

**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. We encourage you to consult an advisor regarding the tax-law and estate-planning implications of your beneficiary designation.**

## 1 General information

Please type or print clearly.

First name of IRA owner \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Daytime phone \_\_\_\_\_

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

The beneficiary designation below only applies to the following account(s): \_\_\_\_\_

## 2 Beneficiary designation

We encourage you to consult an advisor 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 a percentage is not indicated, the beneficiaries' shares will be divided equally.

Select **A** for the Custodial Agreement default. For other beneficiary designation options, select **B**.

**A.**  **I wish to elect the Custodial Agreement default:** According to the terms of your Custodial Agreement, your default beneficiary will be your spouse. In the event you have no spouse, your beneficiary(ies) will be your children equally. If any child does not survive you, the deceased child's share will go to his or her children (your grandchildren) or, if none, the surviving children equally. If no children or grandchildren survive you, your beneficiary will be your estate.

• Proceed to Section 3.

**OR**

**B.**  **I wish to designate the following beneficiary(ies):** Your spouse may need to sign in Section 3. If you wish to customize your designation or need more space, attach a separate page.

**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.

1. \_\_\_\_\_  Spouse  Nonspouse  Trust  Other \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_%

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

2. \_\_\_\_\_  Spouse  Nonspouse  Trust  Other \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_%

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

**Total** \_\_\_\_\_%

Continued on next page

## 2 Beneficiary designation (continued)

**Contingent Beneficiary(ies):** (To designate a Contingent Beneficiary, a Primary Beneficiary must be named.) *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.*

1. \_\_\_\_\_  Spouse  Nonspouse  Trust  Other \_\_\_\_\_ %  
Name (print) Date of birth (mm/dd/yyyy)

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

2. \_\_\_\_\_  Spouse  Nonspouse  Trust  Other \_\_\_\_\_ %  
Name (print) Date of birth (mm/dd/yyyy)

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

**Total** \_\_\_\_\_ %

## 3 Signatures If needed, spousal consent should be provided in A of this section. The IRA owner **MUST** sign B of this section.

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.

**A. Signature of spouse of IRA owner (only if required):** If you are married, live in a community property state and do not name your spouse as the Primary Beneficiary, you may need to get spousal consent for your beneficiary designation. Check with your advisor regarding the estate and tax implications of your beneficiary designation.

*I am the spouse of the IRA owner named in Section 1, and I expressly consent to the beneficiary(ies) designated in Section 2.*

\_\_\_\_\_  
Name of spouse of IRA owner (print)

**X** \_\_\_\_\_  
Signature of spouse of IRA owner

\_\_\_\_\_  
Date (mm/dd/yyyy)

**B. Signature of IRA owner (REQUIRED):**

*I have expressly selected either the Custodial Agreement default or the beneficiary(ies) listed in Section 2.*

**X** \_\_\_\_\_  
Signature of IRA owner

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Note: Fax this form to (888) 421-4371 or mail to the appropriate service center for your state using the maps below.**

Please mail this form to the appropriate service center.  
*(If you live outside the U.S., mail the form to the Indiana Service Center.)*



**Indiana Service Center**  
**American Funds Service Company**  
P.O. Box 6164  
Indianapolis, IN 46206-6164  
**Overnight mail address:**  
12711 N. Meridian St.  
Carmel, IN 46032-9181



**Virginia Service Center**  
**American Funds Service Company**  
P.O. Box 2560  
Norfolk, VA 23501-2560  
**Overnight mail address:**  
5300 Robin Hood Rd.  
Norfolk, VA 23513-2430