

These are fillable forms. Simply type in the relevant information in the highlighted sections only. If you have any trouble, you can print out the forms and hand write the information.

## **American Funds Roth IRA**

**RCM 1:** Section 1: Information about you- Please complete the highlighted sections.

Section 2: Leave blank.

**RCM 2:** Leave blank.

**RCM 3:** Section 6: Complete the Primary and Contingent Beneficiary Information.

**RCM 4:** Sections 7 & 8: Leave blank.

Section 9: Please sign and date.

**RCM 5:** Complete Section C if you plan to use an automatic monthly investment plan (optional).

**RCM 6:** Attach a voided check to Section D.

**RCM 7 & 8:** Leave blank.

**RCM 9:** Please sign and date Section G.

**RCM 10, 11, 12, & 13:** If you are transferring over an existing Roth IRA, **please sign Section 8.** We will complete the other sections. Also, please attach a copy of a recent statement from the prior company.

**RCM 14 & 15:** Section I: Complete the highlighted areas.

**RCM 16, 17, & 18:** Leave blank.

**RCM 19:** Complete the highlighted areas on “Other Investments Held”.

**RCM 20:** Please sign and date.

**RCM 21 - 26:** Leave blank.

**RCM 27:** Please sign and date.

**RCM 28:** Leave blank.

**RCM 29:** Please sign and date.

**RCM 30:** Attach a copy of your driver’s license or government issued picture ID.

**Please make initial contribution checks payable to “Capital Bank & Trust”.**

**Once the forms are completed, printed, and signed, please mail them to the following address:**

**RCM Capital Management, LLC  
3648 Vann Road, Suite 136  
Birmingham, AL 35235**

**If you have any questions or concerns, please feel free to contact our office.**

**Toll Free 888-725-7526 or [Russell@RCMCapital.net](mailto:Russell@RCMCapital.net)**

# 1 Information about you

**Important:** This section must be completed, and the application must be signed in Section 9 before an account can be established. Please type or print clearly.

<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN of IRA owner	Date of birth of IRA owner (mm/dd/yyyy)	Daytime phone ( ) Ext.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	MI	Last	Country of citizenship

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence address (physical address of owner required — no P.O. boxes)	City	State	ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from residence address)	City	State	ZIP

<input type="text"/>	<input type="text"/>
Name of custodian or guardian, if applicable	Country of citizenship

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence address (physical address of custodian or guardian required — no P.O. boxes)	City	State	ZIP

<input type="text"/>	<input type="text"/>
SSN of custodian or guardian	Date of birth of custodian or guardian (mm/dd/yyyy)

**\*Note:** Your privacy is important to us. We may use email addresses for periodic account-related messages only. For information on our privacy policies, visit [americanfunds.com](http://americanfunds.com).

# 2 IRA contribution

**You must complete and submit a separate application for each IRA type you request.** If you are rolling over amounts from an employer plan that include a Roth balance, you must roll the Roth balance into a Roth IRA. The remainder may be rolled into a Traditional IRA or a Roth IRA.

**Identify the type of IRA you wish to establish. A separate application is required for each type.**

I want to establish a Traditional IRA.

**OR**

I want to establish a Roth IRA.

**Source of contributions:**

Personal contribution — You must complete the tax-year information below.

**Apply my contribution as follows:** \$  Amount  Tax year \$  Amount  Tax year

- Transfer from another IRA<sup>1</sup>
- Rollover contribution from another IRA<sup>1</sup>
- Rollover contribution from a retirement plan (If applicable, indicate the amount of your Roth balance in the appropriate field below.)

Roth 401(k)<sup>2</sup> portion: \$  **OR**  Roth 403(b)<sup>2</sup> portion: \$

- Conversion<sup>3</sup> of a Traditional IRA contribution
- Recharacterization<sup>3</sup> of a Traditional or Roth IRA

<sup>1</sup>A transfer or rollover from another IRA can only be from a Traditional (including SEP/SARSEP) or SIMPLE IRA into a Traditional IRA or from a Roth IRA into a Roth IRA; complete and enclose the *Request for Transfer of Assets or Direct Rollover* form found on page 12.

<sup>2</sup>Roth 401(k) or 403(b) assets can only be rolled into a Roth IRA.

<sup>3</sup>A conversion requires either a check or a completed *Roth IRA Request for Conversion* form (found on page 16); a recharacterization requires a recharacterization form. This form can be obtained on [americanfunds.com](http://americanfunds.com) or through Shareholder Services at 800/421-0180.

### 3 Financial adviser

*This section **must** be filled out completely by a financial adviser.*

We authorize American Funds Service Company (AFS) to act as our agent for this account and agree to notify AFS of purchases made under a Statement of Intention or Rights of Accumulation.

			(    )	Ext.
Name (exactly as it appears on firm's registration)	Adviser ID number	Branch number	Daytime phone	
Branch address _____ City _____ State _____ ZIP _____				
Name of broker firm (as it appears on the Selling Group Agreement)		<b>X</b> Signature of person authorized to sign for the dealer		

### 4 Investment instructions

*For fund names, numbers and minimums, see the Fund Information Addendum. If you do not select a share class, this investment will be placed in Class A shares by default. If a fund is not specified, this investment will be placed in the American Funds Money Market Fund® by default.*

**Note:** Checks should be made payable to "Capital Bank and Trust Company."

You must select ONE of the following share classes:  <input type="checkbox"/> Class A* <input type="checkbox"/> Class C†	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;"><b>Fund name</b></td> <td style="text-align: center;"><b>OR</b></td> <td style="text-align: center;"><b>Fund number</b></td> <td style="text-align: center;"><b>Amount</b></td> <td style="text-align: center;"><b>OR</b></td> <td style="text-align: center;"><b>Percentage</b></td> </tr> <tr> <td>_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">□ □ □</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">□ □ □</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">□ □ □</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">□ □ □</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">□ □ □</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">_____ %</td> </tr> </table>	<b>Fund name</b>	<b>OR</b>	<b>Fund number</b>	<b>Amount</b>	<b>OR</b>	<b>Percentage</b>	_____	OR	□ □ □	\$ _____	OR	_____ %	_____	OR	□ □ □	\$ _____	OR	_____ %	_____	OR	□ □ □	\$ _____	OR	_____ %	_____	OR	□ □ □	\$ _____	OR	_____ %	_____	OR	□ □ □	\$ _____	OR	_____ %	
<b>Fund name</b>	<b>OR</b>	<b>Fund number</b>	<b>Amount</b>	<b>OR</b>	<b>Percentage</b>																																	
_____	OR	□ □ □	\$ _____	OR	_____ %																																	
_____	OR	□ □ □	\$ _____	OR	_____ %																																	
_____	OR	□ □ □	\$ _____	OR	_____ %																																	
_____	OR	□ □ □	\$ _____	OR	_____ %																																	
_____	OR	□ □ □	\$ _____	OR	_____ %																																	
<b>Total contribution, rollover or transfer</b>		<b>\$</b> <u>                    </u>	<b>OR</b> <u>                    </u>																																			

\*  **NAV request** — See page 14 for NAV (no sales charge) eligibility.  
 † Certain Class C share funds have restrictions. See the Fund Information Addendum for details.  
**Select one:**  Deduct the \$10 setup fee from the new account.  
 I have included an additional \$10 for the setup fee in the form of a separate check.  
 (For investments or fee payments, currency or cash will not be accepted.)

### 5 Link bank information to purchase and/or sell shares (optional)

**Before completing this section, read the following notes to determine if a signature guarantee is required. If a signature guarantee is required or if not submitting an initial investment check with the application, use the enclosed Account Options/FundsLink form (Section B) to request this option.**

- Notes:**
- To purchase electronically via ACH, the name on the IRA account registration must be on the initial investment check; otherwise, the bank account owner's/co-owner's signature(s) must be guaranteed. (ACH purchase is available immediately.)
  - To sell electronically via ACH, the name(s) on the initial investment check registration must be **identical** to the name(s) on the American Funds account registration; otherwise, the signature of the IRA owner must be guaranteed. (Once the sell option is established, there will be a ten-day waiting period before it can be used.)

Link my account to my bank account using the information from my initial investment check so that I can perform the following transactions by telephone and online at **americanfunds.com**:

Purchase     Sell     Both

**Note:** Your election will apply to all your fund holdings unless you specify otherwise. **Maximum purchase is \$100,000 a day. (Please check your funds' prospectuses for any share class purchase limits.) Maximum redemption is \$75,000 a day.**

## 6 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. If you wish to customize your designation or need more space, attach a separate page.

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

**A. Automatic Beneficiary Designation Default:** If you want the beneficiary designation default of the Custodial Agreement as explained in this paragraph, proceed to Section 7; otherwise, complete **B** below. According to the terms of your Agreement, **your default beneficiary will be your spouse. In the event you have no spouse, your beneficiary 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.

**B. Alternate Beneficiary Designation:** Provide your beneficiary information below **only if you do not want the default designation offered in the Custodial Agreement** and as described in **A** above. Your spouse may need to sign below.

If any designated Primary Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries.

