

Please type or print all of the information requested below. When completed, mail or fax this form to American Funds at the appropriate address or fax number shown below.

1 Plan name
Please type or print clearly.

Name of plan accepting rollover _____ Plan ID # _____

2 Participant information
Complete all participant information.

The following participant has elected to roll over into the plan identified above an amount received from a prior qualified plan or IRA:

Name of investment company/trustee _____

First name _____ MI _____ Last _____ Participant's SSN - -

Are any of the rollover assets from a Roth 401(k)? No Yes If yes, specify the Roth start date, cost basis and earnings below.

_____/_____/____ Roth start date (mm/dd/yyyy) \$_____ Cost basis \$_____ Earnings

Are any of the rollover assets voluntary after-tax funds? No Yes If yes, specify the cost basis and earnings below.

\$_____ Cost basis \$_____ Earnings

Note: Instruct the current investment company/trustee to make the rollover check payable as follows:

Capital Bank and Trust Company
FBO (name of participant)
Plan ID – IRK##### or BRK#####

3 Certification and signature
This section must be signed and dated by the plan trustee or other authorized signer.

I hereby certify that I have reasonably concluded that the rollover check for the participant identified above is a valid rollover contribution/rollover source. The assets received should be invested in accordance with the participant's current allocation elections on file with American Funds.

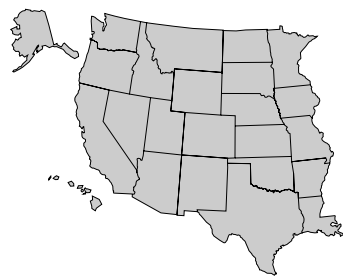
Name of plan trustee or authorized signer (print)

X _____
Signature of plan trustee or authorized signer
(The participant should **not** sign this form.)

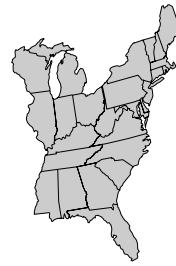
_____/_____/____
Date (mm/dd/yyyy)

Service centers

If you have any questions about this form, call American Funds at 800/421-6019 between 8 a.m. and 8 p.m. Eastern time. Please mail this form to the appropriate service center or fax it to **317/735-6784**.



Western Service Center
American Funds Recordkeeper Direct
c/o Capital Bank and Trust Company
Regular mail: P.O. Box 25404
Santa Ana, CA 92799-5404
Overnight mail: 6455 Irvine Center Dr.
Irvine, CA 92618



Eastern Service Center
American Funds Recordkeeper Direct
c/o Capital Bank and Trust Company
Regular mail: P.O. Box 6040
Indianapolis, IN 46206-6040
Overnight mail: 8332 Woodfield Crossing Blvd.
Indianapolis, IN 46240-4319