%.

Rebalance to: fund name	Target allocation percentage (whole % only)
American Funds U.S. Government Money Market Fund	_____ %
American Funds Conservative Growth and Income Portfolio	_____ %
American Funds Growth Portfolio	_____ %
American Funds Global Growth Portfolio	_____ %
American Funds Moderate Growth and Income Portfolio	_____ %
American Funds Growth and Income Portfolio	_____ %
American Funds Preservation Portfolio	_____ %
Total _____ % (must total 100%)	

Step 2: Identify the frequency of the scheduled rebalance.

Each rebalancing transaction will occur on the 20th of the month based on the scheduled option below. If the 20th falls on a weekend or holiday, the rebalance will occur on the next business day.

☐ Quarterly (March, June, September and December) ☐ Semiannually (June and December) ☐ Annually (December)

Note: The request must be received at least five business days prior to the 20th of the month in which the rebalance is to occur.



6 Signature/Signature guarantee

I request the establishment of the privileges selected on this form and authorize American Funds Service Company® (AFS), upon request via telephone, 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)** withdraw from this account and deposit the proceeds into the bank account identified on this form, and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my 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 electronically may not be withdrawn for 7 business days.

I agree to hold harmless and indemnify Commonwealth SaversSM; AFS; any of their 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 in connection with these instructions, the exercise of the online/telephone investment, exchange, and/or withdrawal privileges.

I understand that this authorization may be terminated by me at any time by telephone or written notification to AFS. The termination request will be effective as soon as AFS has had reasonable time to act upon it.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronically signed 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. A copy of this document will be made available to me as required.

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

X _____ Signature of account owner (if authorized to act)	_____ Date (mm/dd/yyyy)	_____ Date (mm/dd/yyyy)	
X _____ Signature of authorized representative	_____ Date (mm/dd/yyyy)	X _____ Signature of co-authorized representative (if applicable)	_____ Date (mm/dd/yyyy)
X _____ Signature of bank account owner (if different from above)	_____ Date (mm/dd/yyyy)	X _____ Signature of bank account co-owner (if different from above)	_____ Date (mm/dd/yyyy)

If required, signatures must be guaranteed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulatory Authority that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.** The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal.

Stamp signature or medallion guarantee here. Stamp signature or medallion guarantee here.

If a signature guarantee is required, this form must be mailed. For submission instructions, see page 1.



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 (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 to not 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 NON-INFRINGEMENT. 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.