**Primary Beneficiary(ies):**

1. \_\_\_\_\_  
 First name (print) MI Last  
 \_\_\_\_\_  
 Relationship Date of birth (mm/dd/yyyy) \_\_\_\_\_ %

2. \_\_\_\_\_  
 First name (print) MI Last  
 \_\_\_\_\_  
 Relationship Date of birth (mm/dd/yyyy) \_\_\_\_\_ %

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

**Contingent Beneficiary(ies):** (Complete only if naming a Primary Beneficiary above.)

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. \_\_\_\_\_  
 First name (print) MI Last  
 \_\_\_\_\_  
 Relationship Date of birth (mm/dd/yyyy) \_\_\_\_\_ %

2. \_\_\_\_\_  
 First name (print) MI Last  
 \_\_\_\_\_  
 Relationship Date of birth (mm/dd/yyyy) \_\_\_\_\_ %

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

**Signature of IRA owner's spouse (only if needed):** If you are married to the IRA owner and he or she designated a Primary Beneficiary(ies) other than you, please consult your financial adviser about the state-law and tax-law implications of this beneficiary designation, including the need for your consent.

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

\_\_\_\_\_  
 Name of spouse (print) **X** \_\_\_\_\_  
 Signature of spouse (of IRA owner) Date / /  
 (mm/dd/yyyy)

## 7 Reducing the sales charge on Class A shares only

### Rights of Accumulation (cumulative discount)

Account owner, spouse and minor children (under 21) can aggregate accounts to reduce sales charges. Any share classes within these accounts will contribute toward a reduced sales charge. The Social Security or account numbers on those accounts are:

\_\_\_\_\_

### Statement of Intention (SOI)

I plan to invest over a 13-month period in one or more American Funds accounts. (If I do not invest the intended amount within 13 months, the sales charge will be adjusted.) The aggregate amount will be at least:

\$25,000     \$50,000     \$100,000     \$250,000     \$500,000     \$750,000     \$1,000,000

I am already investing under an existing Statement of Intention.

**Note:** Investments in Class A, C, F and 529 shares apply toward the completion of a Class A share SOI; purchases in the American Funds Money Market Fund **do not apply** toward a Class A share SOI or Rights of Accumulation (cumulative discount).

## 8 Decline telephone and website exchange and/or redemption privileges (optional)

Telephone and website exchange and redemption privileges will automatically be enabled on your account unless you decline below. To decline these privileges, read the individual statements and check the applicable box(es).

**Note:** If either option is declined, no one associated with this account, including your financial adviser, will be able to request exchanges or redemptions by telephone or via the website. Requests would need to be submitted in writing.

**Exchanges:** I **DO NOT** want the option of using the telephone and website exchange privilege.

**Redemptions:** I **DO NOT** want the option of using the telephone and website redemption privilege.

## 9 Your signature

I hereby establish an American Funds Traditional/Roth IRA, appoint Capital Bank and Trust Company (CB&T) as Custodian and acknowledge that I have received, read and agree to the terms set forth in the American Funds *Traditional and Roth IRA Custodial Agreement*. I have read the *Traditional and Roth IRA Disclosure Statement* at least seven (7) days before establishing this account and waive any right to revoke this account. I acknowledge that I have read and agree to the terms of the current prospectus(es) of the fund(s) selected and consent to the \$10 setup fee and the annual custodial fee (currently \$10).

I understand that dividends and capital gains will be reinvested for all my fund selections. I acknowledge that I am responsible for determining my eligibility to contribute to the IRA.

I agree to the conditions of the telephone and website exchange/redemption authorization unless I have declined those privileges and agree to indemnify and hold harmless CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors, officers, employees and agents for any loss, expense or cost arising from such instructions once the telephone and website exchange and/or redemption privileges have been established.

I certify, under penalty of perjury, that my Social Security number is correct. I also certify that, if I am married and have not named my spouse as Primary Beneficiary, I have consulted my financial adviser about the need for spousal consent. I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account.

I understand that, to comply with federal regulations, information provided on this application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If CB&T is unable to verify my identity, I understand that CB&T may need to take action, possibly including closing my account and redeeming the shares at the current market price, and that such action may have tax consequences, including a tax penalty.

X

\_\_\_\_\_  
Traditional/Roth IRA owner's signature (custodian or guardian, if applicable)

**SIGN HERE**

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

- This form is to be used **ONLY** if you are adding account options to a new American Funds account. You can also sign up for many of these options online at [americanfunds.com](http://americanfunds.com).
- If changing only the bank information, use the Electronic Funds Transfer Bank Change Request.
- A signature guarantee may be required. See Section G for requirements.
- For fund names and numbers, see the Fund Information Addendum.

## A Account information

Please type or print clearly.

Name of owner(s) (print) \_\_\_\_\_ Account number \_\_\_\_\_

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

## B Link bank information to purchase and sell shares — Complete if Section 5 of the application could not be completed because a signature guarantee is required.

Once the sell option is established, there will be a ten-day waiting period before it can be used. ACH purchase is available immediately.

- Link my American Funds account(s) and bank account so that I can perform the following transactions by telephone and online at [americanfunds.com](http://americanfunds.com). (Provide bank information in Section D. Read the signature guarantee requirements in Section G.)
- Purchase    Sell    Both

**Note:** Your election will apply to all your fund holdings unless you specify otherwise. **Maximum purchase is \$100,000 a day. (Please check your funds' prospectuses for any share class purchase limits.) Maximum redemption is \$75,000 a day.**

## C Automatic purchase plan — Use this option to automatically purchase shares for your American Funds account.

Complete steps 1–3 and 4, if applicable. For fund names and numbers, see the Fund Information Addendum. If you need more space, attach a separate page. To modify an existing purchase plan, visit us at [americanfunds.com](http://americanfunds.com) or call us toll-free.

**NOTE: For automatic purchase plans, the fund minimums must be met within the first five months.**

**Fund minimums:** • \$1,000 for the money market fund • \$250 each for all other funds

- Establish an automatic purchase plan.

**Step 1:** Identify the fund name or number and the purchase amount:

Fund name	Fund number	Purchase amount (\$50 min. per fund)
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____

**Total Monthly  
Bank Draft  
Amount**  
\$ \_\_\_\_\_

**Step 2:** Choose the starting month, transaction date(s) and frequency for your purchase plan. American Funds must receive your request at least two (2) business days prior to the first transaction date requested. If no date is provided below, the option will be established the date received and transactions will begin the following month and will occur monthly thereafter.

A. Transactions should begin during the month of \_\_\_\_\_

B. Transactions should occur on the following date(s) of the month \_\_\_\_\_, \_\_\_\_\_ (e.g., 8th, 19th, etc.)

C. Frequency of automatic transactions:

- Every month    Every other month    Every 3 months    Every 6 months    Every year

**C Automatic purchase plan**  
*(continued)*

**Step 3: Tax reporting:** Individual investments received from January 1 through April 15 of the current tax year may be designated for the current or prior tax year. Please designate your choice below:

- Report all automatic investments as “**current tax year**” (January to December) deposits.
- Report all automatic investments made prior to April 16 (January 1 through April 15) as “**prior tax year**” deposits.

**Step 4:** Choose a stop date (optional).

Transactions should stop on the following date \_\_\_\_\_  
(mm/dd/yyyy)

- Provide bank information in Section D.

**D Bank information**

*Attach an unsigned, voided check below if selecting option B or C. The document you attach must be preprinted with the bank name and registration, routing number and account number. Please do not staple.*

If establishing investments by telephone and online, and the name on the IRA account is not on the bank account, the bank account owner's/co-owner's signature(s) must be guaranteed in Section G.

**Bank Account Registration**

DATE \_\_\_\_\_

John Doe

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Anytown Bank

Bank Name

Bank Routing Number: |:999999999|:

Bank Account Number: 0000000000|:

Tape your document here.

VOID

**Note:** Only one bank account can be used on any Account Options form. Separate Account Options forms must be submitted if you want to use different bank accounts for various options.

## E Automatic exchange plan

Complete steps 1–2 and 3, if applicable.

Establish an automatic exchange plan.

**Step 1:** Identify the fund numbers and amount or percentage of exchange.

**Note:** You can exchange from one fund to another within the same share class. See the Fund Information Addendum for exchange limitations.

From fund number	Amount (\$50 min. per fund)	Annual percentage*	To fund number
<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	OR _____ %	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	OR _____ %	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	OR _____ %	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	OR _____ %	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	OR _____ %	<input type="text"/> <input type="text"/> <input type="text"/>

\*For annual percentage exchanges, the dollar amount of the automatic exchange is recalculated based on the percentage designated, the frequency of the transactions and the account value on each exchange date. For example, if you request a 12% annual exchange, transacted monthly, 1% will be exchanged each month. Because of market fluctuation and the amount of any previous withdrawals, the actual exchange amount will vary with each transaction.

**Step 2:** Choose the starting month, transaction date(s) and frequency for your exchanges. If no date is provided below, the option will be established the date received and transactions will begin that month.

A. Transactions should begin during the month of \_\_\_\_\_

B. Transactions should occur on the following date(s) of the month \_\_\_\_\_ , \_\_\_\_\_ (e.g., 8th, 19th, etc.)

C. Frequency of automatic transactions:

Every month     Every other month     Every 3 months     Every 6 months     Every year

**Step 3:** Choose a stop date (optional).

Transactions should stop on the following date \_\_\_\_\_  
(mm/dd/yyyy)

## F Rebalance option

**Important:**

- Use this section to rebalance your account on a schedule. To request an immediate rebalance, please visit our website at [americanfunds.com](http://americanfunds.com).
- You may only rebalance between funds within the same share class. If you want to rebalance funds in multiple share classes, call us toll-free at 800/421-0180.
- You may exclude the American Funds Money Market Fund from any rebalancing request.
- At least one fund in this account must change by 5% or more in order for the account to rebalance.
- Once the rebalance option is established, any new fund added to the account by exchange or new investment will not be included in the rebalance transaction without specific instructions at the time the investments are received.

