

Use this form to authorize or modify payments from the Forfeiture Account, Plan Expense Account or participant accounts to American Funds, your Third-Party Administrator (TPA) or another third party. This form can also be used to discontinue payments. To request payments to your plan's financial professional, submit the *RecordkeeperDirect Financial Professional Fee Payment Authorization* form.

1 Plan information

Please type or print clearly.

Plan name _____ Plan ID number _____
() Ext. _____
Name of primary plan contact _____ Daytime phone of primary plan contact _____

2 One-time payment from plan assets

Complete A and B. If the amount requested exceeds the available funds, we will process the payment for the maximum amount available.

A. Account to be used for one-time payment

Indicate the account(s) from which to deduct the one-time payment. Complete all that apply.

1. Plan Forfeiture Account

Specific dollar amount: \$ _____

If the plan has forfeiture assets from more than one contribution type, please indicate the breakdown of the total disbursement amount below:

Forfeited matching assets: \$ _____ Forfeited discretionary/profit-sharing assets: \$ _____

Assets forfeited from another contribution type _____: \$ _____

2. Plan Expense Account

Specific dollar amount: \$ _____

3. Participant accounts

Note: This option may require that the plan's participant fee disclosure document be updated, and notice provided to participants. If you would like American Funds to furnish a participant change notice and to update the plan's fee disclosure document, submit the *RecordkeeperDirect Fee Disclosure Customization Request* form.

Fee amount: Indicate the **one-time** fee amount that should be recovered from participant accounts:

Flat dollar amount per participant: \$ _____. Amount specified will be taken from each participant with a balance in the plan on the day the recovery is processed. If the amount exceeds a participant account balance, the recovery will be limited to the funds available in that account.

Flat dollar amount per plan (assessed pro rata): \$ _____. Amount specified will be divided proportionally among the participants in the plan based on their account balances on the day the recovery is processed.

B. Payment instructions

The pay order will indicate that the payment is for the benefit of the plan. If paying an American Funds invoice, indicate the invoice number in the pay order instructions below. The payment will be applied to the outstanding invoice.

Check should be made payable to: _____

Check should be mailed to: Plan Sponsor Third-Party Administrator Other _____

Address _____ City _____ State _____ ZIP _____

3 Ongoing payments from participant accounts

Complete all that apply.

Based on fee disclosure regulations, you are generally required to provide plan participants 30–90 days' advance notice prior to initiating and/or modifying fee payments from participant accounts. As a result, this request may require that notice be provided to participants.

A. Fees invoiced by American Funds

Note: Per-participant fees (if applicable) and specific expenses applicable to a participant directly are deducted from participant accounts (as described in the *Recordkeeping Services Agreement*). Remaining fees invoiced by American Funds can also be deducted from participant accounts. These plan-level fees include the one-time installation fee (if applicable), annual recordkeeping fees (excluding per-participant fees), and any selected optional services such as trustee/custodial services provided by Capital Bank and Trust and/or Wilshire's fiduciary services.

Deduct all plan-level fees invoiced by American Funds from participant accounts.

Plan-level fees will be deducted quarterly on a pro rata basis (based on participant account balances on the day the recovery is processed).

For participant fee disclosure purposes, enter the maximum percentage to be charged to participants annually for plan-level expenses*:

Up to 0.05% Up to 0.10% Up to 0.20% Up to 0.30% Up to 0.40% Up to _____%

*This amount can be estimated by dividing the plan-level fees invoiced by American Funds (excluding the per-participant fee) by total plan assets.

Effective date _____
 (mm/dd/yyyy)

Note: American Funds will automatically update the plan's fee disclosure document and provide a change notice that the Plan Sponsor can deliver to participants.

B. TPA fees

Information for the TPA: Fee payment remittance instructions for TPA transactional fees and ongoing TPA fees are established at the firm level by submitting the *Fee Remittance Instructions* form. To obtain a copy of this form or to verify if payment instructions are already on file, call us at **(800) 421-6019**.

1. Deduct TPA transactional fees from participant accounts as indicated below.

Note: American Funds will automatically update the plan's fee disclosure document. American Funds will also furnish a change notice that the Plan Sponsor can deliver to participants, unless the plan checks the box below.

