

Use this form for loan disbursements only. The Third-Party Administrator (TPA) must complete Section 5.

1 Plan and participant information

Please type or print clearly.

| | | | | | | | | | | | | |
|---|----------|------------|--------------------------------|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|
| Plan name _____ | | | Plan ID number _____ | | | | | | | | | |
| First name of participant (print) _____ | MI _____ | Last _____ | <input type="text" value="X"/> | <input type="text" value="X"/> | <input type="text" value="X"/> | - | <input type="text" value="X"/> | <input type="text" value="X"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN (provide the last four digits) | | | | | | | | | | | | |
| Address of participant _____ | | | | | | | City _____ | State _____ | ZIP _____ | - | | |

2 Loan request

Loan amounts are taken proportionately from all investment options in applicable contribution types.

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

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

Frequency of payments: Weekly Every other week Semimonthly Monthly Quarterly

Note: A loan shall be deemed to be in default 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. If the payment is not received within such stipulated time period, the loan is considered to be in default and **will be tax reported**. For additional details, reference the Loan Default Procedures section of the online plan administration guide at www.americanfunds.com/retiresponsor.

3 Delivery instructions

Select either **A** or **B**. If no selection is made, a check will be sent to the participant's address of record via regular mail.

- A. Send the payment electronically (via ACH) to the participant's bank information provided in Section 4. (Payments will be delivered to the bank within three (3) business days following the transaction.)
- B. Mail payment directly to (checks are sent to the address of record):
- Participant Plan Sponsor Third-Party Administrator

 First name of participant MI Last Plan ID number

4 Bank information — Complete only if requesting electronic deposit

Electronic payments can only be made to a U.S. bank checking account.

Attach an unsigned, voided check below. The check you attach must be preprinted with the bank name and registration, routing number and account number. Please **do not** staple.

Note: The participant's name **MUST** be included in the bank registration to process the request electronically. If the participant's name is not included, a physical check will be generated instead.

Tape your check here.

VOID

DATE _____

Bank account registration

PAY TO THE ORDER OF _____ \$

_____ DOLLARS

← **Bank name**

Bank routing number

Bank account number

Note: In lieu of a voided check, you may submit a letter from your bank on the bank's letterhead providing the:

- bank account registration
- routing number
- account number
- signature of an authorized signer for the bank

 First name of participant MI Last Plan ID number

5 Vested percentage

This section must be completed by the TPA. Please confirm this information for our records.

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. Any alternate instructions will apply to this disbursement request only.

The information reflected 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)

6 Authorization

As plan trustee or authorized signer of the plan, I certify that this loan satisfies the requirements of the regulations and is made in accordance with the terms of the plan.

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



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.

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 c/o Retirement Plan Services

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