Establish scheduled rebalance.

**Step 1:** Identify each fund name or number to which the funds will be rebalanced and the target allocation percentage.

Exclude the American Funds Money Market Fund from the rebalance request.

Rebalance to: Fund name	Fund number	Target allocation percentage (whole percentages only)
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
_____	OR <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
	<b>Total</b> (must total 100%)	<b>=====</b> %

**Step 2:** Identify the frequency of the scheduled rebalance.

Each rebalancing transaction will occur on the 20th of the month based on the scheduled option below. If the 20th falls on a weekend or holiday, the rebalance will occur on the next business day.

Quarterly (March, June, September and December)

Semi-annually (June and December)

Annually (December)

**Note:** The request must be received at least three business days prior to the 20th of the month in which the rebalance is to occur.

## G Signature/Signature guarantee

I request the establishment of the privileges selected on this form and authorize American Funds Service Company (AFS), upon request via telephone, facsimile or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to secure payments of amounts invested by me in the IRA account(s) identified on this form from the bank account identified on this form. I authorize the bank to accept any such debit to my account without responsibility for its correctness. I understand that amounts invested electronically may not be redeemed for 10 business days.

In consideration of AFS acting on such instructions and processing such transactions, I agree to hold harmless and indemnify Capital Bank and Trust Company (CB&T) and AFS; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of AFS establishing these privileges or acting on such instructions.

I understand that this authorization may be terminated by me at any time by telephone or written notification to AFS/CB&T. The termination request will be effective as soon as AFS/CB&T has had reasonable time to act upon it.

**X** \_\_\_\_\_  \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 IRA account owner's signature\* Date (mm/dd/yyyy)

\*The IRA owner's signature must be guaranteed if establishing electronic deposit of redemption proceeds **and** the name on the bank account is not identical to the name on the American Funds account.

**X** \_\_\_\_\_  **X** \_\_\_\_\_   
 Bank account owner's signature† Bank account co-owner's signature†

†If establishing investments by telephone or website or making automatic investments, **and** the name on the IRA account is not on the bank account, the bank owner's/co-owner's signature(s) 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.

Indiana Service Center		Virginia Service Center	
<p><b>Please mail this form to the appropriate service center.</b> (If you live outside the U.S., mail the form to the Indiana Service Center.)</p>			
<p><b>American Funds Service Company</b> P.O. Box 6164 Indianapolis, IN 46206-6164</p> <p><b>Overnight mail address:</b> 12711 N. Meridian St. Carmel, IN 46032-9181</p>		<p><b>American Funds Service Company</b> P.O. Box 2560 Norfolk, VA 23501-2560</p> <p><b>Overnight mail address:</b> 5300 Robin Hood Rd. Norfolk, VA 23513-2430</p>	

If you have questions or require more information, please contact your financial adviser or call American Funds Service Company at 800/421-0180.

### The Capital Group Companies

American Funds    Capital Research and Management    Capital International    Capital Guardian    Capital Bank and Trust

**IMPORTANT: To request a Roth conversion or to transfer or roll over assets INTO a SIMPLE IRA, 403(b), Texas ORP or non-retirement account, contact your financial adviser or call American Funds Service Company at 800/421-4225 to obtain the correct form.**

# 1 Information about you

Please type or print clearly.

American Funds account number (if applicable)

MI



## 7 Investment instructions — for assets being liquidated and sent via check

Provide instructions for investments in the new or existing American Funds account. For fund names and numbers, visit our website at [americanfunds.com](http://americanfunds.com) or contact your financial adviser.

Invest the assets in my **new** American Funds account. (I have attached an application.)

Invest the assets in my **existing** American Funds account. \_\_\_\_\_  
Account number

You must select ONE of the following share classes:	Fund name	Fund number	Amount or percentage: \$ <input type="checkbox"/> OR % <input type="checkbox"/>
<input type="checkbox"/> Class A <input type="checkbox"/> Class C*	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

**NAV (no sales charge) for IRA rollovers:** 1) NAV pricing will apply only to those assets that were invested in the American Funds within the retirement plan at the time of the rollover or distribution — **you must attach a copy of your most recent retirement account statement;** and 2) the funds must be deposited into an IRA with CB&T as Custodian. Any future contributions will be assessed the appropriate sales charge based on the applicable breakpoints.

\*Certain Class C share funds have restrictions. See the fund prospectuses or contact your financial adviser for details.

## 8 Authorization

**To the sending trustee, custodian, insurance company or employer:** I have established a retirement account with Capital Bank and Trust Company. Liquidate and disburse my account(s), transfer shares or send authorization to transfer shares of the American Funds in kind as instructed in Section 6.

For liquidations, make checks payable to **“Capital Bank and Trust Company.”**

**X**

Signature

**SIGN HERE**

Date / /  
(mm/dd/yyyy)

**If required** by the sending trustee, custodian, insurance company or employer, signatures must be guaranteed by a bank, savings association, credit union or 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.

## Did you?

1. Complete all sections of this form and sign the request?
2. Attach your most recent account statement for each account being moved?
3. Contact the sending trustee or custodian regarding their requirements (such as additional forms or signature guarantees)?
4. **If you are 70½ or over** — Satisfy your required minimum distribution from your current plan before completing a direct rollover (consult the sending trustee or custodian, your financial adviser or qualified tax consultant with questions)?

**DO NOT WRITE BELOW THIS LINE. CB&T WILL COMPLETE THIS SECTION.**

### Custodial acceptance

**To the sending trustee, custodian, insurance company or employer:**

*Instructions for delivery to an American Funds Traditional IRA, Roth IRA or other retirement account*

Capital Bank and Trust Company has agreed to serve as Trustee/Custodian for the above person's retirement plan as designated above and will accept the transfer or rollover on a trustee-to-trustee basis. American Funds shares requested in kind in Section 6 are to be transferred to the name of **“Capital Bank and Trust Company.”** For all other assets, liquidate and disburse as instructed in Section 6. **Send the check payable to “Capital Bank and Trust Company” along with a copy of this request to the appropriate address listed below.** Include the following information on the check:

TOA ID number \_\_\_\_\_ FBO \_\_\_\_\_

Accepted by **X** \_\_\_\_\_ / /  
Signature of authorized CB&T signer Date (mm/dd/yyyy)

#### 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**  
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

If you have questions or require more information, please contact your financial adviser or call American Funds Service Company at 800/421-4225.

# NON-BROKERAGE NEW ACCOUNT FORM

For office use only:	ACCOUNT NUMBER: <input style="width:95%;" type="text"/>	RR NUMBER: <input style="width:95%;" type="text"/>
----------------------	---	--

**I. CLIENT INFORMATION**
**PRIMARY OWNER**

Person    Entity  
 **SSN:**    -   -      
**TIN:**   -

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:**    Male    Female

**MARITAL STATUS:**    Married    Single    Widowed    Divorced    Domestic Partner

**CITIZENSHIP COUNTRY:** \_\_\_\_\_

**COUNTRY OF PERMANENT RESIDENCE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**SUITE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**LEGAL ADDRESS:** \_\_\_\_\_

**SUITE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** (Home) \_\_\_\_\_ Primary:    Yes    No

(Cell) \_\_\_\_\_ Primary:    Yes    No

(Work) \_\_\_\_\_ Primary:    Yes    No

**E-MAIL ADDRESS:** \_\_\_\_\_ Primary:    Yes    No

Client consents to have e-mail notifications sent to Primary E-Mail Address indicated above    Yes    No

**FINANCIAL INFORMATION – PRIMARY OWNER**

**CLIENT DECLINES TO DISCLOSE FINANCIAL INFORMATION:**    Yes    No

**YEARS OF INVESTMENT EXPERIENCE:** \_\_\_\_\_ **ANNUAL INCOME:** \$ \_\_\_\_\_

**NET WORTH (Excluding Home, Furnishings and Automobiles):** \$ \_\_\_\_\_

**LIQUID NET WORTH:** \$ \_\_\_\_\_ **NUMBER OF DEPENDENTS:** \_\_\_\_\_

**FEDERAL TAX BRACKET %**    0% – 15%    15.1% – 32%    32.1% – 50%    50.1% +

**INVESTMENT KNOWLEDGE AND EXPERIENCE – PRIMARY OWNER**

**GENERAL INVESTMENT KNOWLEDGE:**    Limited    Moderate    Extensive    None

**KNOWLEDGE AND EXPERIENCE BY INVESTMENT TYPE:**

<b>INVESTMENT</b>	<b>INVESTMENT KNOWLEDGE</b>				<b>INVESTMENT EXPERIENCE</b>
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Options	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Unit Investment Trusts	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Real Estate	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Insurance	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Variable Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Fixed Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____

**NON-BROKERAGE NEW ACCOUNT FORM**

**EMPLOYMENT INFORMATION – PRIMARY OWNER**

**EMPLOYMENT STATUS:**  Employed  Self-Employed  Retired  Unemployed  Homemaker  Student

**EMPLOYER NAME:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

**SUITE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**YEARS EMPLOYED:** \_\_\_\_\_ **TYPE OF BUSINESS:** \_\_\_\_\_

**CLIENT IDENTITY INFORMATION – PRIMARY OWNER**

**ID TYPE:**  Unexpired Driver's License  Unexpired Passport  Military  SSN Verification  
 Existing Client  Other (Describe Other): \_\_\_\_\_

