



Important: The beneficiaries named on this form will replace any existing beneficiary information listed on your account. You must specify ALL primary and contingent beneficiaries on this form even if you are changing only one beneficiary.

1 General information

First name of participant MI Last

Address City State ZIP

Email address* () Daytime phone

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

Marital status: ☐ I am married. (See Section 3.) ☐ I am not married.

The beneficiary designation below only applies to the following account(s) or plan ID(s):

() Ext.
Name of organization Daytime phone

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

2 Beneficiary designation

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%). If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When a percentage is not indicated, the beneficiaries' shares will be divided equally.

Notes: • Your spouse may need to sign in Section 3. If you wish to name more than one trust or entity, customize your designation or need more space, attach a separate page. Include 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."

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.

1. First name MI Last name Suffix

OR Name of trust or other entity

Address City State ZIP

☐ Spouse ☐ Child of owner ☐ Other person ☐ Trust ☐ Other entity Date of birth or trust (mm/dd/yyyy) SSN/TIN % Whole % only



2 Beneficiary designation

(continued)

2. _____
First name MI Last name Suffix

Address City State ZIP

☐ Spouse ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

3. _____
First name MI Last name Suffix

Address City State ZIP

☐ Spouse ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

Important: Section 2-A must be completed prior to completing Section 2-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 according to the Custodial Agreement default designation.

1. _____
First name MI Last name Suffix

OR _____
Name of trust or other entity

Address City State ZIP

☐ Spouse ☐ Child of owner ☐ Other person ☐ Trust ☐ Other entity _____
Date of birth or trust (mm/dd/yyyy) SSN/TIN _____ %
Whole % only

2. _____
First name MI Last name Suffix

Address City State ZIP

☐ Spouse ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

3. _____
First name MI Last name Suffix

Address City State ZIP

☐ Spouse ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

* 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.



3 Spousal consent

Please consult your financial professional and/or employer about the need for spousal consent.

I am the spouse of the participant named in Section 1. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) specified in Section 2. I understand that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me, that such beneficiary designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

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

Name of spouse of participant (print)

X _____
Signature of spouse of participant

Date (mm/dd/yyyy)

Note: If the employer sponsors an ERISA plan, the spousal consent must be witnessed or notarized. Please check with the Plan Sponsor if you need more information regarding the ERISA status of the plan.

Witnessed by: ☐ Plan representative ☐ Notary public

X _____
Signature of witness

Date (mm/dd/yyyy)

NOTARY: Affix seal here.

4 Signature

By signing below, I acknowledge that I have completed this beneficiary designation form.

X _____
Signature of participant

Date (mm/dd/yyyy)

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

If witnessed by a notary public, original signatures are required and this form must be mailed.

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



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Indianapolis, IN 46206-6164

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



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Norfolk, VA 23501-2560

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Financial professional upload www.capitalgroup.com/upload

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