

Investment Change Request for Future Allocations/Contributions Only

For Employer/Employee use only

Important: This Investment Change Request must be returned to your employer. Check with your employer to ensure this form meets the employer's requirements. Do not send this form to American Funds Service Company or Capital Bank and Trust Company.SM

Participant information Please type or print clearly.		
MI	Last	
Change effective date	(mm/dd/yyyy)
_	estrictions, go to w	ww.capitalgroup.com/fundguide.
—		
	t investments mu	ist be at least \$25 per fund.
d name or number		entage entages only)
		%
		%
		%
		%
		%
		%
		%
		%
	Total	<u> </u>
	Change effective date S mbers, minimums and share class r A OR Class C* selections as specified below:	Change effective date

3 Signature

By signing below, I agree to the investment changes specified above.

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(mm/dd/yyyy)

Date