**ID NUMBER:** \_\_\_\_\_ **ISSUING STATE/PROVIDENCE:** \_\_\_\_\_

**ISSUING COUNTRY:** \_\_\_\_\_ **DATE OF ISSUE:** \_\_\_\_\_ **DATE OF EXPIRATION:** \_\_\_\_\_

**BROKER-DEALER OR PUBLIC COMPANY AFFILIATIONS – PRIMARY OWNER**

**ARE YOU AN EMPLOYEE OF THIS BROKER-DEALER?**  YES  NO

**ARE YOU RELATED TO AN EMPLOYEE OF THIS BROKER-DEALER?**  YES  NO

**IF "YES", PROVIDE:** Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ARE YOU AN EMPLOYEE OF ANOTHER BROKER-DEALER?**  YES  NO

**IF "YES", PROVIDE:** Broker-Dealer Name: \_\_\_\_\_

**ARE YOU RELATED TO AN EMPLOYEE OF ANOTHER BROKER-DEALER?**  YES  NO

**IF "YES", PROVIDE:** Broker-Dealer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ARE YOU MAINTAINING ANY OTHER BROKERAGE ACCOUNTS?**  YES  NO

**IF "YES", PROVIDE:** Firm Name: \_\_\_\_\_

**ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFILIATED WITH OR EMPLOYED BY A MEMBER OF A STOCK EXCHANGE OR THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA)?**  YES  NO

**IF "YES", WHAT IS THE AFFILIATION?** \_\_\_\_\_

**NOTE:** An affirmative response requires employer authorization to open this account.

**ARE YOU A SENIOR OFFICER, DIRECTOR, OR SHAREHOLDER OF A PUBLIC COMPANY?**  YES  NO

**IF "YES", PROVIDE:** Company Name: \_\_\_\_\_

## NON-BROKERAGE NEW ACCOUNT FORM

### SECONDARY OWNER

Person  Entity    **SSN:**    -   -          **TIN:**   -

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_    **GENDER:**  Male  Female

**MARITAL STATUS:**  Married  Single  Widowed  Divorced  Domestic Partner

**CITIZENSHIP COUNTRY:** \_\_\_\_\_

**COUNTRY OF PERMANENT RESIDENCE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**SUITE:** \_\_\_\_\_    **CITY:** \_\_\_\_\_    **STATE:** \_\_\_\_\_    **ZIP CODE:** \_\_\_\_\_

**LEGAL ADDRESS:** \_\_\_\_\_

**SUITE:** \_\_\_\_\_    **CITY:** \_\_\_\_\_    **STATE:** \_\_\_\_\_    **ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** (Home) \_\_\_\_\_ Primary:  Yes  No

(Cell) \_\_\_\_\_ Primary:  Yes  No

(Work) \_\_\_\_\_ Primary:  Yes  No

**E-MAIL ADDRESS:** \_\_\_\_\_ Primary:  Yes  No

Client consents to have e-mail notifications sent to Primary E-Mail Address indicated above  Yes  No

### FINANCIAL INFORMATION - SECONDARY OWNER

**CLIENT DECLINES TO DISCLOSE FINANCIAL INFORMATION:**  Yes  No

**YEARS OF INVESTMENT EXPERIENCE:** \_\_\_\_\_    **ANNUAL INCOME:** \$ \_\_\_\_\_

**NET WORTH (Excluding Home, Furnishings and Automobiles):** \$ \_\_\_\_\_

**LIQUID NET WORTH:** \$ \_\_\_\_\_    **NUMBER OF DEPENDENTS:** \_\_\_\_\_

**FEDERAL TAX BRACKET %**     0% - 15%     15.1% - 32%     32.1% - 50%     50.1% +

### INVESTMENT KNOWLEDGE AND EXPERIENCE - SECONDARY OWNER

**GENERAL INVESTMENT KNOWLEDGE:**  Limited  Moderate  Extensive  None

#### KNOWLEDGE AND EXPERIENCE BY INVESTMENT TYPE:

INVESTMENT	INVESTMENT KNOWLEDGE				INVESTMENT EXPERIENCE
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Options	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Unit Investment Trusts	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Real Estate	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Insurance	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Variable Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____
Fixed Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Number of Years: _____

**NON-BROKERAGE NEW ACCOUNT FORM**

**EMPLOYMENT INFORMATION – SECONDARY OWNER**

**EMPLOYMENT STATUS:**  Employed  Self-Employed  Retired  Unemployed  Homemaker  Student

**EMPLOYER NAME:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

**SUITE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**YEARS EMPLOYED:** \_\_\_\_\_ **TYPE OF BUSINESS:** \_\_\_\_\_

**CLIENT IDENTITY INFORMATION – SECONDARY OWNER**

**ID TYPE:**  Unexpired Driver's License  Unexpired Passport  Military  SSN Verification

Existing Client  Other (Describe Other): \_\_\_\_\_

**ID NUMBER:** \_\_\_\_\_ **ISSUING STATE/PROVIDENCE:** \_\_\_\_\_

**ISSUING COUNTRY:** \_\_\_\_\_ **DATE OF ISSUE:** \_\_\_\_\_ **DATE OF EXPIRATION:** \_\_\_\_\_

**BROKER-DEALER OR PUBLIC COMPANY AFFILIATIONS – SECONDARY OWNER**

**ARE YOU AN EMPLOYEE OF THIS BROKER-DEALER?**  YES  NO

**ARE YOU RELATED TO AN EMPLOYEE OF THIS BROKER-DEALER?**  YES  NO

**IF "YES", PROVIDE:** Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ARE YOU AN EMPLOYEE OF ANOTHER BROKER-DEALER?**  YES  NO

**IF "YES", PROVIDE:** Broker-Dealer Name: \_\_\_\_\_

**ARE YOU RELATED TO AN EMPLOYEE OF ANOTHER BROKER-DEALER?**  YES  NO

**IF "YES", PROVIDE:** Broker-Dealer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ARE YOU MAINTAINING ANY OTHER BROKERAGE ACCOUNTS?**  YES  NO

**IF "YES", PROVIDE:** Firm Name: \_\_\_\_\_

**ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFILIATED WITH OR EMPLOYED BY A MEMBER OF A STOCK EXCHANGE OR THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA)?**  YES  NO

**IF "YES", WHAT IS THE AFFILIATION?** \_\_\_\_\_

**NOTE:** An affirmative response requires employer authorization to open this account.

**ARE YOU A SENIOR OFFICER, DIRECTOR, OR SHAREHOLDER OF A PUBLIC COMPANY?**  YES  NO

**IF "YES", PROVIDE:** Company Name: \_\_\_\_\_

## NON-BROKERAGE NEW ACCOUNT FORM

### II. REGISTRATION INFORMATION

#### REGISTRATION CATEGORY

**NON-QUALIFIED\*:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Estate          | <input type="checkbox"/> Individual              | <input type="checkbox"/> Power of Attorney   | <input type="checkbox"/> Transfer On Death   |
| <input type="checkbox"/> Bank Collateral | <input type="checkbox"/> Corporation             | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Government Agency   |
| <input type="checkbox"/> Investment Club | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Partnership         | <input type="checkbox"/> Exempt Organization |

**TRUST\*:**      **Establishment Date:** \_\_\_\_\_

**Trust Type:**    Charitable    Living    Irrevocable Living    Family    Revocable    Irrevocable    Testamentary

**JOINT\*:**

**Are the account holders married to each other?**    YES    NO   **Tenancy State:** \_\_\_\_\_   **Number of Tenants:** \_\_\_\_\_

**Tenancy Clause:**       Joint with Rights of Survivorship    Tenants in Common    Tenants by Entirety  
 Community Property    Community Property with Rights of Survivorship    Usufruct

**TRANSFER ON DEATH INDIVIDUAL\*:**      **Agreement Execution Date:** \_\_\_\_\_

**TRANSFER ON DEATH JOINT\*:**      **Agreement Execution Date:** \_\_\_\_\_

**Are the account holders married to each other?**    YES    NO   **Tenancy State:** \_\_\_\_\_   **Number of Tenants:** \_\_\_\_\_

**Tenancy Clause:**       Joint with Rights of Survivorship    Joint Tenants by Entirety    Usufruct  
 Community Property    Community Property with Rights of Survivorship

**IRA\*:**

- SEP    Roth    Beneficiary    Traditional    Third-Party    Rollover    Spousal    SAR-SEP  
 Simple    Health Savings Account    Beneficiary Guardian (Inherited)    Beneficiary Roth (Inherited)  
 Roth Conversion

**CUSTODIAL\*:**

- 529 Plan    Conservator    Custodian for Minor (UTMA/UGMA)    Custodial Roth IRA  
 Education/Coverdell IRA    Guardian IRA    Guardianship

**CUSTODIAL FOR MINOR\*:**

**State in Which Gift Was Given:** \_\_\_\_\_      **Date Gift Was Given:** \_\_\_\_\_      **Age Designated to Terminate:** \_\_\_\_\_

**Manner in Which Gift Was Given:**

- Trust    Will    Created by Gift    Exercise by Appointment    Transfer by Fiduciary or Obligor

**NON-ERISA QUALIFIED\*:**

- 403(b)    457 Plan    Other: Please Identify: \_\_\_\_\_  
 Non-Qualified Plan (Tax Bracket) \_\_\_\_\_ %

**ERISA QUALIFIED\*:**

- 401(k)    403(b)    Money Purchase Pension Plan    Profit Sharing Plan    Defined Benefit    Individual K

**\*Additional documentation may be required to open these registration types.**

## NON-BROKERAGE NEW ACCOUNT FORM

### SUITABILITY INFORMATION

**RISK EXPOSURE (Check one):**  Low  Moderate  High Risk  Speculation

**ACCOUNT INVESTMENT OBJECTIVES\*:**  Income  Growth & Income  Long-Term Growth  Short-Term Trading

**OVERALL INVESTMENT TIME HORIZON FOR THIS ACCOUNT:** Number of Years: \_\_\_\_\_

**LIQUIDITY NEEDS:**  High  Medium  Low

**INVESTMENT STRATEGY(S)\*:**

**Note:** Varying investment strategies may be employed to meet your investment objectives for this account. Please check all the applicable strategies that apply.

