



## Automatic Investment Plan Request

- In lieu of submitting this form, you may add or update an automatic investment plan at [www.capitalgroup.com](http://www.capitalgroup.com). The bank account must include the name of the American Funds account owner.
- This form cannot be used for employer-sponsored accounts or plans. Employer-sponsored 529 accounts are the only exception.

### 1 Account information

Please type or print clearly.

Name(s) of owner(s)	Account number		
Address	City	State	ZIP
Email address*		( )	Daytime phone

☐ Check here if the mailing address listed above 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

Complete steps 1–2. Complete steps 3 and 4 if applicable. Investments continue automatically until American Funds receives instructions to stop. For a quick guide to fund names, numbers, minimums and share class restrictions, go to [www.capitalgroup.com/fundguide](http://www.capitalgroup.com/fundguide).

**NOTE: Fund minimums must be met within the first five months of account establishment.**

**Fund minimums: \$1,000 each for money market and state-specific tax-exempt bond funds or \$250 each for all other funds.**

**Step 1:** Identify the investments being selected. (If you need more space, attach a separate page.)

Fund name/share class or fund number	Purchase amount (\$50 min. per fund)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Step 2:** Choose the start date and investment frequency for your plan.

**Note:** 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 automatic plan will be established on the date received. 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:** Tax reporting instructions for Traditional or Roth IRA contributions.

Unless otherwise indicated, all investments will be reported as current-year contributions.

☐ Check this box to have investments you make between January 1 and April 15 reported as prior-year contributions.

**Step 4:** Choose a stop date (optional). Transactions should stop on the following date \_\_\_\_\_  
(mm/dd/yyyy)



### 3 Bank information

Attach an unsigned, voided check below. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple.**

Tape your check here.

John Doe

DATE \_\_\_\_\_

Bank account registration

PAY TO THE ORDER OF \_\_\_\_\_ \$

\_\_\_\_\_ DOLLARS

Anytown Bank

Bank name

| : 99999999 | :

Bank routing number

0000000000 | : |

Bank account number

VOID

**Note:** In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number, account number and account type (checking or savings). The letter must be on the bank's letterhead.

## 4 Signature/Signature guarantee

I/We authorize American Funds Service Company® (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)** redeem fund shares from this account and deposit the proceeds into the bank account identified on this document, and/or **2)** secure payments from the bank account into this account. I/We authorize the bank to accept any such credit or debit to my/our account without responsibility for its correctness. I/We understand that amounts invested may not be redeemed for 7 business days.

I/We 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 establishing these privileges or acting on such instructions.

I/We understand that this authorization may be terminated by me/us 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.

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

<b>X</b>	_____/_____/_____ Signature of fund account owner	Date (mm/dd/yyyy)	<b>X</b>	_____/_____/_____ Signature of fund account co-owner	Date (mm/dd/yyyy)
<b>X</b>	_____/_____/_____ Signature of bank account owner (if different from above)	Date (mm/dd/yyyy)	<b>X</b>	_____/_____/_____ Signature of bank account co-owner (if different from above)	Date (mm/dd/yyyy)

**The bank account owner's/co-owner's signature(s) must be guaranteed if the name of the American Funds account owner is not on the bank account registration.**

**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.

**Note:** A medallion guarantee is acceptable in place of a signature guarantee.

**GUARANTOR:**

Stamp signature guarantee or medallion guarantee here.

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**If a signature guarantee is required, mail this completed form to the service center for your state using the maps below. Otherwise, you may fax it to (888) 421-4351.**

**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 6007  
Indianapolis, IN 46206-6007

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

**Fax** (888) 421-4351



**Virginia Service Center**

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

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

**Fax** (888) 421-4351

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