

Please complete Sections 1–9, as appropriate. DO NOT use this application for PlanPremier®, Recordkeeper Direct® or for retirement plans for which Capital Bank and Trust Company<sup>SM</sup> (CB&T) serves as Custodian or Trustee. **Although Plan-level accounts may have only one Participant, Participant-level accounts are not available. All accounts will be registered and held in the name of the Plan only.**

# 1 Plan type

Choose one:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> 401(k)        | <input type="checkbox"/> 401(k) solo    | <input type="checkbox"/> Profit-sharing | <input type="checkbox"/> Defined benefit     |
| <input type="checkbox"/> Nonqualified* | <input type="checkbox"/> Money purchase | <input type="checkbox"/> 403(b)         | <input type="checkbox"/> Governmental 457(b) |

For nonqualified plans only:

- Check here if 1099-DIV and 1099-B reporting applies.

**\*NOTE: Certain types of plans require additional documents. See page 6 for more information.**

# 2 Plan and employer information

Please type or print clearly.

Plan name (as it should appear on the account)

Address (will be used in the account registration, and all confirmation and quarterly statements will be sent here)

City

State

ZIP

--	--	--	--	--	--	--	--	--	--

Plan Tax ID Number

Company name

Company address (if different from Plan)

City

State

ZIP

Company contact

Alternate company contact

( ) Ext. ( )  
Phone Fax

( ) Ext. ( )  
Phone Fax

E-mail

E-mail

# 3 Plan Trustee(s)

Choose as appropriate. The Plan Trustee(s) is/are establishing the account for the Plan named in Section 2. All Plan Trustees must sign in Section 9.

- Self-trustee<sup>†</sup>      If multiple trustees, they will act:     Individually<sup>†</sup>     Jointly
- Corporate trustee

Trustee name

Trustee name

Trustee name

Trustee name

Address

City

State

ZIP

( ) Ext. ( )  
Phone Fax

<sup>†</sup>Please note that the use of these words or phrases does not imply the availability of a single-Participant account. All accounts will be at the Plan level.  
**NOTE: If establishing a nonqualified plan, complete the information requested on page 6 for each trustee.**

## 4 Recordkeeper or Third-Party Administrator (TPA)

*This Recordkeeper has been engaged to provide recordkeeping services to the Plan.*

### A. Recordkeeper information

Recordkeeper firm name \_\_\_\_\_ Recordkeeper ID number \_\_\_\_\_

Recordkeeper address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Recordkeeper contact \_\_\_\_\_ Alternate recordkeeper contact \_\_\_\_\_

( ) Ext. ( )  
 Phone Fax E-mail

- Check this box if you would like duplicate transaction statements for daily activity sent to the above address. If you choose this option, you will not receive a copy of the quarterly summary.
- Check this box if you would like duplicate quarterly statements sent to the above address. If you choose this option, you will not receive duplicate transaction statements for daily activity.

Has a Service Agreement with American Funds Service Company (AFS) been signed enabling the Recordkeeper to receive recordkeeping revenue?  No  Yes *(If "yes," automated trading is required. If "no," proceed to Section 5.)*

If you checked "yes," select one automated trading method:

- NSCC DCC&S  Direct link (TIP)  CompuServe  Other \_\_\_\_\_

If trust trading, provide \_\_\_\_\_  
 NSCC trust name NSCC trust number NSCC TPA number

### B. Third-Party Administrator (TPA) information *(Complete this information ONLY if you left A above blank.)*

TPA name \_\_\_\_\_ ( ) Ext.  
 Phone

TPA address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 5 Investment instructions

*For fund names, fund numbers and share class descriptions, see pages 7 and 8.*

You must select ONE of the following share classes:	Fund name	Fund number	Amount	Percentage				
<input type="checkbox"/> Class A*	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					\$ _____	or _____%
<input type="checkbox"/> Class R-1	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					\$ _____	or _____%
<input type="checkbox"/> Class R-2	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					\$ _____	or _____%
<input type="checkbox"/> Class R-3	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					\$ _____	or _____%
<input type="checkbox"/> Class R-4	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					\$ _____	or _____%
<input type="checkbox"/> Class R-5	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					\$ _____	or _____%
<input type="checkbox"/> Class R-6	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					\$ _____	or _____%
		<b>Total</b>	<b>\$ _____</b>	<b>or _____%</b>				

\*Class A shares are only available for plans with assets of less than \$1 million; a front-end sales charge will apply.

# 6 Financial adviser or RIA/RP consultant

Select either **A** or **B** below and complete as appropriate. For compensation purposes, registered representatives must complete **A**.

We authorize AFS to act as our agent for this account and agree to notify AFS of purchases made under a Statement of Intention (SOI) or Rights of Accumulation for Class A shares.

