

**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	X	X	X	-	X	X				
			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.capitalgroup.com/sponsor/rkd](http://www.capitalgroup.com/sponsor/rkd).

**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

**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



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First name of participant                                      MI                                      Last                                      Plan ID number

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## 5 Authorization

As an authorized signer of the plan, I certify that **1)** I have read, understand and agree to all pages of this *Loan Request*; **2)** the participant has been notified of potential delays due to an address change; **3)** this loan satisfies the requirements of the regulations and is in accordance with the terms of the plan; **4)** if the participant is requesting a new loan or additional loan proceeds, I have consulted the TPA to ensure the information provided in Section 4 is correct; **5)** I understand that once a payment has been requested, it cannot be changed or reversed; **6)** if option **C** is selected in Section 3, the participant has been made aware of the additional \$25 fee and authorized expedited delivery; and **7)** the recordkeeper is entitled to rely on my authorization and is hereby indemnified from all liability arising from following the instructions provided on this form.

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Name of authorized signer (print)                                      **X**                                      Signature                                      Date                                      /                                      /                                      (mm/dd/yyyy)

**This document may not be signed using Adobe Acrobat Reader’s “fill and sign” feature.**

If you have any questions about this form, call us at **(800) 421-6019**.

**SEND**  
**American Funds RecordkeeperDirect**  
c/o Retirement Plan Services

**REGULAR MAIL**  
P.O. Box 6040  
Indianapolis, IN 46206-6040  
**EMAIL**  
RKDirect@capitalgroup.com

**OVERNIGHT MAIL**  
12711 N. Meridian St.  
Carmel, IN 46032-9181  
**FAX**  
(855) 521-9952

**Participant:** 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

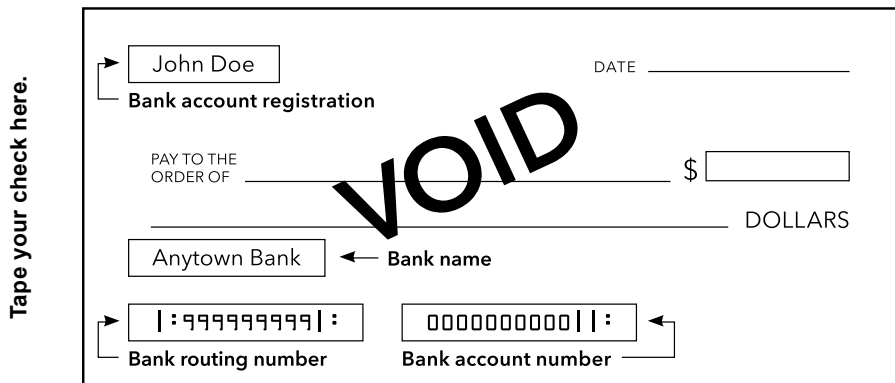
**Note:** Nonresident aliens are not eligible for ACH payments. Do not complete this form. Payment must be sent via check.

# 2 Bank information

*The receiving bank account must be a U.S. checking or savings 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.**



- Notes:**
- To receive the payment without delay, you must either provide a signature guarantee, or the 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*.
  - 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 — **required**). 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.



\_\_\_\_\_  
First name of participant MI Last Plan ID number

### 3 Participant signature

I hereby certify that **1)** I have read, understand and agree to this *ACH Payment Request*; **2)** all information that I have provided is true and correct; **3)** I have read, understand and agree to the *Bank Verification Terms & Conditions*; **4)** I authorize Capital Group to access records from public and proprietary sources in order to validate that I am the bank account owner; and **5)** I understand that if my bank account cannot be validated, a check will be mailed to me.

\_\_\_\_\_  
Name of participant (print) **X** Signature of participant \_\_\_\_\_ Date (mm/dd/yyyy)

**This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.**

**A signature guarantee is required if requesting an immediate distribution and:** ▼ Stamp signature or medallion guarantee here. ▼

- your address has changed in the last 10 calendar days

#### OR

- you are requesting payment to a bank account and the bank registration cannot be validated electronically.

The request is subject to a 10-day hold if a signature guarantee is required but not provided.

**If required**, a signature guarantee must be performed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulatory Authority that is an eligible guarantor institution. A notary public is **NOT** an acceptable guarantor. The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal.

**Return this completed form to your employer. This form must be attached to the applicable loan or distribution request form. If a signature guarantee is required, this form must be mailed. DO NOT return this form directly to Capital Group, as this will delay the processing of your request.**

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.

**Proprietary Rights.** I (we) are permitted to use content delivered to me (us) through the service only on the service. I (we) may not copy, reproduce, distribute, or create derivative works from this content. Further, I (we) agree not to reverse engineer or reverse compile any of the service technology, including but not limited to, any Java applets associated with the service.

**Content You Provide.** I (we) are licensing to Capital Group Retirement Plan Services ("Company") and its service providers ("Service Provider") any information, data, materials or other content (collectively, "Content") I (we) provide through or to the service. Company and Service Provider may use, modify, display, distribute and create new material using such Content to provide the service to you. By submitting Content, I (we) automatically agree, or promise that the owner of such Content has expressly agreed that, without any particular time limit, and without the payment of any fees, Company and Service Provider may use the Content for the purposes set out above. I (we) agree that, as between Company and Service Provider, Company owns your confidential account information.

