



If spousal consent is not required, you may update beneficiary information by logging in to your account at www.capitalgroup.com.

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 Account information

| | | | | |
|-------------------------|------|-------|---------------|--|
| First name of IRA owner | MI | Last | | |
| Address | City | State | ZIP | |
| Email address* | () | | Daytime phone | |

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

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

*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 percentages are 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 (print) |
|---------------------------------------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | ZIP |
|---------|------|-------|-----|

| | | | | | | | |
|----------------------------------|---|---------------------------------------|--------------------------------|---------------------------------------|-------------------------------------|---------|--------------|
| <input type="checkbox"/> Spouse* | <input type="checkbox"/> Child of owner | <input type="checkbox"/> Other person | <input type="checkbox"/> Trust | <input type="checkbox"/> 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 |
|---------|------|-------|-----|

| | | | | | |
|----------------------------------|---|---------------------------------------|----------------------------|-----|--------------|
| <input type="checkbox"/> Spouse* | <input type="checkbox"/> Child of owner | <input type="checkbox"/> Other person | Date of birth (mm/dd/yyyy) | SSN | Whole % only |
|----------------------------------|---|---------------------------------------|----------------------------|-----|--------------|





2 Beneficiary designation

(continued)

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 (print)

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 %

4. _____
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 to beneficiary designation — if required

If you are married to the IRA owner named in Section 1, and he or she designated a Primary Beneficiary(ies) other than you, please consult your financial professional about the state-law and tax-law implications of this beneficiary designation, including the need for your consent.

I am the spouse of the individual named in Section 1, and I expressly consent to the beneficiary(ies) designated in Section 2 or attached. I acknowledge that neither the custodian nor any affiliate of the custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this *IRA Beneficiary Change* form.

Name of spouse (print)

X _____
Signature of spouse

Date (mm/dd/yyyy)

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

4 Signature of IRA owner — required

I have expressly selected the beneficiary(ies) listed in Section 2 or attached. I acknowledge that neither the custodian nor any affiliate of the custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this *IRA Beneficiary Change* form.

X _____
Signature of IRA owner

Date (mm/dd/yyyy)

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

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
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Indianapolis, IN 46206-6164

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



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

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

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Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4371

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