**A. Registered representative**

**Name of firm with Selling Group Agreement**

\_\_\_\_\_  
Name of individual adviser (print exactly as it appears on firm's registration)

\_\_\_\_\_  
Firm name (as it appears on Selling Group Agreement)

\_\_\_\_\_  
Rep number

\_\_\_\_\_  
Branch number

\_\_\_\_\_  
Address of home office

( ) Ext. ( )  
Phone Fax

\_\_\_\_\_  
City State ZIP -

\_\_\_\_\_  
Representative's branch address

**X**  
\_\_\_\_\_  
Dealer's authorized signature

\_\_\_\_\_  
City State ZIP -

**B. Registered Investment Adviser/RP Consultant**  
(36000/35000)

**Name of firm**

\_\_\_\_\_  
Name of individual (print)

\_\_\_\_\_  
Firm name (as it appears on Form ADV or home office)

\_\_\_\_\_  
Adviser number (assigned by American Funds)

\_\_\_\_\_  
Firm number (assigned by American Funds; call **800/421-5450** if you need assistance)

\_\_\_\_\_  
Address (if different from firm address)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP -

\_\_\_\_\_  
City State ZIP -

( ) Ext.  
Phone (if different from firm)

( ) Ext.  
Phone

**For RIA use only**

**801-** \_\_\_\_\_  
SEC number IARD/CRD number State registration and number

By signing below, I certify that the firm listed above:

- (1) is a Registered Investment Adviser (RIA) with a current Form ADV filed with the U.S. Securities and Exchange Commission or state regulatory agency,
- (2) is providing investment advisory services to the Plan or Employer identified in Section 2; and
- (3) indemnifies American Funds Distributors and its affiliates for all losses they may incur as a result of misrepresentations or omissions by the RIA in connection with the RIA firm making the American Funds available to its clients.

**X** \_\_\_\_\_ / /  
Authorized signature of RIA Date (mm/dd/yyyy)

## 7 Reducing the sales charge on Class A shares

*Note: Class A shares are only available for plans with assets of less than \$1 million.*

**Complete only if Class A shares were selected.** Purchases in the American Funds money market funds do not apply toward a Class A share SOI or Rights of Accumulation (cumulative discount).

### Rights of Accumulation (cumulative discount)

List employer's other American Funds Retirement Plan accounts:

\_\_\_\_\_

### Statement of Intention

We, the Plan Trustees, plan to invest over a 13-month period in one or more American Funds accounts. The aggregate amount will be at least:

\$25,000  
  \$50,000  
  \$100,000  
  \$250,000  
  \$500,000  
  \$750,000

## 8 Authorization for redemptions to bank account

*To be used only by recordkeepers using a non-NSCC trading method*

The undersigned hereby requests and authorizes American Funds Service Company (AFS) to send to the bank account identified below redemption proceeds from any account on the books of a mutual fund for which AFS serves as transfer agent that is currently or hereafter registered as in Sections 2 and 3.

AFS is hereby authorized and directed to accept and act upon any directions for redemptions of shares held by the Plan from any person who requested payment to be made to the bank identified below. AFS has no duty to inquire into the authority of the individual giving the instructions.

In consideration of AFS acting on such instructions, the undersigned agrees to hold AFS; its affiliates; any investment company served by AFS; and each of their respective officers, directors, trustees, employees and agents harmless from any loss, expense or cost (including reasonable attorney's fees and court costs) arising out of any such requests (whether or not authorized). AFS reserves the right to terminate this redemption privilege upon 10 days' written notice to any address noted on page 6. Subject to the right of AFS to terminate the privilege, the privilege shall remain in effect until AFS receives written notice that the undersigned has elected out of this privilege.

Please transmit all redemption proceeds via electronic deposit to the bank named below.

Bank name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

ABA routing number \_\_\_\_\_

Account number \_\_\_\_\_

Bank account registration \_\_\_\_\_

FFC \_\_\_\_\_

## 9 Authorization, signatures and signature guarantees

All Trustees listed in **Section 3** must sign in this section.

The Plan Trustee(s) hereby authorizes the Recordkeeper and/or the Third-Party Administrator (TPA) named in Section 4 to purchase, sell and exchange shares of the American Funds on behalf of the Plan. The Trustee(s) further authorizes AFS to act upon any instructions, whether oral, written or electronic, that it receives from the TPA and/or Recordkeeper, which it believes to be genuine, and the Plan hereby holds AFS; its affiliates; any investment company served by AFS; and each of their respective officers, directors, trustees, employees and agents harmless from any loss, expense or cost (including reasonable attorney's fees and court costs) that any of them may incur as a result of acting upon or following the instructions of the TPA and/or Recordkeeper or in connection with these instructions. The Trustee(s) acknowledges that AFS may rely upon this authorization until it receives written notification from the Trustee(s) to the contrary.

