



Use this form to convert to Class F-2 shares (including 529-F-2 and ABLE-F-2) from another share class and/or to update the financial professional and fee debiting instructions on an existing F-2, 529-F-2 and/or ABLE-F-2 share account.

Financial professionals: Check with your firm to verify that F-2, 529-F-2 and/or ABLE-F-2 are approved share classes before submitting this form.

1 Account information

Name(s) of owner(s)

Address

City

State

ZIP

()

Email address*

Daytime phone

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

This request applies to the following account numbers:

☐ Check here if a CollegeAmerica or ABLEAmerica account is listed below.

SIMPLE IRA participants: If you provide a SIMPLE IRA account number, and you have a pre-tax and Roth SIMPLE IRA in that plan, this request will apply to both accounts.

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

2 Request type

Select A or B.

A. ☐ Conversion

Provide financial professional information in **Section 3** and review **Section 4**. All existing Class A, C and/or F-1 shares will be moved to F-2 shares within the same funds. All existing 529-A and 529-C shares will be moved to 529-F-2 shares within the same funds, and all existing ABLE-A shares will be moved to ABLE-F-2 shares within the same funds. Any existing systematic transactions, such as automatic investments, withdrawals and exchanges will also move to Class F-2, 529-F-2 and/or ABLE-F-2 shares within the same funds.

Note: A contingent deferred sales charge (CDSC) will be applied to Class C/529-C shares held for less than one year. The CDSC will also be applied to Class A/529-A shares invested without an initial sales charge and held for less than 18 months. Check the box below if you do not want these shares converted.

☐ Do not convert Class C/529-C and Class A/529-A shares subject to a CDSC. All other shares will be converted.

B. ☐ **Update information on existing Class F-2, 529-F-2 and/or ABLE-F-2 share account(s).** To update financial professional information, complete **Section 3**. To modify fee debiting instructions, complete **Section 4**.



3 Financial professional

Important: This section must be signed by an individual authorized to act on behalf of the firm.

Financial professional information

Name of financial professional _____ Financial professional number* _____

Address _____ City _____ State _____ ZIP _____

() _____ Ext. _____ () _____

Email address _____ Daytime phone _____ Fax _____

Firm information

() _____ Ext. _____

Name of firm (as it appears on Form ADV or home office) _____ Firm number* _____ Daytime phone _____

Firm address _____ City _____ State _____ ZIP _____

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SEC number _____ IARD/CRD number _____ State registration and number _____

By signing below, I certify that the firm listed above: **1)** has a current Form ADV filed with the U.S. Securities and Exchange Commission or a state regulatory agency; **2)** is providing investment advisory services to the account owner; **3)** if applicable, has provided a copy of SEC Form CRS to the account owner; **4)** indemnifies and holds harmless American Funds Service Company® (AFS) and 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 as a result of misrepresentations or omissions by the firm in connection with the firm making American Funds available to its clients; **5)** acknowledges and agrees that AFS is not a qualified custodian under the Investment Advisers Act of 1940 Rule 206(4)-2 (the "Custody Rule"); and **6)** acknowledges that any fee recovery payments will be made according to the payment instructions on file with Capital Group.

X

Signature of person authorized to sign on behalf of the firm — **required** _____ Date / / (mm/dd/yyyy)

*Financial professional number or firm number may be assigned by Capital Group. If you need assistance, call **(800) 421-5450**.



4 Fee debiting instructions

The financial professional should complete **A**. Investors should review **B**.

A. Financial professional: Check with your firm to determine approved rates and make a selection below.

- ☐ Fixed _____ (annual rate). Provide basis points in whole numbers (e.g., 100 basis points = 1.00% annually).
- ☐ Tiered schedule
- ☐ Opt out of fee debiting. Fees will not be debited by American Funds Service Company.

Note: If no selection is made, and your firm offers multiple rates, no fees will be debited until you notify us of the applicable rate.

If your firm only offers one fixed rate, or a tiered schedule and no fixed rates, we will apply the applicable rate.

B. Investor: I authorize American Funds to debit fees from all my F-2 and/or 529-F-2 share account(s) as instructed by my financial professional.

Fees will be debited proportionately (based on fund/asset allocation) on a quarterly basis from all F-2 and/or 529-F-2 share accounts unless you indicate otherwise below.

Optional: Debit fees from a specific fund. If the fund designated does not have sufficient assets, the remaining fee will be debited from the original fund from which the fee is due.

Fees for account

Account number

Account number

Account number

Account number

Account number

Account number

Debit from fund

Fund name or number

Fund name or number

Fund name or number

Fund name or number

Fund name or number

Fund name or number

Note: Fees cannot be debited from interval funds.

5 Authorization

I request and authorize American Funds Service Company (AFS) to follow the instructions on this form. In consideration of AFS acting on such instructions and processing such transactions, I agree to hold harmless and indemnify AFS; 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 AFS acting on my instructions or the instructions of the financial professional designated herein.

I authorize the financial professional assigned to my account(s) to be my legal representative for purposes of accessing my account(s) and to act on my behalf with respect to my account(s), to receive copies of account statements and other documents related to the account(s) and for the purposes of confirming contact under state unclaimed property laws. This authorization does not otherwise alter the terms and provisions of the account(s), and the financial professional agrees to act as my agent. If applicable, I acknowledge that I have received and read a copy of my financial professional's SEC Form CRS. I understand that this appointment shall survive my incapacity and will remain in effect, and you may rely upon it, until the earlier of **1)** my designation of another financial professional to have access to my account(s); **2)** my providing you notice of termination as set forth below; or **3)** your receipt of a death certificate verifying my death. 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.

I understand that AFS will debit the account(s) to pay advisory fees in accordance with the instructions provided in Section 4 and by the financial professional assigned to my account(s).

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.

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

_____ Name of account owner (print)	X _____ Signature of account owner	_____ Date (mm/dd/yyyy)
_____ Name of account owner (print)	X _____ Signature of account owner	_____ Date (mm/dd/yyyy)

**For questions related to CollegeAmerica or ABLEAmerica accounts, call (800) 421-4225, ext. 529.
For all other inquiries, call (800) 421-4225, ext. 69.**

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

Investor upload www.capitalgroup.com/submit

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.