- |  |   |  |                                  |
|--|---|--|----------------------------------|
| <input type="checkbox"/> Buy and Hold      | <input type="checkbox"/> Asset Allocation         | <input type="checkbox"/> Dollar Cost Averaging           | <input type="checkbox"/> Hedging |
| <input type="checkbox"/> Retirement        | <input type="checkbox"/> Diversification          | <input type="checkbox"/> Educational Savings             |                                  |
| <input type="checkbox"/> Income Generation | <input type="checkbox"/> Tax Advantaged Investing | <input type="checkbox"/> No Specific Strategy Being Used |                                  |

**OTHER INVESTMENTS HELD:**

<b>INVESTMENT</b>	<b>INVESTMENT VALUE</b>	<b>INVESTMENT</b>	<b>INVESTMENT VALUE</b>
Equities	Value (\$) _____	Exchange Traded Funds	Value (\$) _____
Options	Value (\$) _____	Real Estate	Value (\$) _____
Fixed Income	Value (\$) _____	Insurance	Value (\$) _____
Mutual Funds	Value (\$) _____	Variable Annuities	Value (\$) _____
Unit Investment Trusts	Value (\$) _____	Fixed Annuities	Value (\$) _____
Other: _____			Value (\$) _____

**PLEASE PROVIDE NAMES AND ADDRESSES OF YOUR BANKS:**

Bank One: \_\_\_\_\_

Bank Two: \_\_\_\_\_

**\*Note:** Definitions are provided on the last page of this document.

## III. ACCOUNT DETAILS

### USA PATRIOT ACT INFORMATION

**SOURCE OF FUNDS FOR THIS ACCOUNT:**

<input type="checkbox"/> Income from Earnings	<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Gift
<input type="checkbox"/> Sale of Business	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Legal Settlement
<input type="checkbox"/> Spouse/Parent	<input type="checkbox"/> Pension/IRA/Retirement Savings	
<input type="checkbox"/> Lottery/Gaming Proceeds	<input type="checkbox"/> Insurance Proceeds	<input type="checkbox"/> Other

**IS THIS ACCOUNT FOR A FOREIGN FINANCIAL INSTITUTION?**  YES  NO

**IS THIS ACCOUNT A PRIVATE BANKING ACCOUNT DEFINED UNDER THE USA PATRIOT ACT?**  YES  NO

**IS THIS A FOREIGN BANK ACCOUNT AS DEFINED UNDER THE USA PATRIOT ACT?**  YES  NO

**IS THE ACCOUNT HOLDER OR ANYONE OF INTEREST IN THE ACCOUNT A POLITICALLY EXPOSED PERSON (FOREIGN POLITICAL OFFICIAL)?**  YES  NO

**IF "YES", PROVIDE INDIVIDUAL'S:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Office Held: \_\_\_\_\_ Country: \_\_\_\_\_

**ARE YOU OR ANYONE WITH AN INTEREST IN THE ACCOUNT A SENIOR MILITARY, GOVERNMENTAL OR POLITICAL OFFICIAL IN A NON-U.S. COUNTRY, OR CLOSELY ASSOCIATED WITH AN IMMEDIATE FAMILY MEMBER OF SUCH OFFICIAL?**  YES  NO

**IF "YES", PROVIDE INDIVIDUAL'S:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Office Held: \_\_\_\_\_ Country: \_\_\_\_\_

**NON-BROKERAGE NEW ACCOUNT FORM**

**ACCOUNT AUTHORITY**

**WILL SOMEONE OTHER THAN THE ACCOUNT OWNER HAVE INVESTMENT DISCRETION?**  YES  NO

**IF "YES", PROVIDE INDIVIDUAL'S:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**HAS A POWER OF ATTORNEY OR ANOTHER FORM BEEN SUBMITTED?**  YES  NO

**IF THE ACCOUNT IS BEING ESTABLISHED FOR A TRUST, CORPORATION, ESTATE, OR OTHER ENTITY, HAS A CERTIFICATE OF TRUST, CORPORATE RESOLUTION, LETTER OF APPOINTMENT, OR OTHER APPROPRIATE DOCUMENTATION ESTABLISHING AND DELEGATING AUTHORITY BEEN SUBMITTED?**  YES  NO

**STATE IN WHICH THE ACCOUNT IS BEING ESTABLISHED:** \_\_\_\_\_

**ELECTRONIC DELIVERY CONSENT – PROEQUITIES' COMMUNICATIONS**

Unless you choose otherwise, ProEquities will send any communication to you via U.S. mail. As an alternative, you may choose to receive certain documents electronically or be notified by email when certain communications are available for you to access online. Currently, certain documents are not available electronically and will continue to be delivered to you via U.S. mail. In the future, however, some or all of these documents may be made available to you to receive or view online in accordance with this Agreement. If you wish to receive documents electronically instead of receiving communications by U.S. mail, to the extent such communications are available in electronic format, please select the **YES** box below:

**YES**  **NO** I hereby consent to receive by email any communications that are available for delivery by ProEquities in electronic format. I understand that, depending upon the documents to be delivered electronically, ProEquities will either: (1) send me an email with the documents attached in Portable Document Format (PDF); or (2) notify me by email that documentation is available for online viewing by accessing a link or Internet address (URL) in the email. In order to receive or access documents delivered to me electronically, I understand that I must maintain at all times a valid email address on record with you. To that end, I understand that it is my responsibility to notify you of any changes in my email address. I understand that I must have Internet access via a browser that is JavaScript-enabled and that my ISP may apply a charge. I understand that documents are currently provided in PDF; that in order to access PDF documents I must have Adobe Acrobat Reader software; and that this software is available for download at no cost at [www.adobe.com](http://www.adobe.com). I understand that I may revoke this consent at any time, in which case you will send all communications to me via U.S. mail.

**IV. SIGNATURES**

Please review your information, read the Agreement on pages 9 - 11, and sign below. Keep a copy for your records.

**NOTE:** This document contains a predispute arbitration clause, which appears on pages 10 and 11 in paragraphs 19 and 20. By signing this document, I acknowledge that I have received and read the predispute arbitration clause as part of this agreement.

**PRIMARY ACCOUNT OWNER'S SIGNATURE:** \_\_\_\_\_  **DATE:** \_\_\_\_\_

**SECONDARY ACCOUNT OWNER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<p><b>INVESTMENT PROFESSIONAL (PLEASE PRINT):</b> _____</p> <p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p> <p><b>PRINCIPAL (PRINT NAME):</b> _____</p> <p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p>
---

## **NON-BROKERAGE NEW ACCOUNT FORM**

---

**This agreement sets forth the terms pursuant to which ProEquities will accept, open and maintain one or more accounts for you (whether designated by name, number or otherwise) for the purchase or sale of securities or other property (collectively, "property").**

