

Beneficiary Designation 401(k) Plan

Em	nmer Group Retireme	ent Plan					344905-01
Fo	r My Information						
	For questions regarding this Use black or blue ink when	•	e at myretirement.ar	mericanfund	ls.com or contact Se	rvice Center at 1-800-2	204-3731.
Α	Participant Information	on					
	Account extension, if applica transferred to a beneficiary death, alternate payee du participant with multiple acco	due to participant's e to divorce or a	Account Extension		Social Security Numb	er (Must provide all 9 dig	its)
	Last Name (The name provided MUST r	natch the name on file wi		irst Name	M.I.	Date of Birth () Daytime Phone No	umber
	Email Address Married Un	nmarried				() Alternate Phone N	lumber
В	Beneficiary Designati	On (Attach an addition	al sheet to name add	litional bene	ficiaries.)		
	Primary Beneficiary D	Designation (Primary	/ beneficiary designa	tions must t	otal 100% - percentage	e can be made out to two	o decimal places.)
	to my beneficiary desi	gnation. mples on how to comp Primary Beneficiary N (Name of Individual, Tru Rela S D Primary Beneficiary N	Name st, Charity, etc.) titionship (Required - I pouse	ficiary desig	Social Seculdentification of is not provided, requesting Grandchild Social Secul	rity or Taxpayer In Number st will be rejected and sentibling My Estate	☐ A Trust ☐ Other / / Date of Birth
	() Phone Number (Optional) %		itionship <i>(Required - I</i>	-		n Number st will be rejected and sen ibling □ My Estate	·
	% of Account Balance () Phone Number (Optional)	s	st, Charity, etc.) ationship (Required - I		Identification is not provided, reques	rity or Taxpayer n Number st will be rejected and sen ibling My Estate	
	Contingent Beneficia	ry Designation (Cor	ntingent beneficiary o	designations	must total 100% - per	centage can be made ou	ut to two decimal places.)
	% of Account Balance	Contingent Beneficia (Name of Individual, Tru			Social Secu	rity or Taxpayer n Number	/ / Date of Birth or Trust Date
	() Phone Number (Optional)	s		-		st will be rejected and sen ibling 👊 My Estate	·
	% of Account Balance () Phone Number (Optional)	□ S	st, Charity, etc.) ationship (Required - I		Identification is not provided, reques	rity or Taxpayer n Number st will be rejected and sen ibling	

