CAPITAL GROUP® | AMERICAN FUNDS®

Application for Individual or Joint Accounts

Complete the following steps to open and access your account:

1. Complete the *Application for Individual or Joint Accounts*. The application must be signed in Section 11.
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** to set up online access. This will enable you to:
   - Process transactions online and establish automatic investment plans.
   - View current and past balances as well as dividend and capital gain information.
   - Manage your account information.
   - Sign up for paperless delivery of tax forms, annual and semiannual reports, quarterly statements and prospectuses.
3. Additional options can be set up online. 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**.

Clear and reset form

CAPITAL GROUP® | AMERICAN FUNDS®

Application for Individual or Joint Accounts

1 Account registration

Select only one type of account.

- ☐ Individual account[1]
- ☐ Joint Tenants With Rights of Survivorship (N/A in LA or PR)[1]
- ☐ Tenants in Common
- ☐ Gift/Transfer to a minor (UGMA/UTMA)[2]
- ☐ Conservatorship/Guardianship

Footnotes:

[1] If you wish to add a Transfer on Death (TOD) beneficiary to the account registration, complete Section 8.

[2] Investments in an UGMA/UTMA account constitute an irrevocable gift to the minor. The custodian is responsible for transferring the property to the minor when the minor reaches the specified age. If the state allows a successor custodian to be named, and if you wish to name a successor custodian, complete and submit an *UGMA/UTMA Successor Custodian Designation* form.

2 Account owner information

***Important:** This section must be completed and the application must be signed before an account can be established.*

SSN or TIN ☐☐☐☐☐☐☐☐☐ | Date of birth (mm/dd/yyyy) ☐☐–☐☐–☐☐☐☐ | Country of citizenship

First name of account owner or custodian, if applicable | MI | Last

Residence address (physical address required — **no P.O. boxes**) | City | State | ZIP

Mailing address (if different from residence address) | City | State | ZIP

Email address[3] | ( ) Daytime phone

First name of co-owner or minor | MI | Last

Residence address (if different from above — **no P.O. boxes**) | City | State | ZIP

Email address[3] | ( ) Daytime phone

SSN or TIN ☐☐☐☐☐☐☐☐☐ | Date of birth ☐☐–☐☐–☐☐☐☐ | Country of citizenship

Footnote:

[3] Your privacy is important to us. For information on our privacy policies, visit **www.capitalgroup.com**.

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 6007
Indianapolis, IN 46206-6007

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



American Funds Service Company
P.O. Box 2280
Norfolk, VA 23501-2280

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 Investment instructions

*You must complete **A**, **B** and **C**. For a quick guide to fund names, numbers, minimums and share class restrictions, go to **www.capitalgroup.com/fundguide**.*

A. Choose your share class: ☐ Class A **OR** ☐ Class C

B. Choose your investment(s):

Fund name or number	One-time contribution amount		Monthly investment plan ($50 min. per fund)
_____	$_____	**OR**	$_____
_____	$_____	**OR**	$_____
_____	$_____	**OR**	$_____
_____	$_____	**OR**	$_____
_____	$_____	**OR**	$_____
_____	$_____	**OR**	$_____
_____	$_____	**OR**	$_____
_____	$_____	**OR**	$_____

C. How would you like to fund your account? Select one or more options below:

1. ☐ **Check —** make payable to "American Funds Service Company®."
2. ☐ **Bank account — Provide bank information in Section 4.**
   - ☐ **One-time contribution —** The transaction will be processed on the same day the account is established.
   - ☐ **Monthly investment plan:**

     Start date _____ (mm/dd/yyyy)

     Notes:
     - If the account is established after the requested start date or no start date is provided, transactions will begin the following month and occur monthly thereafter.
     - If you would like a different investment frequency, choose Option 4 below, then log into your account online at **www.capitalgroup.com** to establish your investment plan.
3. ☐ **Transfer from existing American Funds account number:** _____

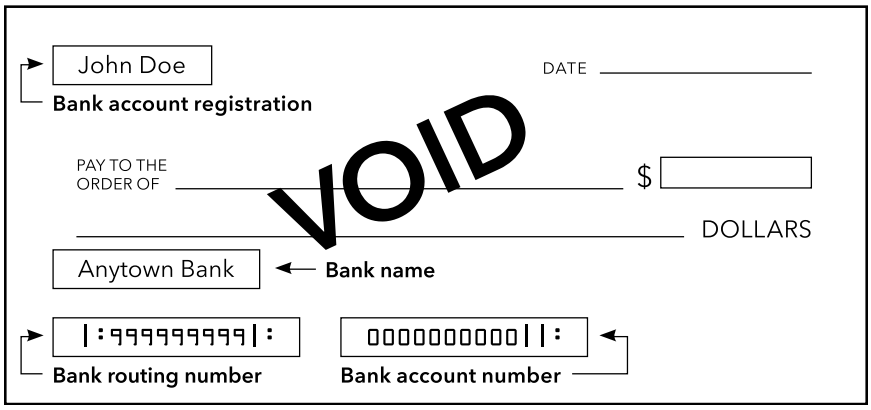
   Notes:
   - **Additional paperwork is required to initiate the transfer. Please call us for requirements.**
   - Unless otherwise specified, shares will be transferred in kind. (Shares will be moved in the same fund(s) and share class.)
4. ☐ **Account will be funded later.** Ensure you've provided a fund selection in Section 3-B.