### **TO PROEQUITIES AND ITS ASSIGNS:**

- 1. PROVISIONS IN THE EVENT OF FAILURE TO PAY OR DELIVER** — Upon the purchase or sale of any security, if I am unable to settle the transaction by reason of my failure to make payment or deliver securities in good form, I authorize ProEquities to take steps necessary to complete the transaction, in which event I agree to reimburse ProEquities for all costs, losses, or liabilities that are incurred. Further, in the event I become indebted to ProEquities in the course of operation of this account, I agree that I will repay such indebtedness upon demand. I agree that if, after demand, I fail to pay the indebtedness, ProEquities may (subject to the provisions of any applicable statute, rule, or regulation) close my account and/or liquidate the assets in this and all other accounts in my name, in an amount sufficient to pay my indebtedness. I understand that I will not be able to choose which assets will be liquidated. Further, I understand that ProEquities, in its sole discretion, may restrict any account in any manner it chooses, and may refuse any transaction or series of transactions as it may deem appropriate.
- 2. MUTUAL FUND AND 529 PLAN SHARE CLASS INFORMATION**
  - **A shares:** I understand that purchases will be subject to an initial sales charge of a percentage of the offering price and may be subject to 12b-1 expense fees. Class A shares generally have lower annual distribution and service (12b-1) fees than other share classes and may offer a reduced sales charge through Rights of Accumulation (ROA) or a Letter of Intent (LOI). An LOI is a written promise to purchase a specific dollar amount of mutual fund shares over a period of time, usually 13 months. In exchange, the fund company applies a lower front-end sales charge to all purchases of Class A shares. ROA permits the pooling of assets invested in a fund family among individuals who are related to one another, qualifying them for reduced sales charges when the combined investment reaches a breakpoint.
  - **B shares:** I understand that purchases will not be subject to any initial sales charge or load. Purchases will be subject to a declining surrender charge over a period of years and will incur higher 12b-1 fees than A shares. Reduced sales charges available through ROA or LOI are not an option through B share purchases. Redemptions prior to expiration of the surrender period may be subject to a charge of a certain percentage, known as a contingent deferred sales charge (CDSC) or surrender charge.
  - **C shares:** I understand that purchases may not be subject to an initial sales charge, but on an ongoing basis will have higher 12b-1 expense fees and may be assessed a CDSC if redeemed within a specific period of time, usually within one to one-and-one-half years of purchase.
- 3. OUT-OF-STATE 529 COLLEGE SAVINGS PLAN DISCLOSURES** - Depending upon the laws of my home state and the laws of the designated beneficiary's state, favorable state tax treatment or other benefits offered by such home state for investing in 529 college savings plans may be available only if I invest in the home state's 529 college savings plan. Any state-based benefit offered with respect to a particular 529 college savings plan should be one of many appropriately weighted factors to be considered in making an investment decision. I should consult with my financial, tax, or other advisor to learn more about how state-based benefits (including any limitations) would apply to my specific circumstances, and I may wish to contact my home state or any other 529 college savings plan to learn more about the features, benefits, and limitations of that state's 529 college savings plan.
- 4. RELATED ACCOUNTS FOR MUTUAL FUND BREAKPOINTS** - If I purchase mutual funds, I may qualify for breakpoint discounts for certain mutual fund share purchases if I or a dependent member of my immediate family own(s) shares in the same mutual fund or in other mutual funds offered by the same mutual fund company. (Please note that the availability of breakpoint discounts and to whom they are available varies among mutual fund companies.) This would include accounts held directly at the mutual fund company with ProEquities listed as the broker/dealer of record, or brokerage accounts carried by Pershing on behalf of ProEquities. I understand that not all my accounts may be incorporated in ProEquities' breakpoint calculations due to different names, addresses, tax identifications, or limitations in the data provided to ProEquities by mutual fund companies. I will provide my advisor with any account(s) I believe should be linked for breakpoint purposes.
- 5. SUCCESSORS** — This agreement and its provisions shall be continuous, and shall inure to the benefit of ProEquities, and any successor organization or assigns, and shall be binding upon me (us) and/or my (our) estate, executors, administrators, and assigns of my (our) account.
- 6. AUTHORITY TO TRANSACT BUSINESS** — Each of the parties who executes this agreement in a representative or fiduciary capacity represents and warrants to ProEquities that he/she has the authority to enter into and operate under this agreement on behalf of his/her principal, and for the risk and in the name of principal. If this agreement is signed in a representative capacity by more than one person, and unless written notice to the contrary is provided to ProEquities before the transaction of any business in the account, each such person represents and warrants that any one of them, acting alone, may transact such business.
- 7. INTEREST IN ACCOUNT** — No one except me (us) has an interest in any of my (our) accounts with ProEquities unless such interest is revealed in the title of such account, and in any case, I (we) have the interest indicated in such title.

**NON-BROKERAGE NEW ACCOUNT FORM**

---

- 8. EXTRAORDINARY EVENTS** — ProEquities shall not be liable for loss or delay caused directly or indirectly by war, natural disasters, government restrictions, exchange, or market rulings, or other conditions beyond ProEquities' control, including, but not limited to, extreme market volatility or trading volumes.
- 9. JOINT ACCOUNTS** — If this is a joint account, unless we notify ProEquities otherwise and provide such documentation as ProEquities may require, the account(s) shall be held by us jointly with rights of survivorship (payable to either or to the survivor of us). Each joint tenant irrevocably appoints the other as attorney-in-fact to take all actions on his or her behalf and to represent him or her in all respects in connection with this Agreement. ProEquities shall be fully protected in acting, but shall not be required to act upon the instructions of either of us. Each of us shall be liable, jointly and individually, for any amounts due to ProEquities pursuant to this Agreement, whether incurred by either or both of us.
- 10. ADDRESS** — Communications may be sent to me (us) at my (our) current address which is on file at ProEquities' home-office, or at such other address as I (we) may hereafter provide to ProEquities in writing. All communications so sent, whether by mail, telegraph, messenger, or otherwise, shall be deemed given to me (us) personally, whether actually received or not.
- 11. RECORDING CONVERSATIONS** — I (we) understand and agree that for our mutual protection ProEquities may electronically record any of our telephone conversations.
- 12. NO MODIFICATIONS** — This agreement may be amended only by a writing signed by ProEquities. ProEquities' decision to waive or delay application of any of its rights under this agreement (including specifically ProEquities' rights regarding liquidation of collateral) shall not prevent ProEquities from enforcing its terms as written at a later date.
- 13. DISCRETIONARY TRADING NOTICE OF AUTHORIZED TRADES** — No employee or representative of ProEquities is authorized to effect trades for me (us) without my (our) express prior approval, unless expressly agreed to in a separate grant to discretionary authority signed by me (us) and by ProEquities. I (we) agree to bring any unauthorized activity to the attention of ProEquities immediately. My (our) failure to immediately bring any unauthorized activity to ProEquities' attention shall ratify and adopt such activity, and shall preclude me (us) from claiming that the transactions were unauthorized.
- 14. CAPACITY; NOTICE OF CHANGED CIRCUMSTANCES** — I (we) represent that, unless ProEquities has been notified in writing to the contrary, that I (we), if a natural person, have reached the age of majority; and I (we) am not insolvent. I (we) agree to promptly notify ProEquities in writing of any change in circumstances affecting the foregoing representations.
- 15. COMMISSIONS, FEES AND CHARGES** — I (we) agree that commissions and fees will be charged to my (our) account. Such fees may include, but are not limited to, postage, termination, maintenance, account inactivity, and other account servicing fees.
- 16. CASH PAYMENTS** — ProEquities may receive cash payments from product sponsors as reimbursement for training and educational expenses incurred by ProEquities' registered representatives and investment adviser representatives; for product marketing efforts or attendance at due diligence meetings (in accordance with FINRA rules); and for research and due diligence associated with securities offered for sale by the Firm.
- 17. ATTORNEY'S FEES** — Any expense, including costs and attorney's fees, incurred by ProEquities in collection of a deficit from me (us) or in enforcing ProEquities' rights under this agreement, shall be borne by me (us).
- 18. RATIFICATION OF PRIOR TRANSACTIONS** — All transactions and dealings with ProEquities before the execution of this agreement are hereby ratified by me (us) and I (we) hereby agree that all such transactions and dealings are subject to all terms and provisions of this agreement as if they had taken place after the execution hereof.
- 19. ARBITRATION DISCLOSURES**  
This agreement contains a predispute arbitration clause. By signing an arbitration agreement the parties agree as follows:
- (1)** ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- (2)** ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- (3)** THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- (4)** THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.
- (5)** THE PANEL OF ARBITRATORS MAY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- (6)** THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- (7)** THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

## **20. AGREEMENT TO ARBITRATE CONTROVERSIES**

**IT IS AGREED THAT ANY CONTROVERSY BETWEEN US ARISING OUT OF YOUR BUSINESS OR THIS AGREEMENT SHALL BE SUBMITTED TO ARBITRATION CONDUCTED BEFORE AND ONLY BEFORE THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA), AND IN ACCORDANCE WITH ITS RULES. ARBITRATION MUST BE COMMENCED BY SERVICE UPON THE OTHER PARTY OF A WRITTEN DEMAND FOR ARBITRATION OR A WRITTEN NOTICE OF INTENTION TO ARBITRATE. NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS ACTION WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL: (I) THE CLASS CERTIFICATION IS DENIED; (II) THE CLASS ACTION IS DECERTIFIED; OR (III) THE CLIENT IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT TO THE EXTENT STATED HEREIN.**

### **DEFINITIONS OF INVESTMENT OBJECTIVES:**

- **INCOME** — The account generally seeks current income (such as dividends and interest) and preservation of capital (The amount invested); little emphasis on growth (capital appreciation). Typical investments include money market funds, bonds and some dividend-paying stocks. Some risk of loss of capital.
- **GROWTH & INCOME** — The account generally seeks both current income and growth in value through capital appreciation. Typical investments include bonds and dividend-paying stocks. Greater risk of loss of capital and volatility of returns than accounts with an income objective.
- **LONG-TERM GROWTH** — The account generally seeks growth in value over an extended period, primarily through capital appreciation; little emphasis on current income. Typical investments include stocks that pay low or no dividends. Greater risk of loss of capital and volatility of returns than accounts with an income or growth & income objective, but with the potential for higher returns.
- **SHORT-TERM TRADING** — The account generally seeks returns on the amount invested through frequent, speculative trades in stocks and other investments. A high-risk strategy that can result in very volatile gains and losses, and in loss of all or most of the capital invested.

