

Use this form only for loan disbursements. The TPA must complete Section 5.

### 1 Plan and participant information

Please type or print clearly.

Plan name \_\_\_\_\_

First name of participant (print) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Plan ID number \_\_\_\_\_

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

-   -

Last four (4) digits of SSN

-   -

Date of birth (mm/dd/yyyy)

### 2 Loan request

Loan amount \$ \_\_\_\_\_ Interest rate \_\_\_\_\_ % Number of payments \_\_\_\_\_

First loan payment due on \_\_\_\_\_ (mm/dd/yyyy) Duration \_\_\_\_\_ (months) Anticipated payment amount \$ \_\_\_\_\_

Frequency of payments:  Weekly  Biweekly  Semimonthly  Monthly  Quarterly

Loans will be processed pro rata from each contribution type unless other instructions are provided here \_\_\_\_\_

### 3 Delivery instructions

Mail payment directly to (checks are sent to the address of record — select one option below):

- Participant
- Plan sponsor
- Third-party administrator

If applicable, provide the information requested below:

Expedite delivery to the above recipient by using the delivery service and account listed:

Delivery service \_\_\_\_\_ Name on account \_\_\_\_\_ Account number \_\_\_\_\_

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First name of participant (print) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Plan ID number \_\_\_\_\_

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## 4 Authorization

I/We, as plan trustee(s) or authorized signer(s) of the plan, certify that this loan satisfies the requirements of the regulations and is made in accordance with the terms of the plan.

\_\_\_\_\_  
Name of plan trustee or authorized signer (print)

**X** \_\_\_\_\_  
Signature of trustee or authorized signer

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

\_\_\_\_\_  
Name of plan trustee or authorized signer (print)

**X** \_\_\_\_\_  
Signature of trustee or authorized signer (if applicable)

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

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## 5 Vested percentage

*This section must be completed by the third-party administrator. Please confirm this information for our records.*

Select one of the two options below.

Participant is 100% vested in all contribution types

**OR**

Variable vesting (see below)

Match \_\_\_\_\_ % Profit-sharing \_\_\_\_\_ % Other \_\_\_\_\_ %  
Specify contribution type.

The vested percentage reflected above is correct.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name of firm

( ) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Ext.

**X** \_\_\_\_\_  
Signature of third-party administrator

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

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## Form delivery

If you have any questions about this form, call American Funds at **800/421-6019** between 8 a.m. and 8 p.m. Eastern time. You can either mail this document to the address below or fax it to **317/706-5784**.

**American Funds Recordkeeper Direct**  
c/o Capital Bank and Trust Company  
**Regular mail:** P.O. Box 6040  
Indianapolis, IN 46206-6040  
**Overnight mail:** 12711 N. Meridian St.  
Carmel, IN 46032-9181

Visit our website at [americanfunds.com/retiresponsor](http://americanfunds.com/retiresponsor).

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