ast Name	Fi	irst Name	M.I.	Social Securit	y Number	344905-01 Number	
eneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
Contingent Beneficiary	Designation	(Contingent beneficiary	eneficiary designations must total 100% - percentage can be made out to two decimal places.)				
%						1 1	
% of Account Balance		l, Trust, Charity, etc.)	- If Relationship is	Identification		Date of Birth or Trust Date sent back for clarification.)	
Phone Number (Optional)		□ Spouse □ Child □ Domestic Partner	□ Parent □ 0	Grandchild □ S	ibling 🛭 My Esta	te 🔾 A Trust 🔾 Other	
Signatures and Conser	າ t (Signatures mu	ist be on the lines provide	ed.)				
Participant Consent for	r Beneficiary	Designation (Please	sign on the 'Partici	pant Signature' line	below.)		
Plan, I am making the above the account will be divided beneficiaries. Contingent be predeceases me, his or her pursuant to the terms of the is missing, additional inform. This designation superseded death will be divided equally decimal points (Example:	I as specified. If eneficiaries will reperied will be a eplan or application may be reas all prior design. Primary and 33.33%).	f a primary benefician receive a benefit only it illocated to the survivin able law. This designat equired prior to recordi nations. Beneficiaries contingent beneficia	y predeceases m f there is no survi g contingent ben tion is effective u ing my designatio will share equally ries must separ	ne, his or her ber ving primary bene eficiaries. If I fail t pon execution and on. y if percentages a rately total 100%	nefit will be allocat eficiary, as specified o designate benefid d delivery to Servic re not provided and The percentages	ed to the surviving primary d. If a contingent beneficiary ciaries, amounts will be paid the Center. If any information d any amounts unpaid upon to can be divided up to two	
	Important Notice: In accordance with ERISA and/or Plan Document, if I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent for Beneficiary Designation section of this form.						
any person who presents a false or fraudulent claim is subject to criminal and civil penalties.							
Any person who prese	ents a false c	or fraudulent claim	is subject to	criminal and c	ivil penalties.		
			is subject to			irad)	
Any person who prese Participant Signatur A handwritten signature i	e		•		_ Date (Requi	•	
Participant Signatur	e s required on t	this form. An electron	nic signature wil	II not be accepte	Date (Requi	n a significant delay.	
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Last Name	First	Name	M.I.	Social Security Num	ber	344905-01 Number	
Signatures and Consent (Signatures must be on the lines provided.)							
Plan Administrator Witnessing Spousal Consent (Please sign on the 'Plan Administrator Signature' line below.)							
If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence. The date that I sign this form must match the date the participant's spouse has signed.							
Plan Administrator Signature Date (Required) A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay. Print Full Name						Required) Soult in a significant delay.	
Delivery Instructions							
Uploaded Electronically: Login to account at myretirement.americanfunds.com Click on Upload Documents to submit	OR	Faxed to: American Funds Service Center 1-866-745-5766	OR	Sent Regular Mail to: American Funds Service Center PO Box 173764 Denver, CO 80217-3764	OR	Sent Express Mail to: American Funds Service Center 8515 E. Orchard Road Greenwood Village, CO 80111	
	Plan Administrator Witnessing S If Spousal Consent notarization is not of that I sign this form must match the date Plan Administrator Signature A handwritten signature is required of the Print Full Name Delivery Instructions After all signatures have been obtain Uploaded Electronically: Login to account at myretirement.americanfunds.com Click on Upload Documents to submit	Plan Administrator Witnessing Spous. If Spousal Consent notarization is not obtained that I sign this form must match the date the property of the property o	Signatures and Consent (Signatures must be on the lines provided.) Plan Administrator Witnessing Spousal Consent (Please sign or If Spousal Consent notarization is not obtained, I certify that the consert that I sign this form must match the date the participant's spouse has signature Is required on this form. An electronic signature Is required on this form. An electronic signature Is required on this form can be Uploaded Electronically: OR Faxed to: Login to account at American Funds Service myretirement.americanfunds.com	Signatures and Consent (Signatures must be on the lines provided.) Plan Administrator Witnessing Spousal Consent (Please sign on the 'Please sign	Signatures and Consent (Signatures must be on the lines provided.) Plan Administrator Witnessing Spousal Consent (Please sign on the 'Plan Administrator Signature' line If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the that I sign this form must match the date the participant's spouse has signed. Plan Administrator Signature A handwritten signature is required on this form. An electronic signature will not be accepted and Print Full Name Delivery Instructions After all signatures have been obtained, this form can be Uploaded Electronically: OR Faxed to: American Funds Service Center Click on Upload Documents to submit 1-866-745-5766 OR Sent Regular Mail to: American Funds Service Center PO Box 173764 Denver, CO 80217-3764	Signatures and Consent (Signatures must be on the lines provided.) Plan Administrator Witnessing Spousal Consent (Please sign on the 'Plan Administrator Signature' line below. If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the part that I sign this form must match the date the participant's spouse has signed. Plan Administrator Signature	

This page is for informational purposes only - Do not return with the Beneficiary Designation form **EXAMPLE BENEFICIARY DESIGNATIONS**

<u>Exa</u>	mple 1: Multiple Individuals as Beneficiaries							
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	 If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity 							
	or estate. 33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX		Relationship is not provided, request will be rejected	and sent back for clarification.)				
	Phone Number (Optional)	☐ Spouse ☐ Child ☐ Domestic Partner	Parent □ Grandchild ■ Sibling □ My E	state A Trust Other				
	33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	Relationship (Required - If	Relationship is not provided, request will be rejected	and sent back for clarification.)				
	Phone Number (Optional)	□ Spouse □ Child □ Domestic Partner	Parent □ Grandchild ■ Sibling □ My E	state				
	33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)							
	Phone Number (Optional)	□ Spouse □ Child □ Domestic Partner	Parent Grandchild Sibling My E	state				
Fya	mple 2: Trust as Ben	oficiary						
В	-	on (Attach an additional sheet to name addi	tional beneficiaries.)					
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	 If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity 							
	or estate.	Trust of Jane Doe	XX-XXXXXX	06/30/2015				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX		Relationship is not provided, request will be rejected					
	Phone Number (Optional)		Parent Grandchild Sibling My E	state ■ A Trust □ Other				
		□ Domestic Partner						
	ample 3: Estate as Beneficiary							
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	 If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must conto my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, ch. 							
	or estate.		cially designations if the beneficiary is a non-inc					
	100 %	Estate of Anne Doe		/ /				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX		Relationship is not provided, request will be rejected					
Phone Number (Optional) □ Spouse □ Child □ Parent □ Grandchild □ Sibling ■ My Estate □ A Trus □ Domestic Partner								

Example 4: Charity as Beneficiary

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	 If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 							
	100 %	ABC Charity	XX-XXXXXX	/ /				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX Phone Number (Optional)	• • • •	elationship is not provided, request will be rejected a larent □ Grandchild □ Sibling □ My Es	•				