### **DEFINITIONS OF INVESTMENT STRATEGIES**

- **BUY AND HOLD** — A passive strategy whereby investments are purchased and held for a long period of time, regardless of fluctuations in the market. An investor who employs a buy and hold strategy is not concerned with short-term price movements and technical indicators.
- **ASSET ALLOCATION** — A strategy focused on maximizing gains while minimizing risks in an investment portfolio. Asset allocation involves dividing a portfolio's assets on a percentage basis among different broad categories of investments, including stocks, bonds and cash.
- **DOLLAR COST AVERAGING** — A passive strategy whereby a fixed dollar amount of a particular investment is purchased on a regular schedule, regardless of the share price. This results in more shares being purchased when prices are low, and fewer shares being bought when prices are high.
- **HEDGING** — A strategy that seeks to either reduce exposure to market risk and volatility or to lock in profits by purchasing two securities with negative correlations.
- **RETIREMENT** — A strategy focused on wealth accumulation/wealth distribution to achieve an investor's retirement goals. Investment vehicles used for this strategy include but are not limited to employer sponsored plans (401(k)s, profit sharing plans, money purchase plans, etc.), IRAs, annuities and life insurance products.
- **DIVERSIFICATION** — A strategy whereby a wide variety of asset classes are purchased to smooth out unsystematic risk (credit risks, company risks, etc.) events, so that the positive performance of some investments will neutralize the negative performance of others.
- **EDUCATIONAL SAVINGS** — A strategy focused on wealth accumulation to achieve an investor's educational savings goals. Investment vehicles used for this strategy include but are not limited to 529 Plans and Education/Coverdell Savings Accounts.
- **NO SPECIFIC STRATEGY BEING USED**
- **INCOME GENERATION** — A strategy focused on purchasing investments that pay high level of current income from dividends and interest.
- **TAX ADVANTAGED INVESTING** — A strategy based on investing in securities that are either exempt from taxation, tax-deferred or offers other types of tax benefits. Examples of tax advantaged investments are municipal bonds, partnerships, UITs and annuities.

---

---

**Customer Name/Account Registration** \_\_\_\_\_

**Name of Fund Family** American Funds

Note: If investing with more than one mutual fund vendor, please use additional forms to disclose fees for each fund family.

**Purchase Amount** (Can be approximated) \_\_\_\_\_

**Mutual Fund(s) being purchased:** \_\_\_\_\_

**(Please include Share Class)** \_\_\_\_\_

**Total Amount of Current and Planned Investments with this Fund Family: \$** \_\_\_\_\_  
(Can be approximated)

**INVESTMENT AND PROSPECTUS**

I acknowledge that I am investing in the mutual funds listed above. I have received the current prospectus for each fund. I understand that the prospectus and other materials provided or made available by the mutual fund sponsor (such as statements of additional information) contain information that I should review before I decide to invest. I understand that I should ask my Representative if I have any questions about the prospectus, the other information provided by the mutual fund sponsor, or my investment, and agree that I have had the opportunity to do so.

**EFFECT OF VARIOUS FACTORS ON INVESTMENT RETURNS**

I understand that the total return that I receive on my mutual fund investments will depend on many factors, including the performance of the assets purchased by the mutual funds, the class(es) of shares that I buy, the amount that I invest, the front-end loads, annual fees, trading expenses and back-end loads of each fund, the timing and amount of any withdrawals from the funds, whether dividends and capital gains are reinvested, my tax situation, and the period I hold the funds.

**DIVIDENDS**

I understand that upon declaration and payment of a dividend, the price of the mutual fund will drop to reflect the dividend payment. Therefore, there is no advantage to purchasing shares in anticipation of a dividend payment, and I am not purchasing shares with that objective in mind.

**SALES CHARGES**

The sales charges or "loads" (as presented in the prospectus) for the share class(es) that I am purchasing are (please check one share class and indicate load as percentage of Public Offering Price):

- A shares: \_\_\_\_\_% Front-End Load (if purchasing at Net Asset Value, please indicate "NAV")
- B shares: Back-End Load Schedule: \_\_\_\_\_%, \_\_\_\_\_%, \_\_\_\_\_%, \_\_\_\_\_%, \_\_\_\_\_%, \_\_\_\_\_%, \_\_\_\_\_%
- C shares: \_\_\_\_\_% Front-End Load plus \_\_\_\_\_% Back-End Load for \_\_\_\_\_ Years
- Other share class. Please describe the share class and use the space below to indicate Front-End Loads, Back-End Loads, and declining schedules. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_

## INVESTMENT RISK

I understand that mutual fund investments are subject to risk (including possible loss of principal), even if the fund invests primarily in bonds or government securities. I understand that past results are not an indication of future performance, and there is no guarantee that my investments will achieve any specified level of return. I understand that mutual funds (1) are not deposits of a bank, savings and loan or credit union, (2) are not issued by, guaranteed by, or an obligation of, a bank, savings and loan or credit union and (3) are not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC), Securities Investor Protection Corporation (SIPC), National Credit Union Share Insurance Fund (NCUSIF), or any other agency.

## MUTUAL FUND CLASSES

I understand that mutual fund shares are generally sold in three classes – A, B, and C:

- **Class A** shares typically charge a “front-end sales charge” (or “load”), which means that not all of the purchase price is actually invested in the fund. The annual expenses of A shares are generally lower than those of B or C shares. Generally, larger amounts invested in A shares with a single fund family can qualify for reduced sales charges (see below).
- **Class B** shares typically do not charge a front-end load (so the entire purchase price is actually invested in the fund), but charge a contingent deferred sales charge (“CDSC”) or “back-end load” if the shares are sold within a stated number of years after purchase. The CDSC normally declines as the shares are held and is eventually eliminated, generally 7-8 years after purchase. The annual expenses of B shares are generally greater than those of A shares, but less than or equal to those of C shares (as discussed below). Once the CDSC is eliminated, B shares often “convert” automatically to A shares (with the lower annual expenses of the A shares).
- **Class C** shares typically have a minimal front-end load (from 0% - 1.5%), but often charge a CDSC if the shares are sold shortly after purchase (often one year). The annual expenses of C shares are generally greater than those of A shares, and are generally greater than or equal to the annual expenses for B shares unless the B shares convert to A shares (at which time the annual expenses of the C shares will generally be greater than those of the new A shares).

Furthermore, I understand that some mutual fund sponsors may offer other share classes, and the conversion of one share class to another share class may occur on terms different than those described above. My Representative and I have reviewed the relevant share classes, as well as the features of each class as stated in the prospectus, statement of additional information, or fund company literature, and I feel that I have chosen the most appropriate share class(es) to meet my investment objectives and needs.

## SPECIAL DISCLOSURE FOR CLASS A SHARES – BREAKPOINTS

I understand that a mutual fund sponsor sometimes imposes a lower front-end load on A share purchases if a larger amount is invested. (The investment levels required to obtain reduced sales loads are called “breakpoints”.) I understand that I may qualify for these reduced sales charges by (1) making an investment above a breakpoint for a particular fund; (2) making an aggregate investment in a number of different funds with the same fund family that exceeds a breakpoint for that fund family; or (3) committing under a letter of intent (LOI) to make investments above a breakpoint over a period of time (often within 13 months). I understand that previous investments with the same fund family, mutual fund investments in “related” or “linked” accounts (such as accounts of my spouse or minor children), and mutual fund investments with other brokerage firms may be taken into account in determining my eligibility for a breakpoint. I also understand that in some instances, mutual fund sponsors will allow aggregation of multiple share classes. Breakpoints generally are not offered for larger purchases of B or C shares. I understand that diversification among funds or among fund families, or buying different classes of mutual fund shares, may prevent or delay my ability to reach a breakpoint, and therefore may result in higher front-end loads than I might otherwise incur.

## BREAKPOINT WORKSHEET

Does this purchase qualify, or will future mutual fund purchases qualify, for a reduced sales charge (breakpoint or net asset value) under any of the mutual fund sponsor's policies as outlined in the prospectus, statement of additional information, or special promotional discounts offered by the sponsor?

YES  NO

If yes, which policy? Please indicate below:

- Rights of Accumulation (ROA)  Letter of Intent (LOI)  Linkage of Accounts  Exchange  
 Reinstatement  Other (Please specify) \_\_\_\_\_

**Note:** Mutual fund sponsors have many different policies for determining if existing holdings may be aggregated for the purpose of reaching a breakpoint and qualifying for reduced sales charges. Please refer to the prospectus for exact details of which funds, share classes, previous purchases, future intended purchases, and linked accounts can be used for this purpose.

Please list existing investments with this mutual fund family (both brokerage and non-brokerage accounts<sup>1</sup>) that allow this purchase to qualify for the reduction in sales charges. Attach additional sheets if necessary:

Name on Account	Fund Name	Account Number
_____	_____	_____
_____	_____	_____

## TAX CONSEQUENCES (NOT APPLICABLE TO 401(K), IRA OR OTHER TAX-QUALIFIED PLANS)

I understand that mutual funds generally distribute dividends and capital gains at least annually, and that these distributions are generally taxable income to be reported on my tax return (even if the distributions are reinvested to buy more shares of the mutual fund). However, dividends representing municipal bond interest are generally exempt from federal income tax. Upon sale or redemption of mutual fund shares (including shares of municipal bond funds), I will generally have a short- or long-term capital gain or loss (depending on how long I hold the shares, the amount invested, and the net sales price).

## TAX ADVANTAGES OF 529 PLANS (IF APPLICABLE)

### *Disclosure Required by MSRB Rule G-17*

I understand that purchasing a 529 plan offered by a state that is not my state of residence or the designated beneficiary's state of residence may result in a loss of tax advantages or other benefits offered by such state of residence that may be available if I purchased the 529 plan that is offered by my state of residence. Any state-based benefit offered with respect to a particular 529 college savings plan should be one of many appropriately weighted factors to be considered in making an investment decision. I have reviewed the available plans, both in and out of state, and feel that this purchase is the one that is appropriate for me and my investment objectives and needs. If I have chosen a 529 plan that is not offered by my state of residence, I have done so with full knowledge of the tax consequences. I understand that, before investing in a 529 plan, it is advisable to consult a qualified financial, tax or other advisor to learn more about how state-based benefits (including any limitation) would apply to my specific circumstances; and I have either done so or have decided not to do so. I understand it is also advisable to contact my home state or any other 529 college savings plan to learn more about the features, benefits and limitations of that state's college savings plan.