Note: 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**.

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.



B. Link my bank information:

☐ For online/telephone investing

☐ 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.

C. Signature guarantee requirements:

1. For investing (ACH):

Is at least one of the American Funds account owners listed as a bank account owner?

☐ Yes. **Proceed to Section 4-C-2.**

☐ No — **A signature guarantee is required.** Obtain and submit the *Add/Update Bank Information* form to add the ACH option.

2. For withdrawals from my American Funds account (ACH):

Are **ALL** the American Funds account owners listed as bank account owners?

☐ Yes. **Proceed to Section 4-D.**

☐ No — **A signature guarantee is required.** Obtain and submit the *Add/Update Bank Information* form to add the ACH option.

D. 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) _____

Notes:

- 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 the account has been established.
- The maximum ACH investment limit is $100,000 per investor per day.

5 Decline online/telephone exchange and/or withdrawal privileges — optional

Online/telephone exchange and withdrawal 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 and/or withdrawals via the website or by telephone. Requests would need to be submitted in writing.

Exchanges: I **DO NOT** want the option of using the online/telephone exchange privilege. ☐

Withdrawal: I **DO NOT** want the option of using the online/telephone withdrawal privilege. ☐

6 Reducing the sales charge on Class A shares only

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:

_____ _____ _____

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.
- Investments in the money market fund do not apply toward a Statement of Intention or Rights of Accumulation.
- Certain investments may not apply toward the completion of a Statement of Intention. Refer to the fund(s) prospectus(es) for additional information.
- If opening an account for an employee of a broker-dealer firm or another financial intermediary at Net Asset Value (NAV) under the NAV privilege for financial professionals, submit a *Sales Charge Exemption* form.

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)
	☐ Cash payment	☐ Cash payment	
1. _____	☐ Cross-reinvest	☐ Cross-reinvest	1. _____
	☐ Cash payment	☐ Cash payment	
2. _____	☐ Cross-reinvest	☐ Cross-reinvest	2. _____
	☐ Cash payment	☐ Cash payment	
3. _____	☐ Cross-reinvest	☐ 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 Transfer on Death (TOD) beneficiary designation — optional

We encourage you to consult a professional regarding the tax-law and estate planning implications of your beneficiary designation. All stated percentages must be whole percentages (e.g., 33%, not 33.3%). Percentages must total 100%. If more than one beneficiary is designated and the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally.

Important: Complete this section if you wish to add a beneficiary designation to your Individual or Joint Tenants With Rights of Survivorship account. Do not complete for Tenants in Common or Conservatorship/Guardianship account registrations. To add a Successor Custodian to an UGMA/UTMA account, submit an *UGMA/UTMA Successor Custodian Designation* form.

I direct that my American Funds account be distributed upon my death to the designated beneficiary(ies) below. If any beneficiary survives me but fails to survive the transfer of his or her entire share, then the remaining portion of such beneficiary's share shall be transferred to such beneficiary's estate.

Notes:
- Your spouse may need to sign in Section 9.
- If you need more space, attach a separate page with the name, address, relationship, date of birth or trust, SSN/TIN and percentage for each beneficiary.
- If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."
- We cannot accept beneficiary designations that reference "will" or "trust under will."
- In the event the beneficiary is a minor, American Funds Service Company® may take instruction to transfer the proceeds to a custodian under the applicable state's Uniform Transfers to Minors Act.

A. Primary beneficiary(ies): If any designated primary beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving primary beneficiaries unless otherwise indicated. If no primary beneficiaries survive me, assets will be paid to the named contingent beneficiaries, if any. **Primary beneficiary percentages must total 100%.**

1. First name _____ MI _____ Last _____ Suffix _____

OR Name of trust or other entity _____

Address _____ City _____ State _____ ZIP _____

☐ Child ☐ Parent ☐ Spouse[4] ☐ Sibling ☐ Other ☐ Entity or trust Date of birth or trust (mm/dd/yyyy) _____ SSN/TIN _____ Whole % only _____%

2. First name _____ MI _____ Last _____ Suffix _____

Address _____ City _____ State _____ ZIP _____

☐ Child ☐ Parent ☐ Spouse[4] ☐ Sibling ☐ Other Date of birth (mm/dd/yyyy) _____ SSN _____ Whole % only _____%

3. First name _____ MI _____ Last _____ Suffix _____

Address _____ City _____ State _____ ZIP _____

☐ Child ☐ Parent ☐ Spouse[4] ☐ Sibling ☐ Other Date of birth (mm/dd/yyyy) _____ SSN _____ Whole % only _____%

Footnote:

[4] By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.

