

Use this form for Capital Bank and TrustSM (CB&T) accounts only. If CB&T is not the custodian, call us at (800) 421-4225 for more information.

Important: The beneficiaries named on this form will replace any existing beneficiary information listed on your account. You must specify ALL Primary and Contingent Beneficiaries on this form even if you are changing only one beneficiary.

1 Participant information

Please type or print clearly.

First name of participant _____ MI _____ Last _____

Address _____ City _____ State _____ ZIP _____

Email address* _____ () _____ Daytime phone _____

Check this box if the mailing address listed above is new. Our records will be updated accordingly.

Marital status: I am married. (See Section 3.) I am not married.

This beneficiary change will apply to the following 457(b) accounts _____

*Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Beneficiary designation

We encourage you to consult a professional regarding the tax-law and estate planning implications of your beneficiary designation. All stated percentages must be whole percentages (e.g., 33%, not 33.3%). If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When a percentage is not indicated, the beneficiaries' shares will be divided equally.

Notes: • Your spouse may need to sign in Section 3. If you wish to name more than one trust or entity, customize your designation or need more space, attach a separate page. Include the name, address, relationship, date of birth or trust, SSN/TIN and percentage for each beneficiary.

• If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."

A. Primary Beneficiary(ies): If any designated Primary Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries unless otherwise indicated. If no Primary Beneficiaries survive me, assets will be paid to the named Contingent Beneficiaries, if any.

1. _____
 First name (print) _____ MI _____ Last name _____ Suffix _____

OR _____
 Name of trust or other entity (print)

Address _____ City _____ State _____ ZIP _____

Spouse* Child of owner Other person Trust Other entity _____
 Date of birth or trust (mm/dd/yyyy) _____ SSN/TIN _____ Whole % only _____%

2. _____
 First name (print) _____ MI _____ Last name _____ Suffix _____

Address _____ City _____ State _____ ZIP _____

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) _____ SSN _____ Whole % only _____%

2 Beneficiary designation
(continued)

3. _____
 First name (print) MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) SSN _____ %
 Whole % only

Important: Section 2-A must be completed prior to completing Section 2-B.

B. Contingent Beneficiary(ies): If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Contingent Beneficiaries unless otherwise indicated. If no Contingent Beneficiaries survive me, assets will be paid according to the Custodial Agreement default designation.

1. _____
 First name (print) MI Last name Suffix

OR _____
 Name of trust or other entity (print)

 Address City State ZIP

Spouse* Child of owner Other person Trust Other entity _____
 Date of birth or trust (mm/dd/yyyy) SSN/TIN _____ %
 Whole % only

2. _____
 First name (print) MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) SSN _____ %
 Whole % only

3. _____
 First name (print) MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) SSN _____ %
 Whole % only

4. _____
 First name (print) MI Last name Suffix

 Address City State ZIP

Spouse* Child of owner Other person _____
 Date of birth (mm/dd/yyyy) SSN _____ %
 Whole % only

* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.

