

1 Information about you

Important:

This section must be completed before an account can be established, and the application must be signed in Section 8, page 2.

For more information, see inside front cover.

If additional space is required, complete page 7.

SSN, EIN or ITIN of owner or entity (please circle taxpayer ID type)

Date of birth if applicable (mm/dd/yyyy)

Name or entity (shareholder, custodian, trustee, conservator, guardian, executor or organization)

Residence address (physical address of owner required)

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Daytime phone

City

State

ZIP

Country of citizenship

Mailing address (if different from residence address)

City

State

ZIP

Name (co-shareholder, minor, trust or authorized individual of entity)

Country of citizenship

Residence address of co-shareholder (if different from above)

SSN, EIN or ITIN (please circle taxpayer ID type)

City State ZIP

Date of birth (date of trust, if applicable)

2 Account registration

Please select only one type of account.

Individual or joint account

- | | |
|---|---|
| <input type="checkbox"/> Individual account | <input type="checkbox"/> Nonprofit organization* |
| <input type="checkbox"/> Joint tenants with rights of survivorship (n/a in LA) | <input type="checkbox"/> Tax-exempt 501(c)(3) |
| <input type="checkbox"/> Tenants in common | <input type="checkbox"/> Community foundation |
| <input type="checkbox"/> Gift/Transfer to a minor (UTMA/UGMA) — use the child's Social Security number from Section 1 above | <input type="checkbox"/> Organizations (partnerships, etc.)* |
| <input type="checkbox"/> Corporation* | <input type="checkbox"/> Transfer on Death (TOD) — include form on page 9 |
| | <input type="checkbox"/> Trust account* |

Individual retirement accounts where Capital Bank and Trust Company is not custodian

-
- IRA
-
- SIMPLE IRA
-
- SEP
-
- 403(b)

*NOTE: If opening a trust or other entity account, additional documents must be provided. Please see page 7 for a detailed listing.

3 Financial adviser

This section must be filled out completely by a financial adviser.

We authorize American Funds Service Company to act as our agent for this account and agree to notify American Funds Service Company of purchases made under a Statement of Intention or Rights of Accumulation. We guarantee the signatures on pages 2 and 5.

Name (exactly as it appears on firm's registration)

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Phone

Rep number

Branch number

Brokerage account number (if applicable)

Address of office serving account

City

State

ZIP

Name of dealer firm (as it appears on Selling Group Agreement)

 X
Dealer's authorized signature

For networked accounts include:

BIN

Network level

Fold first, then tear here