

Plan sponsor: Use this form to request a loan disbursement or to refinance existing loan(s).

1 Plan and participant information

Important: If the participant's address has changed in the last 10 calendar days, this request may be delayed.

Plan name _____ Plan ID number _____

First name of participant _____ MI _____ Last _____

SSN (provide the last four digits) - -

Address of participant _____ City _____ State _____ ZIP _____

2 Loan request

Complete A or B. Loan payments must be remitted via the plan sponsor website. Loan amounts are taken proportionately from all investment options in applicable contribution types.

Note: A loan shall be deemed to be in default and tax reported when a scheduled installment payment is not made by the second to last day of the calendar quarter following the calendar quarter in which the payment was due. For additional details, refer to the Loan Default Procedures section of the online plan administration guide at www.americanfunds.com/retiresponsor.

A. Request new loan.

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

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

Frequency of payments: Weekly Every other week Semimonthly Monthly Quarterly

B. Refinance existing loan(s).

This section can be used to re-amortize an existing loan, or to consolidate existing loan(s) and request additional proceeds, if applicable.

1. Indicate the existing loan(s) to be refinanced:

- All existing active loans
- Active loan ID number(s) _____

2. Provide the payoff amount for the loan(s) referenced above \$ _____

Note: You **must** freeze any outstanding loan(s) in order to obtain the payoff amount. Please ensure the loan(s) have been frozen prior to submitting this request.

3. Indicate the amount of additional loan proceeds being requested (if applicable) \$ _____

4. New refinanced loan amount \$ _____ (This amount is the sum of lines 2 and 3.)

Interest rate _____% Number of payments _____

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

Frequency of payments: Weekly Every other week Semimonthly Monthly Quarterly

First name of participant _____ MI _____ Last _____ Plan ID number _____

3 Delivery instructions — For new loans and additional loan proceeds

Select **A** or **B**. If no selection is made, a check will be sent via regular mail.

- A. Send the payment electronically (via ACH) to the participant’s bank account. (This option is not available for nonresident alien distributions.)

Important: This option requires the participant’s signature on the ACH Payment Request attached to this form. (If the form is not provided, payment will be sent to the participant via check.) To receive the payment without delay, the participant must either provide a signature guarantee, or their bank registration must be validated electronically (by Capital Group upon receipt of this form). If neither of these conditions are met, the payment is subject to a **10-day hold and/or may be sent out via check**. We reserve the right to reject ACH requests. For more information, refer to the *Bank Verification Terms & Conditions*.

- B. Mail a check to the participant’s address of record.

Consult your TPA before completing this section

4 Vested percentage — For new loans and additional loan proceeds

The information provided will apply to this request only.

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

Loan amounts are taken proportionately from all applicable contribution types (per plan information on file) unless alternate instructions are provided below.

The information above is correct.

Name of firm _____ () _____ Ext. _____
Daytime phone

Name of third-party administrator (print) _____ **X** _____ / / _____
Signature of third-party administrator Date (mm/dd/yyyy)

Use this form to provide bank information for an ACH payment request. If you have questions, call us at **(800) 421-4120**.

Important: This form must be submitted with the applicable loan or distribution form in order for us to process your request.

1 Plan and participant information

Important: Distribution/loan requests are subject to a 10-day hold after an address change unless your signature is guaranteed in Section 3. If this form includes a signature guarantee, the original copy must be mailed.

Plan name _____ Plan ID number _____

First name of participant _____ MI _____ Last _____

SSN (provide the last four digits) - -

Address _____ City _____ State _____ ZIP _____

() _____

Daytime phone _____

Citizenship: U.S. citizen U.S. resident alien

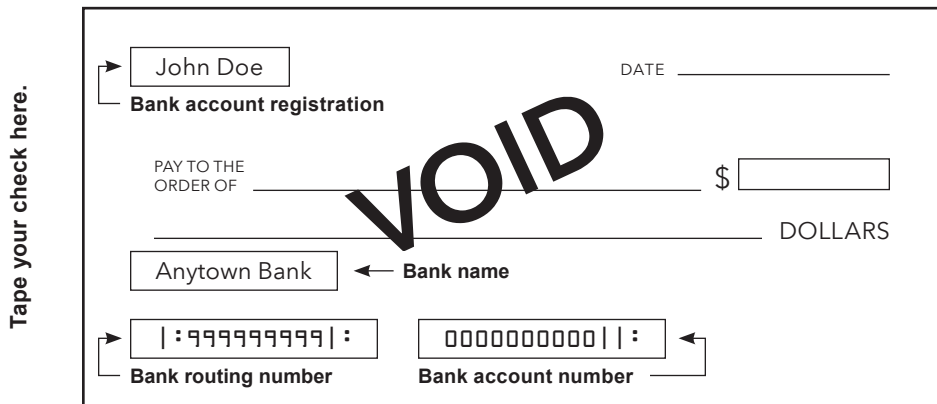
Note: Nonresident aliens are not eligible for ACH payments. Do not complete this form. Payment must be sent via check.

2 Bank information

Electronic payments can only be made to a U.S. bank checking account. Your bank information will be retained. We will use a third-party service to validate your bank information. Refer to the Bank Verification Terms & Conditions.

Send to a new bank account. Attach an unsigned, voided check below. Please **do not** staple.

The check must be preprinted with the bank name and registration, routing number and account number. Your name **MUST** be included in the bank registration. **If these requirements are not met, an electronic deposit cannot be made, and a physical check will be mailed to you instead.**



Note: In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number, account number and account type (checking or savings). The letter must be on the bank's letterhead.

OR

Use existing bank information on file ending in _____ (provide last four digits). If no information is on file, we will default to sending a check. This must be a bank account that has been previously used for distributions from this account.

Electronic bank verification is conducted through a third party service provider that is unaffiliated with Capital Group Retirement Plan Services. If you choose to add a bank account electronically, you must agree to the Bank Verification Terms & Conditions of Use set forth below. The Fund or the Fund's transfer agent will send your information to the third party service provider, who will then compare your information with their database to verify the information you provided. Please read and agree to the Bank Verification Terms & Conditions of Use for the third party service in order to continue.

Agreement and Bank Verification Terms & Conditions of Use of the Service

I (we) authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus (if applicable) for this designated bank account. I (we) authorize credits/debits to/from the bank account designated in conjunction with the account option(s) selected. I (we) agree that Capital Group Retirement Plan Services shall be fully protected in honoring any such transaction. I (we) also agree that Capital Group Retirement Plan Services may make additional attempts to credit/debit my (our) account if the initial attempt fails and I (we) will be liable for any associated costs. All account options elected will become part of the account and terms, representations, and conditions thereof.

Provide Accurate Information. I (we), the end user, agree to provide true, accurate, current and complete information about myself (ourselves) and my (our) accounts maintained at other web sites and I (we) agree to not misrepresent my (our) identity or my (our) account information. I (we) agree to keep my (our) account information up to date and accurate.

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Indemnification. I (we) agree to protect and fully compensate Company, its investment manager, and Service Provider and their employees, officers, trustees, directors, and affiliates from any and all third party claims, liability, damages, expenses and costs (including, but not limited to, reasonable fees) caused by or arising from my (our) use of the service, my (our) violation of these terms or my (our) infringement, or infringement by any other user of my (our) account, of any intellectual property or other right of anyone. I (we) agree that the Company's investment manager and Service Provider are each a third party beneficiary of the above provisions, with all rights to enforce such provisions as if the investment manager or Service Provider were a party to this Agreement.