Important: You must return all pages of this form, including the contingent beneficiary page.

Continued on next page

8 Transfer on Death (TOD) beneficiary designation — optional

(continued)

Important: Section 8-A must be completed prior to completing Section 8-B.

B. Contingent beneficiary(ies): If no primary beneficiary survives me, pay my benefits to the following contingent beneficiary(ies). If any designated contingent beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving contingent beneficiaries unless otherwise indicated. If no contingent beneficiaries survive me, assets will be paid to my estate. **Contingent beneficiary percentages must total 100%.**

1. First name _____ MI _____ Last _____ Suffix _____

OR Name of trust or other entity _____

Address _____ City _____ State _____ ZIP _____

☐ Child ☐ Parent ☐ Spouse[4] ☐ Sibling ☐ Other ☐ Entity or trust — Date of birth or trust (mm/dd/yyyy) _____ SSN/TIN _____ Whole % only _____%

2. First name _____ MI _____ Last _____ Suffix _____

Address _____ City _____ State _____ ZIP _____

☐ Child ☐ Parent ☐ Spouse[4] ☐ Sibling ☐ Other — Date of birth (mm/dd/yyyy) _____ SSN _____ Whole % only _____%

3. First name _____ MI _____ Last _____ Suffix _____

Address _____ City _____ State _____ ZIP _____

☐ Child ☐ Parent ☐ Spouse[4] ☐ Sibling ☐ Other — Date of birth (mm/dd/yyyy) _____ SSN _____ Whole % only _____%

4. First name _____ MI _____ Last _____ Suffix _____

Address _____ City _____ State _____ ZIP _____

☐ Child ☐ Parent ☐ Spouse[4] ☐ Sibling ☐ Other — Date of birth (mm/dd/yyyy) _____ SSN _____ Whole % only _____%

Footnote:

[4] By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.

You must return this page, even if left blank.

Continued on next page

8 Transfer on Death (TOD) beneficiary designation — optional

(continued)

Louisiana residents only: The account owner's signature must be notarized **OR** two witnesses who are not being named as beneficiaries must sign below.

X _____ / / _____

Signature of account owner — Date (mm/dd/yyyy)

Sworn to and subscribed before me, this _____ day of _____ (Month) , _____ (Year)

in the County of _____ , State of _____

X _____ / / _____

Signature of notary public — Date commission expires (mm/dd/yyyy)

NOTARY: Affix seal here.

If this form includes a notary signature, it must be mailed.

_____ **X** _____

Name of witness (print) — Signature of witness

_____ **X** _____

Name of witness (print) — Signature of witness

9 Spousal consent to TOD beneficiary designation — if required

This section is not required if the co-owners are married to each other.

If you are married to the account owner (or any account co-owner) and he or she designated a primary beneficiary(ies) other than you, please consult your financial professional about the state-law and tax-law implications of this beneficiary designation, including the need for your consent.

I am the spouse of the account owner (or any account co-owner) named in Section 2, and I expressly consent to the beneficiary(ies) designated in Section 8 or attached.

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

Name of account owner's spouse (print)	X Signature of spouse	Date (mm/dd/yyyy)
		/ /

Name of account co-owner's spouse (print)	X Signature of spouse	Date (mm/dd/yyyy)
		/ /

10 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 investments made under a Statement of Intention or Rights of Accumulation. If applicable, we have provided a copy of our SEC Form CRS to the investor(s) named on this application.

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

Branch address	City	State	ZIP

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

11 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 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 online/telephone investment, exchange and/or withdrawal privileges or arising from such instructions once these privileges have been established. I understand that if investment instructions are not specified, my money will be invested in Class A shares of the money market fund. 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. 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**.

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)** withdraw 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 agree that my ACH elections will apply to all my current and future accounts. I understand I may cancel the ACH options at any time online at **www.capitalgroup.com** or by calling **(800) 421-4225**. 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 may not be withdrawn for 7 business days.

If I have designated a TOD beneficiary(ies), I acknowledge that this account is being established under the Uniform Transfer on Death Security Registration Act ("TOD Act") of the state of residence indicated in Section 2, or, if my state of residence has not adopted the Uniform TOD Act, I understand that this account will be established under the California TOD Act. Furthermore, I acknowledge that, upon my death, should there be a conflict with applicable state law, the account will be administered in accordance with the terms of this document.

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 withdrawing 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. A copy of this document will be made available to me as required.

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.

X _____ / / _____

Signature of account owner or custodian — Date (mm/dd/yyyy)

X _____ / / _____

Signature of account co-owner, if applicable — Date (mm/dd/yyyy)

CAPITAL GROUP® | AMERICAN FUNDS®

Bank Verification Terms & Conditions

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 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.

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