



Authorised Representative form

Issued by: Capital Group
Investment Management Limited
Phone no: 1800 026 192
ACN: 164174501
Licence no: 443118
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Prior to completing the Authorised Representative form you must read the relevant fund Product Disclosure Statement (PDS) and Information to be Incorporated by Reference (IIR), where relevant, available at capitalgroup.com/au.

Please complete the sections of the form that apply to you and return it to the address below or by fax to +61 2 9287 0376.

Capital Group
C/- MUFG Corporate Markets
Locked Bag 5038
Parramatta NSW 2124

Capital Group World Dividend Growers (AU) ARSN 155 240 341

Capital Group New Perspective Fund (AU) ARSN 608 698 746

Capital Group New Perspective Fund Hedged (AU) ARSN 608 699 234

Capital Group New World Fund (AU) ARSN 616 311 516

Capital Group Global Corporate Bond Fund Hedged (AU) ARSN 628 276 577

Capital Group Global Total Return Bond Fund (AU) ARSN 645 681 929

Capital Group Multi-Sector Income Fund (AU) ARSN 667 087 256

Investment Manager:

Capital International, Inc., a member of Capital Group
Level 18, 56 Pitt Street
Sydney, NSW 2000, Australia

ARBN 148 215 570. A company incorporated in the United States of America. Liability of members is limited.

1. Appointment of Authorised Representative

To authorise third parties in relation to your account relating to the Funds listed on the cover page, please complete the following details and provide identification as per Section "Q" of the Application form.

Authorised Representative 1 Add Modify Delete
 (please tick applicable box)

Mr Mrs Miss Ms Other (e.g. Dr)

Given Name(s)

Surname

Residential Address (must be provided)

State Post Code

Country

Date of Birth

Phone number

Fax number

Email

Signature

Date

Authorised Representative 2 Add Modify Delete
 (please tick applicable box)

Mr Mrs Miss Ms Other (e.g. Dr)

Given Name(s)

Surname

Residential Address (must be provided)

State Post Code

Country

Date of Birth

Phone number

Fax number

Email

Signature

Date

2. Account Operating Authority

Please indicate how you wish to operate your account: Any one of us to sign All of us

If you selected 'any one of us to sign', each of you (including any person you appoint as an authorised representative) will be able to transact on or otherwise operate your account independently of the others.

If you do not select an option, we will assume that 'any one of us to sign' option will apply.

In case of queries, please contact:

Capital Group Investor Servicing

Phone no: 1800 254 401

capitalgroup@cm.mpms.mufig.com

3. Declaration and Signatures

In signing this form, I/we, the undersigned, confirm:

- To have read and understand in full the relevant Product Disclosure Statement (PDS) and the Information to be Incorporated by Reference, where relevant, that corresponds to this PDS;
- To authorise each representative named in this form to operate my/our account in respect to any of the Funds listed on the cover page;
- To understand that an authorised representative can act solely on my/our account subject to Section 2 above;
- To understand I/we are liable for any use of our account by an authorised representative;
- To notify each authorised representative of relevant terms and conditions and any other items contained in the PDS, and any amendments to them;
- To understand that such appointments continue until I/we cancel the appointments by giving notice in writing; and
- To acknowledge that the instructions provided in this form supersede all prior authorities.

Authorised Investor 1

Name

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

Authorised Investor 2

Name

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date