On behalf of the Plan, we hereby acknowledge that we have received and read the applicable prospectus(es) and this application, and we agree to all its terms. We authorize the financial adviser or Registered Investment Adviser assigned to the Plan's account to have access to the account and to act on behalf of the Trustee(s) with respect to the account.

We understand that information provided on this application will be used to verify our identity. For example, our identities may be verified through the use of a database maintained by a third party. If AFS is unable to verify our identities, we understand it may need to take action, possibly including closing the account and redeeming the shares at the current market price, and that such action may have tax consequences, including a tax penalty.

Trustee name (print)	Trustee name (print)
Trustee name (print)	Trustee name (print)
<b>X</b> Signature of Trustee	_____/_____/_____ Date (mm/dd/yyyy)
<b>X</b> Signature of Trustee	_____/_____/_____ Date (mm/dd/yyyy)

If you are establishing electronic deposit of redemption proceeds (Section 8) and none of the names on the bank account are the names on the fund account, the signature(s) above must be guaranteed.

**If required**, signatures must be guaranteed by a bank, savings association, credit union, a 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.

GUARANTOR:  
Stamp signature guarantee here.

GUARANTOR:  
Stamp signature guarantee here.

GUARANTOR:  
Stamp signature guarantee here.

GUARANTOR:  
Stamp signature guarantee here.

**Complete and return this page ONLY if you have additional information from Section 3 and have chosen a nonqualified plan.**

**NOTE: If the account being established is for a corporation, partnership or other type of organization, include a government-issued document to evidence the existence of the entity, such as certified articles of incorporation or a business license.**

**Additional persons acting on behalf of the registered owner, corporation, partnership or organization**

*Attach additional pages if necessary.*

         

SSN or EIN

  -   -    

Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
 Name of custodian, trustee, corporate officer or attorney-in-fact

\_\_\_\_\_  
 Country of citizenship

( ) \_\_\_\_\_  
 Daytime phone

\_\_\_\_\_  
 Ext.

\_\_\_\_\_  
 Residence address (physical address required — no P.O. boxes)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 ZIP

         

SSN or EIN

  -   -    

Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
 Name of custodian, trustee, corporate officer or attorney-in-fact

\_\_\_\_\_  
 Country of citizenship

( ) \_\_\_\_\_  
 Daytime phone

\_\_\_\_\_  
 Ext.

\_\_\_\_\_  
 Residence address (physical address required — no P.O. boxes)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 ZIP

         

SSN or EIN

  -   -    

Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
 Name of custodian, trustee, corporate officer or attorney-in-fact

\_\_\_\_\_  
 Country of citizenship

( ) \_\_\_\_\_  
 Daytime phone

\_\_\_\_\_  
 Ext.

\_\_\_\_\_  
 Residence address (physical address required — no P.O. boxes)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 ZIP

**Indiana Service Center**

**Please mail this form to the appropriate service center.**

*(If you live outside the U.S., mail the form to the Indiana Service Center.)*



**American Funds Service Company**  
 Attn: HOST Dept.  
 P.O. Box 7118  
 Indianapolis, IN 46207-7118  
**Overnight mail address:**  
 8332 Woodfield Crossing Blvd.  
 Indianapolis, IN 46240-2482  
**Fax:** 317/735-6684

**Virginia Service Center**



**American Funds Service Company**  
 Attn: HOST Dept.  
 P.O. Box 1570  
 Norfolk, VA 23501-1570  
**Overnight mail address:**  
 5300 Robin Hood Rd.  
 Norfolk, VA 23513-2430  
**Fax:** 757/670-4609