**Third Party Accounts.** By using the service, I (we) authorize Company and Service Provider to access third party sites designated by Company, on my (our) behalf, to retrieve information requested by me (us), and to register for accounts requested by me (us). For all purposes hereof, I (we) hereby grant Company and Service Provider a limited power of attorney, and I (we) hereby appoint Company and Service Provider as my (our) true and lawful attorney-in-fact and agent, with full power of substitution and re-substitution, for me (us) and in my (our) name, place and stead, in any and all capacities, to access third party internet sites, servers or documents, retrieve information, and use your information, all as described above, with the full power and authority to do and perform each and every act and thing requisite and necessary to be done in connection with such activities, as fully to all intents and purposes as you might or could do in person. I (WE) ACKNOWLEDGE AND AGREE THAT WHEN COMPANY OR SERVICE PROVIDER ACCESSES AND RETRIEVES INFORMATION FROM THIRD PARTY SITES, COMPANY AND SERVICE PROVIDER ARE ACTING AS MY (OUR) AGENT, AND NOT THE AGENT OR ON BEHALF OF THE THIRD PARTY. I (we) agree that third party account providers shall be entitled to rely on the foregoing authorization, agency and power of attorney granted by me (us). I (we) understand and agree that the service is not endorsed or sponsored by any third party account providers accessible through the service.

**DISCLAIMER OF WARRANTIES.** I (WE) EXPRESSLY UNDERSTAND AND AGREE THAT: MY (OUR) USE OF THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE IS AT MY (OUR) SOLE RISK. THE SERVICE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS. COMPANY AND SERVICE PROVIDER EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND AS TO THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE, WHETHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NONINFRINGEMENT. COMPANY AND SERVICE PROVIDER MAKE NO WARRANTY THAT (i) THE SERVICE WILL MEET MY (OUR) REQUIREMENTS, (ii) THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE, OR ERROR-FREE, (iii) THE RESULTS THAT MAY BE OBTAINED FROM THE USE OF THE SERVICE WILL BE ACCURATE OR RELIABLE, (iv) THE QUALITY OF ANY PRODUCTS, SERVICES, INFORMATION, OR OTHER MATERIAL PURCHASED OR OBTAINED BY ME (US) THROUGH THE SERVICE WILL MEET MY (OUR) EXPECTATIONS, OR (v) ANY ERRORS IN THE TECHNOLOGY WILL BE CORRECTED. ANY MATERIAL DOWNLOADED OR OTHERWISE OBTAINED THROUGH THE USE OF THE SERVICE IS DONE AT MY (OUR) OWN DISCRETION AND RISK AND I (WE) ARE SOLELY RESPONSIBLE FOR ANY DAMAGE TO MY (OUR) COMPUTER SYSTEM OR LOSS OF DATA THAT RESULTS FROM THE DOWNLOAD OF ANY SUCH MATERIAL. NO ADVICE OR INFORMATION, WHETHER ORAL OR WRITTEN, OBTAINED BY ME (US) FROM COMPANY OR SERVICE PROVIDER THROUGH OR FROM THE SERVICE WILL CREATE ANY WARRANTY NOT EXPRESSLY STATED IN THESE TERMS.

**LIMITATION OF LIABILITY.** I (WE) AGREE THAT NEITHER COMPANY, ITS INVESTMENT MANAGER, OR SERVICE PROVIDER NOR ANY OF THEIR EMPLOYEES, OFFICERS, TRUSTEES, DIRECTORS, AFFILIATES, ACCOUNT PROVIDERS OR ANY OF THEIR AFFILIATES WILL BE LIABLE FOR ANY HARMS, WHICH LAWYERS AND COURTS OFTEN CALL DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS, GOODWILL, USE, DATA OR OTHER INTANGIBLE LOSSES, EVEN IF COMPANY OR SERVICE PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, RESULTING FROM: (i) THE USE OR THE INABILITY TO USE THE SERVICE; (ii) THE COST OF GETTING SUBSTITUTE GOODS AND SERVICES, (iii) ANY PRODUCTS, DATA, INFORMATION OR SERVICES PURCHASED OR OBTAINED OR MESSAGES RECEIVED OR TRANSACTIONS ENTERED INTO, THROUGH OR FROM THE SERVICE; (iv) UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA; (v) STATEMENTS OR CONDUCT OF ANYONE ON THE SERVICE; (vi) THE USE, INABILITY TO USE, UNAUTHORIZED USE, PERFORMANCE OR NON-PERFORMANCE OF ANY THIRD PARTY ACCOUNT PROVIDER SITE, EVEN IF THE PROVIDER HAS BEEN ADVISED PREVIOUSLY OF THE POSSIBILITY OF SUCH DAMAGES; OR (vii) ANY OTHER MATTER RELATING TO THE SERVICE.

**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.