Check here to confirm that all applicable fee disclosure notification requirements have been met or will be met separately and that an American Funds' change notice is not needed.

Effective date _____
 (mm/dd/yyyy)

a. Distribution fee: \$ _____ (Fees are deducted **from** one-time distributions.)

Note: Distributions include termination of employment, retirement, age 59½, beneficiary payments, disability, hardship and in-service withdrawals (rollover, after-tax and premature).

b. Loan initiation fee: \$ _____ (Fees are deducted **in addition to** the loan amount.)

c. Annual loan maintenance fee (per loan): \$ _____ (Fees are deducted from all participant accounts with outstanding loans.)

Select the quarter in which the payment should be deducted. Check one:

- | | |
|---|---|
| <input type="checkbox"/> Q1 - First business day in January | <input type="checkbox"/> Q3 - First business day in July |
| <input type="checkbox"/> Q2 - First business day in April | <input type="checkbox"/> Q4 - First business day in October |

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3 Ongoing payments from participant accounts

(continued)

2. Deduct ongoing TPA fees from participant accounts.

Fee amount: Indicate the fee amount that should be recovered **annually** from participant accounts. (Amounts will be converted into quarterly recoveries.) Select one:

- Basis points: _____ (per year). Provide basis points in whole numbers (e.g., 50 basis points = 0.50% annually). The adjusted quarterly rate will be multiplied by the average daily balance of plan assets on the American Funds recordkeeping system during the calendar quarter. The resulting amount will be divided proportionally among participants in the plan based on their account balances on the day the recovery is processed.
- Flat dollar amount per plan (assessed pro rata): \$ _____ (per year). Amount specified will be divided proportionally among the participants in the plan based on their account balances on the day the recovery is processed.
- Flat dollar amount per plan (assessed per capita): \$ _____ (per year). Amount specified will be divided equally among participants with a balance in the plan on the day the recovery is processed. If the amount exceeds a participant account balance, the recovery will be limited to the funds available in that account.
- Flat dollar amount per participant: \$ _____ (per year). Amount specified will be taken from each participant with a balance in the plan on the day the recovery is processed. If the amount exceeds a participant account balance, the recovery will be limited to the funds available in that account.

Payment schedule: Select when the first ongoing payment should be deducted. Check one:

- Q1 - Form must be received by 3/15 for April payment Q3 - Form must be received by 9/15 for October payment
 Q2 - Form must be received by 6/15 for July payment Q4 - Form must be received by 12/15 for January payment

Note: If you would like American Funds to furnish a participant change notice and to update the plan's fee disclosure document, submit the *RecordkeeperDirect Fee Disclosure Customization Request* form.

C. Fee deduction discontinuation

Which ongoing participant fee deductions would you like to discontinue? Select all that apply.

- Fees invoiced by American Funds TPA transactional fees TPA ongoing fees

Discontinuation date _____
(mm/dd/yyyy)

Note: If you would like American Funds to furnish a participant change notice and to update the plan's fee disclosure document, submit the *RecordkeeperDirect Fee Disclosure Customization Request* form.

4 Authorization — required

As plan trustee or authorized signer of the plan, I certify that these payment instructions are in accordance with the terms of the plan and that the recordkeeper is entitled to rely on my authorization and is hereby indemnified from all liability arising from following my instructions. I understand that any ongoing payment instructions requested in this form shall remain in effect until I provide written instructions to modify or discontinue these payments, or there is a change to the plan's TPA (if applicable). If necessary, the plan's participant fee disclosure document will be updated and any required notice provided to participants. (See the *RecordkeeperDirect Fee Disclosure Customization Request* form.)

Name of plan trustee or authorized signer (print)	X Signature of plan trustee or authorized signer	Date / / (mm/dd/yyyy)
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If you have any questions about this form, call American Funds at **(800) 421-6019**. You may fax this completed form to **(855) 521-9952** or mail it to the address below.

American Funds RecordkeeperDirect
c/o Retirement Plan Services

Regular mail
P.O. Box 6040
Indianapolis, IN 46206-6040

Overnight mail
12711 N. Meridian St.
Carmel, IN 46032-9181

Fax
(855) 521-9952