



1 Information about the participant

Important: This section must be completed before an account can be established. Please type or print clearly.

SSN of participant _____ Date of birth of participant (mm/dd/yyyy) _____ Country of citizenship _____

First name of participant (print) _____ MI _____ Last _____

Residence address (physical address required — no P.O. boxes) _____ City _____ State _____ ZIP _____

Mailing address (if different from residence address) _____ City _____ State _____ ZIP _____

Email address* _____ () _____ Daytime phone _____

Marital status: I am married. (See Section 5.) I am not married.

*Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Information about the employer

Municipality of Monroeville _____ 168670106 _____ 2 5 - 6 0 0 4 0 9 4 _____
Name of organization _____ Plan ID _____ EIN _____

Kait Kuras _____ (412) 856-3349 Ext. _____
Name of employer contact _____ Daytime phone _____

2700 Monroeville Boulevard _____ Monroeville _____ PA _____ 15146 _____
Address _____ City _____ State _____ ZIP _____

3 Investment instructions

For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide. Only Class A share investments are available for this plan type.

Note: The minimum initial and subsequent investment is \$25 per fund. All future contribution investments will be applied using the selections identified below. To make changes to your fund selections and/or percentage allocations in the future, notify your employer. The percentage specified must equal the fund minimum of \$25 per fund.

Fund name or number	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
Total contribution	_____ %

Note: The \$10 setup fee will be deducted from your account.



4 Beneficiary designation

We encourage you to consult a professional 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 percentages are not indicated, the beneficiaries' shares will be divided equally.

Notes: • Your spouse may need to sign in Section 5. If you wish to name more than one trust or entity, customize your designation or need more space, attach a separate page. Include the name, address, relationship, date of birth or trust, SSN/TIN and percentage for each beneficiary.

• If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."

A. 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 unless otherwise indicated. If no Primary Beneficiaries survive me, assets will be paid to the named Contingent Beneficiaries, if any.

1. _____ MI _____ Last name _____ Suffix _____
First name (print)

OR _____
Name of trust or other entity (print)

_____ Address _____ City _____ State _____ ZIP _____

Spouse* Child of owner Other person Trust Other entity _____ %
Date of birth or trust (mm/dd/yyyy) SSN/TIN Whole % only

2. _____ MI _____ Last name _____ Suffix _____
First name (print)

_____ Address _____ City _____ State _____ ZIP _____

Spouse* Child of owner Other person _____ %
Date of birth (mm/dd/yyyy) SSN Whole % only

3. _____ MI _____ Last name _____ Suffix _____
First name (print)

_____ Address _____ City _____ State _____ ZIP _____

Spouse* Child of owner Other person _____ %
Date of birth (mm/dd/yyyy) SSN Whole % only

4. _____ MI _____ Last name _____ Suffix _____
First name (print)

_____ Address _____ City _____ State _____ ZIP _____

Spouse* Child of owner Other person _____ %
Date of birth (mm/dd/yyyy) SSN Whole % only

* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.



4 Beneficiary designation

(continued)

Important: Section 4-A must be completed prior to completing Section 4-B.

B. Contingent Beneficiary(ies): 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 unless otherwise indicated. If no Contingent Beneficiaries survive me, assets will be paid according to the Custodial Agreement default designation.

1. _____
 First name (print) MI Last name Suffix

OR _____
 Name of trust or other entity (print)

 Address City State ZIP

Spouse* Child of owner Other person Trust Other entity _____ %
 Date of birth or trust (mm/dd/yyyy) SSN/TIN Whole % only

2. _____
 First name (print) MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____ %
 Date of birth (mm/dd/yyyy) SSN Whole % only

3. _____
 First name (print) MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____ %
 Date of birth (mm/dd/yyyy) SSN Whole % only

4. _____
 First name (print) MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____ %
 Date of birth (mm/dd/yyyy) SSN Whole % only

5. _____
 First name (print) MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____ %
 Date of birth (mm/dd/yyyy) SSN Whole % only

* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.



5 Spousal consent

Consult your financial professional and/or employer about the need for spousal consent.

I am the spouse of the participant named in Section 1. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) specified in Section 4. I understand that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me, that such beneficiary designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Name of spouse of participant (print)

X _____
Signature of spouse of participant

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

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

6 Signature

By signing below, I acknowledge that I agree to the beneficiary designation default or I have designated the beneficiary(ies) in Section 4 or on the attached page. I understand that I and all shareholders at my address will receive one copy of fund documents (such as annual reports and proxy statements) unless I opt out by calling (800) 421-4225.

Name of participant (print)

X _____
Signature of participant

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

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

Please mail or fax 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
Fax (888) 421-4371



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
Fax (888) 421-4371

If you have questions or require more information, contact your financial professional or call American Funds Service Company at (800) 421-4225.