American Funds®

Beneficiary Designation

Please read the following carefully before completing the "Beneficiary designation" section below.

The designation of a beneficiary can have important tax consequences. You are encouraged to consult with your tax adviser before completing this form. Neither American Funds Distributors, Inc. (AFD), Capital Bank and Trust Company (CB&T) nor any affiliate of CB&T shall be liable for any claim, loss, damage or expense arising out of or in any manner connected with a distribution pursuant to this completed Beneficiary Designation form. You should periodically review and update your beneficiary designations as appropriate.

If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form.

1 Information about you

Please type or print clearly.

Name of employer

SSN of participant ☐☐☐-☐☐-☐☐☐☐

Name of participant

Date of birth (mm/dd/yyyy) ☐☐-☐☐-☐☐☐☐

2 Beneficiary designation

If the percentages don't add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. If you wish to customize your designation or need more space, please attach a separate sheet.

I revoke all previous designations and direct that this account be distributed upon my death to the designated beneficiary(ies) below.

If a designated primary beneficiary dies prior to the owner, that primary beneficiary's share will be divided equally among the surviving primary beneficiaries. If no primary beneficiary(ies) survives the participant, benefits will be paid to the contingent beneficiary(ies).

Primary beneficiary(ies): (If you're married and naming someone other than your spouse as the primary beneficiary, Section 3 of this document must be completed.)

First name (print) | MI | Last | Relationship | ____ %

SSN ☐☐☐-☐☐-☐☐☐☐ Date of birth (mm/dd/yyyy) ☐☐-☐☐-☐☐☐☐

First name (print) | MI | Last | Relationship | 100 %

SSN ☐☐☐-☐☐-☐☐☐☐ Date of birth (mm/dd/yyyy) ☐☐-☐☐-☐☐☐☐

Contingent beneficiary(ies): (Complete only if you're naming a primary beneficiary above.)

First name (print) | MI | Last | Relationship | ____ %

SSN ☐☐☐-☐☐-☐☐☐☐ Date of birth (mm/dd/yyyy) ☐☐-☐☐-☐☐☐☐

First name (print) | MI | Last | Relationship | 100 %

SSN ☐☐☐-☐☐-☐☐☐☐ Date of birth (mm/dd/yyyy) ☐☐-☐☐-☐☐☐☐

Signature:

X _____ Participant's signature

Date (mm/dd/yyyy) ___/___/_____

Continue on next page.