## SOURCE OF FUNDS; SWITCHES

Were other mutual funds, annuities, variable life insurance policies or other investments liquidated, redeemed, transferred or exchanged within the last 60 days (or will existing accounts be liquidated, redeemed, transferred or exchanged in the next 60 days) to provide funds for this transaction?

Yes  No (If "Yes", a Universal Switch Letter must be completed.)

<sup>1</sup> If assets are held outside of ProEquities, a current (within 90 days) statement from the other firm **MUST** be attached to this document. Failure to include proof of the existing investment may result in missing breakpoint discounts that may be available.

## HEALTH SAVINGS ACCOUNTS

I understand that due to the potential need to access funds in my Health Savings Account for medical expenses, careful consideration should be given when making a share class decision. This decision should be based on the need to access the funds versus the sales charges associated with each share class.

## DISTRIBUTION EXPENSES

I understand that my Representative (and my Representative's broker/dealer, ProEquities, Inc.) will receive compensation as a result of my decision to make this investment, through the payment of commissions (including "trail" commissions) from the mutual fund vendor or (for investment advisory purchases) in the form of a percentage paid from the total amount of my assets managed by my Representative. I understand that the prospectus and statement of additional information have information about commissions, and that (if applicable) my investment advisory contract has information about the fees payable on my investment advisory account. I understand that ProEquities has marketing arrangements with certain mutual fund sponsors which provide for cash payments to ProEquities, but that my Representative will not receive any extra commissions (or any higher fees) for selling mutual funds offered by these sponsors. I understand that more information about these marketing arrangements is available at [www.ProEquities.com](http://www.ProEquities.com), and that (if applicable) my investment advisory contract has information about the fees payable on my investment advisory account.

## CLIENT ACKNOWLEDGEMENT

I have reviewed with my Representative the features of my mutual fund investment and the financial consequences of this purchase (including each fund's investment objective, portfolio, historical total returns, sales charges, expenses, potential tax consequences, and market risk). If applicable, I have discussed with my Representative the advantages and disadvantages of diversifying my mutual fund holdings among different funds and/or different fund families. I am aware of the requirements for reduced sales charges as disclosed in the prospectus. I have made the Representative aware of accounts that should be considered in determining eligibility for these reductions. I am making an informed decision to engage in this mutual fund transaction.

## REPRESENTATIVE ACKNOWLEDGEMENT

I am familiar with the mutual fund sponsor's breakpoint policies, including the availability of breakpoints for investments in a single fund; for investments within a fund family; through Letters of Intent (LOI) or Rights of Accumulation (ROA); through "linked" accounts (including, if appropriate, accounts of spouse or children, and retirement accounts); and through investments in the fund family at other broker dealers. I have reviewed with my customer the ability to reach a mutual fund sales load breakpoint under these policies.

**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  **Date:** \_\_\_\_\_

**Joint Client (if any):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rep Name & #:** Russell Kizer 663

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OSJ/DP:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Representative signature certifies that a copy of this Acknowledgement was made available to the Client.

Representative will retain a copy in the Client file and forward original to OSJ/DP who is to acknowledge and forward to the Home Office.

**Compliance  
Universal Switch Letter**  
To Be Used For Switches, Transfers, Rollovers,  
Or Replacements NOT Involving Annuities  
11/15/12

**Customer Name/  
Account Registration** \_\_\_\_\_

Please complete all applicable information regarding the transaction that is being effected. If information does not apply, please indicate. To prevent delays in processing of this trade, please ensure that all blanks are fully completed or indicated as "Not Applicable". Attach additional sheets if necessary.

<p><b>Existing Investment (Check all that apply):</b>  <input type="checkbox"/> Mutual Fund   <input type="checkbox"/> Advisory Product  <input type="checkbox"/> UIT   <input type="checkbox"/> REIT/DPP  <input type="checkbox"/> 401(k)   <input type="checkbox"/> Qualified Retirement Plan   <input type="checkbox"/> CD   <input type="checkbox"/> Other</p> <hr/> <p>Name of Issuer and Product          _____ / _____</p> <p>Purchase Date   Invested Amount (less withdrawals)          _____ / _____</p> <p>Surrender Charge (\$) / Remaining Surrender Period          _____ / _____</p> <p>For Mutual Funds, specify current fund expense ratio or range.</p>	<p><b>Proposed Investment: (Please check one):</b>  <input type="checkbox"/> Mutual Fund   <input type="checkbox"/> Advisory Product  <input type="checkbox"/> UIT   <input type="checkbox"/> REIT/DPP  <input type="checkbox"/> 401(k)   <input type="checkbox"/> Qualified Retirement Plan   <input type="checkbox"/> CD   <input type="checkbox"/> Other</p> <hr/> <p>Name of Issuer and Product          _____</p> <p>Total Purchase Amount (estimate)          _____</p> <p>Fees to be Paid Upon Purchase (in % or \$)          _____</p> <p>For Mutual Funds, specify fund expense ratio or range.</p>
---	--

▪ Are the funds involved in this transaction qualified?    YES    NO

▪ Risk Exposure (check primary level):    LOW    MODERATE  
 HIGH RISK    SPECULATION

▪ Investment Objective:    INCOME    GROWTH & INCOME  
 LONG-TERM GROWTH    SHORT-TERM TRADING

▪ Existing Investment Redemption was:    Requested by Customer  
 Recommended by Representative

▪ Proposed Investment Product was:    Specifically Requested by Customer  
 Chosen by Customer from Offerings Provided by Representative  
 Recommended by Representative

▪ Customer's Current Age:   \_\_\_\_\_

Specific reason(s) for this switch/transfer/rollover/replacement is (are): \_\_\_\_\_

---

---

Were alternative products offered or discussed? If so, please state which ones: \_\_\_\_\_

---

### Financial Institution Customers

I understand that the investments that I am purchasing are not deposits at a bank, savings and loan, or credit union; are not issued by, guaranteed by, or an obligation of, a bank, savings and loan, or credit union; and are not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC), Securities Investor Protection Corporation (SIPC), National Credit Union Share Insurance Fund (NCUSIF), or any other agency.

### Client Acknowledgement

I have reviewed with my Representative the advantages and disadvantages of the proposed switch, transfer, rollover or replacement. In particular, we have (1) compared the material features of my current investments (such as investment objective, portfolio, historical total returns, sales charges, surrender charges, expenses, tax consequences, and market risk) to the material features of the proposed investments; (2) discussed any surrender charges or contingent deferred sales charges (CDSCs) (a/k/a “back-end loads”) that may be charged. In addition, when applicable, I have discussed (or elected not to discuss) the possible tax consequences of the switch, transfer, rollover or replacement with a qualified tax professional of my choice. If applicable, I have discussed with my Representative the advantages and disadvantages of diversifying my investments among different types of investments and/or product companies (including the possible effect on my ability to reach a mutual fund sales load breakpoint). Each of the current investments that have been/is being switched, transferred, rolled over or replaced no longer meets my financial and investment objectives, and/or has failed to perform to my satisfaction. I understand that my Representative may be paid a commission and/or fee from the product sponsor when this proposed transaction is completed. After considering the advantages and disadvantages of the proposed transaction, I have concluded that this transaction is in my best interest, based on my personal and financial situation, my tolerance for risk, and my ability to make any future payments that may be required. Additionally, I feel that I am making an informed decision. My signature below indicates that I have provided or obtained the most current information available regarding the existing investment and provided it to my registered representative for use in making any recommendation. If information is missing on this form, it is because the information is unavailable or because I have chosen not to disclose it.

### Representative Acknowledgement

The information that is recorded on this document was done so by gathering information from the customer and/or the existing and proposed product sponsor/vendor. I certify that I made best efforts to gather needed information to determine that this switch transaction is in the best interest of the client, given their current investment objectives and needs, and I believe that this transaction is appropriate.

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_ 

Joint Client (if any): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rep Name & #: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OSJ/DP: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative signature certifies that a copy of this Acknowledgement was made available to the Client. Representative will retain a copy in the Client file and forward original to OSJ/DP who is to acknowledge and forward to the Home Office.

**New Accounts  
Proof of Identification  
8/01/07**

---

---

A signature is generally required for liquidation of mutual fund shares over a specific amount or if a request is made to mail a check for proceeds to an address other than the address of record. Also, transfer agents will require that the signature on a stock or bond endorsement be signature guaranteed.

SEC Rule 17AD-15 which was effective October 26, 1992, sets forth the requirements regarding the acceptance of signature guarantees by transfer agents. Under the rule, transfer agents will accept signature guarantees only if the grantor is in compliance with written procedures of the transfer agent including participation in a qualified signature guarantee program.

ProEquities, Inc. is a member of the Securities Transfer Agents Medallion Program (STAMP). Participation in this program assures that a signature will be accepted by all transfer agents.

---

Customer Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Customer Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Customer**

Photocopy your client's driver's license or other signed proof of identification which includes a photograph at the bottom of this form and complete the certification.

**Existing Customer**

Certification below is sufficient proof of identification.

I hereby certify that the client listed above is known to me and that the accompanying documents have been signed by the person named in the document.

Registered Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_ Representative Number \_\_\_\_\_

**Please Attach a Copy of Your  
Driver's License**