

EMPLOYER: Complete this section.
Employer authorization

Employer: Retain this form for your records. Do not send it to American Funds. Please use the plan sponsor website, americanfunds.com/retiresponsor, to enter the information provided or changed below.

Name of employer, organization or company

Name of plan

Plan ID #

The employee named in Section 1 of this document is eligible to participate in the plan as of ____/____/____
(mm/dd/yyyy)

Name of signer for employer (print)

Title

X _____
Authorized signature

Date (mm/dd/yyyy)

EMPLOYEE: Complete Sections 1–4, then return this form to your employer to complete the section above.
1 Employee information

Please type or print clearly.

Select one of the following: New plan enrollment Changes to existing account

____-____-____
SSN

____-____-____
Date of birth (mm/dd/yyyy)

____-____-____
Date of hire (mm/dd/yyyy)

First name

MI

Last

Country of citizenship

Residence address (physical address required — no P.O. boxes)

City

State

ZIP

Mailing address (if different from residence address)

City

State

ZIP

Marital status: Married Single

2 Employee contributions

Before completing this section, check with your plan to determine the contribution options you have available.

I authorize my employer to withhold from my wages each pay period:

Pre-tax contributions of _____% **OR** \$_____

After-tax contributions (as allowed by the plan) of _____% **OR** \$_____

I do **not** wish to make contributions to the plan at this time.

3 Investment selection

Before completing this section, check with your employer to determine the investment options you have available.

New participants: Any contributions (payroll deferrals or rollovers) to your account made before you make your investment selection(s) or before your employer updates your account on the recordkeeping system with your selection(s) will be invested in the plan's default fund. Assets will remain in the default fund until you use your plan's website, americanfunds.com/retire, or call the automated voice response system (VRS) at **877/833-9322** to exchange assets into the fund(s) of your choice.

Existing participants: Any allocation changes will apply to future contributions **only** and will not change assets currently held in your account. Your new allocations will not be effective until your employer updates your account. You can immediately update your investment allocations and/or reallocate your current assets by using your plan's website or VRS to make the desired changes. (If you use the website or VRS to update your account, do not submit this form to your employer).

Invest my contributions as follows: (Only **whole** percentages will be accepted; must total 100%.)

Fund name	Percentage
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
5. _____	_____ %
6. _____	_____ %
7. _____	_____ %
8. _____	_____ %
9. _____	_____ %
10. _____	_____ %
11. _____	_____ %
12. _____	_____ %
Total	===== %

4 Employee signature

By signing below, I acknowledge that I have authorized my employer to withhold from my wages the amount specified in Section 2. I acknowledge that I have completed a beneficiary designation form.

X _____ / /
 Employee's signature Date (mm/dd/yyyy)