Clear and reset form

AMERICAN FUNDS®
From Capital Group

RecordkeeperDirect®
Retirement Plan Enrollment/Change

Employer

Complete this section and retain this form for your records. Do not send it to American Funds. Use the plan sponsor website, 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 1–4, then return this form to your employer to complete the section above.

1 Employee information

Please type or print clearly.

Select one of the following: ☐ New plan enrollment ☐ Changes to existing account

Name of employee

SSN ☐☐☐–☐☐–☐☐☐☐

Residence address (physical address required — **no P.O. boxes**)

City

State

ZIP

Mailing address (if different from residence address)

City

State

ZIP

Date of birth (mm/dd/yyyy) ☐☐–☐☐–☐☐☐☐

Date of hire (mm/dd/yyyy) ☐☐–☐☐–☐☐☐☐

Country of citizenship

Marital status: ☐ Married ☐ Single

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.		%

Continued on next page

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 _____ / / _____

Signature of employee — Date (mm/dd/yyyy)

Lit. No. RPDRFM-012-1013O CGD/9046-S37462 ©2013 American Funds Distributors, Inc.