**Call toll-free from anywhere in the U.S., 8 a.m. to 8 p.m. Eastern time, 800/421-5475.**

Fund names	Fund numbers						
	Class A	Class R-1	Class R-2	Class R-3	Class R-4	Class R-5	Class R-6
<b>Growth funds</b>							
AMCAP Fund®	02	2102	2202	2302	2402	2502	2602
EuroPacific Growth Fund®	16	2116	2216	2316	2416	2516	2616
The Growth Fund of America®	05	2105	2205	2305	2405	2505	2605
The New Economy Fund®	14	2114	2214	2314	2414	2514	2614
New Perspective Fund®	07	2107	2207	2307	2407	2507	2607
New World Fund®	36	2136	2236	2336	2436	2536	2636
SMALLCAP World Fund®	35	2135	2235	2335	2435	2535	2635
<b>Growth-and-income funds</b>							
American Mutual Fund®	03	2103	2203	2303	2403	2503	2603
Capital World Growth and Income Fund <sup>SM</sup>	33	2133	2233	2333	2433	2533	2633
Fundamental Investors <sup>SM</sup>	10	2110	2210	2310	2410	2510	2610
International Growth and Income Fund <sup>SM</sup>	34	2134	2234	2334	2434	2534	2634
The Investment Company of America®	04	2104	2204	2304	2404	2504	2604
Washington Mutual Investors Fund <sup>SM</sup>	01	2101	2201	2301	2401	2501	2601
<b>Equity-income funds</b>							
Capital Income Builder®	12	2112	2212	2312	2412	2512	2612
The Income Fund of America®	06	2106	2206	2306	2406	2506	2606
<b>Balanced fund</b>							
American Balanced Fund®	11	2111	2211	2311	2411	2511	2611
<b>Bond funds</b>							
American High-Income Trust <sup>SM</sup>	21	2121	2221	2321	2421	2521	2621
The Bond Fund of America <sup>SM</sup>	08	2108	2208	2308	2408	2508	2608
Capital World Bond Fund®	31	2131	2231	2331	2431	2531	2631
Intermediate Bond Fund of America®	23	2123	2223	2323	2423	2523	2623
Short-Term Bond Fund of America <sup>SM</sup>	48	2148	2248	2348	2448	2548	2648
U.S. Government Securities Fund <sup>SM</sup>	22	2122	2222	2322	2422	2522	2622
<b>Money market funds<sup>1</sup></b>							
American Funds Money Market Fund <sup>SM</sup>	59	2159	2259	2359	2459	2559	2659
The Cash Management Trust of America®	09	2109	2209	2309	2409	2509	2609
The U.S. Treasury Money Fund of America <sup>SM</sup>	49	2149	2249	2349	2449	2549	2649
<b>Target date funds</b>							
American Funds Target Date Retirement Series®							
American Funds 2010 Target Date	61	2161	2261	2361	2461	2561	2661
American Funds 2015 Target Date	62	2162	2262	2362	2462	2562	2662
American Funds 2020 Target Date	63	2163	2263	2363	2463	2563	2663
American Funds 2025 Target Date	64	2164	2264	2364	2464	2564	2664
American Funds 2030 Target Date	65	2165	2265	2365	2465	2565	2665
American Funds 2035 Target Date	66	2166	2266	2366	2466	2566	2666
American Funds 2040 Target Date	67	2167	2267	2367	2467	2567	2667
American Funds 2045 Target Date	68	2168	2268	2368	2468	2568	2668
American Funds 2050 Target Date	69	2169	2269	2369	2469	2569	2669

<sup>1</sup>Effective 5/1/09:

- The American Funds Money Market Fund will be available for investments.
- The Cash Management Trust of America and The U.S. Treasury Money Fund of America will be closed to new investors.

**Note:** Share class descriptions are on the next page.



**Class A shares** have an initial sales charge of up to 5.75% (lower for bond and tax-exempt bond funds and none for money market funds) that declines as the amount invested increases, as described in fund prospectuses. Class A shares are only available to retirement plans with assets of less than \$1 million.

**Class R-1 shares** do not have an initial sales charge, but have an average expense ratio of 1.47%.

**Class R-2 shares** do not have an initial sales charge, but have an average expense ratio of 1.51%.

**Class R-3 shares** do not have an initial sales charge, but have an average expense ratio of 1.00%.

**Class R-4 shares** do not have an initial sales charge, but have an average expense ratio of 0.73%.

**Class R-5 shares** do not have an initial sales charge, but have an average expense ratio of 0.46%.

**Class R-6 shares** do not have an initial sales charge, but have an average expense ratio of 0.42%.

Average expense ratios for Class R-1 through R-5 are based on the average daily net assets of each fund as of December 31, 2008. Accordingly, more weight is given to funds that are larger in size and less weight to smaller funds. The average expense ratio for Class R-6 is estimated based on expense projections for all funds. Depending on the fund, the estimated expense ratios are anticipated to range from 0.31% to 0.72%. (The estimated expense ratio for International Growth and Income Fund and American Funds Money Market Fund, and the expense ratios for the funds in the American Funds Target Date Retirement Series are not included in the average.)

The investment adviser to the American Funds has reimbursed certain expenses for some funds and share classes. These reimbursements may be adjusted or discontinued by the investment adviser at any time. Please see each fund's most recent shareholder report or prospectus for details.

Visit our website at [americanfunds.com](http://americanfunds.com).

**The Capital Group Companies**

American Funds

Capital Research and Management

Capital International

Capital Guardian

Capital Bank and Trust