

2 Employee contributions

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

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

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

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

After-tax non-Roth contributions (as allowed by 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 available investment options.

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 investment. Assets will remain in the default investment until you use your plan's website, 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.)

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.	_____	_____ %

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3 Investment selection

(continued)

	Investment name	Percentage
11.	_____	_____ %
12.	_____	_____ %
13.	_____	_____ %
14.	_____	_____ %
15.	_____	_____ %
16.	_____	_____ %
17.	_____	_____ %
18.	_____	_____ %
19.	_____	_____ %
20.	_____	_____ %
	Total	===== %

4 Employee signature

By signing below, I acknowledge that I have authorized my employer to allocate my investments as specified in Section 3. I acknowledge that I have completed a beneficiary designation form.

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