



If establishing a new Traditional or Roth IRA, you must attach an application.

## 1 Owner information

Please type or print clearly.

First name	MI	Last	Account number
Address		City	State ZIP
Email address*		( ) Daytime phone	

☐ Check here if the mailing address listed is new. Our records will be updated accordingly.

\*Your privacy is important to us. For information on our privacy policies, visit [www.capitalgroup.com](http://www.capitalgroup.com).

## 2 Instructions for recharacterization

Complete A–E to avoid delays in processing your request. If you need additional space, attach a separate page.

### Important:

- American Funds must receive your request for recharacterization **prior to 4 p.m.** Eastern time on October 15 of the year following the tax year of the contribution.
- A conversion from a Traditional IRA or a rollover from a qualified plan to a Roth IRA cannot be reversed.

A. For tax year: \_\_\_\_\_ — required

B. Recharacterize the contribution originally invested in my: ☐ Traditional IRA **OR** ☐ Roth IRA

Account number \_\_\_\_\_

C. Move money to:

☐ Existing account. Account number \_\_\_\_\_

**OR**

☐ New account. I have completed and attached a new account application.

D. Amount: ☐ All contributions for tax year referenced above **OR** ☐ Partial \$ \_\_\_\_\_ **OR** \_\_\_\_\_%

E. Indicate the amount(s) to remove from the current fund(s). The amount(s) specified will be invested in the receiving account in the same fund(s) and share class. If instructions are not provided below, any amount removed will be removed in the same percentage as originally invested. (In accordance with IRS regulations, the amounts removed from your account will be adjusted to reflect earnings or losses.)  
If you have questions about tax liability, contact your tax advisor.

Fund name or number	Share class	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



### 3 Your signature

I agree to hold harmless and indemnify Capital Bank and Trust Company<sup>SM</sup> (CB&T), 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 CB&T acting on the instructions specified in Section 2.

**X**

Signature of owner (custodian or guardian, if applicable)

\_\_\_\_\_  
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 6164  
Indianapolis, IN 46206-6164

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

**Fax** (888) 421-4371



#### Virginia Service Center

**American Funds Service Company**  
P.O. Box 2560  
Norfolk, VA 23501-2560

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

**Fax** (888) 421-4371

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