



Employer — complete this section and retain this form for your records

Do not mail this form to American Funds. Use the Plan Sponsor website, www.americanfunds.com/retiresponsor, to enter the information provided or changed below.

Employer authorization

Name of employer, organization or company

Name of plan Plan ID number

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

Name of person authorized to sign for the employer (print) Title

X Authorized signature Date (mm/dd/yyyy)

Employee — complete sections 1-3, then return this form to your employer

1 Employee information

Please type or print clearly.

Select one of the following: [] New investment selection [] Changes to existing account

Full name (include middle initial) SSN

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

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

Email address Daytime phone

Date of birth (mm/dd/yyyy) Date of hire (mm/dd/yyyy) Country of citizenship

Marital status: [] Married [] Single

2 Investment selection

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

New participants: Any contributions (conversion assets, 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 investment. Assets will remain in the default investment until you use your plan's website, www.americanfunds.com/retire, or call your plan's toll-free phone service at (877) 833-9322 to exchange assets into the investment(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 phone service to make the desired changes. (If you use the website or call to update your account, do not submit this form to your employer.)

Continued on next page



2 Investment selection

(continued)

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

Investment name	Percentage
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
5. _____	_____ %
6. _____	_____ %
7. _____	_____ %
8. _____	_____ %
9. _____	_____ %
10. _____	_____ %
11. _____	_____ %
12. _____	_____ %
13. _____	_____ %
14. _____	_____ %
15. _____	_____ %
16. _____	_____ %
17. _____	_____ %
18. _____	_____ %
19. _____	_____ %
20. _____	_____ %
Total	===== %

3 Employee signature

By signing below, I acknowledge that I have authorized my employer to allocate my investments as specified in Section 2. I acknowledge that I have completed a beneficiary designation form.

X _____ / /
 Signature of employee Date (mm/dd/yyyy)