

Important information for completing this form:

- Please obtain legal advice to determine the reason for your contribution correction and the appropriate method for removing it. If you do not meet the regulatory requirements, you may jeopardize the qualified status of your plan.
- Please review the *Defined Contribution Plan and Trust Basic Plan Document* to determine the type of contribution correction and the circumstances under which it can be returned or carried over to the succeeding plan year.
- When we receive your completed form, we will review it to determine if we can correct your contribution. If a correction is made, you will receive account statements.

1 Participant information

_____ Account number or plan ID

_____ Name of MPP/PSP participant _____ Name of company

_____ Company address _____ City _____ State _____ ZIP

_____ Email address* _____ () _____ Ext. _____ Daytime phone

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

2 Type of contribution correction

Complete A or B.

Upon review of the facts concerning the erroneous contribution made to the plan, and upon consultation with my legal advisor, as appropriate, I have determined the correction I am requesting is consistent with current law and IRS procedures.

I request that Capital Bank and Trust Company (CB&T):

A. Return the excess contribution of \$ _____

1. Choose one of the following:

The contribution was due to a mistake of fact. The IRS has issued limited guidance with respect to the circumstances under which a contribution is determined to be made as a mistake of fact, and the limited guidance provides a very narrow definition of "mistake of fact." If this request is found not to meet the IRS standard for mistake of fact, the contribution returned may potentially jeopardize the plan's qualification status, which can result in adverse tax consequences to the plan sponsor and plan participants. If an erroneous contribution is found to be made on account of a mistake of fact, it may be returned to the employer within one year of the mistaken contribution.

OR

The IRS disallowed the contribution deductibility. (If the IRS disallows the deduction, a copy of the IRS notification is required and must be attached to this request.)

2. Method of removal. Please specify the fund name or number, amount to remove from each fund and the date the contribution was invested.

Note: If instructions are not provided below, any amount removed will be removed in the same percentage as originally invested.

_____ Fund name or number	\$ _____ Amount	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date invested (mm/dd/yyyy)
_____ Fund name or number	\$ _____ Amount	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date invested (mm/dd/yyyy)
_____ Fund name or number	\$ _____ Amount	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date invested (mm/dd/yyyy)

2 Type of contribution correction

(continued)

B. Carry over the excess contribution of \$ _____ to the next tax year.

Choose one of the following:

The contributions to a single participant's account exceed the lesser of the annual indexed dollar limit or 100% of compensation or the "Maximum Permissible Amount."

Specify the fund name or number, amount to remove and carry over from each fund and the date the contribution was invested.

_____	\$ _____	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fund name or number	Amount	Date invested (mm/dd/yyyy)
_____	\$ _____	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fund name or number	Amount	Date invested (mm/dd/yyyy)
_____	\$ _____	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fund name or number	Amount	Date invested (mm/dd/yyyy)

OR

The contributions to the plan exceed 25% of the aggregate compensation of all participants. My records will show the excess amount being carried over to the next tax year. No adjustments are necessary to the American Funds account records.

3 Authorization and signature guarantee

I am authorized to act on behalf of the plan. I certify that the above information is accurate and I direct CB&T to correct the excess contribution from the aforementioned account in the manner I have indicated.

In consideration of CB&T acting on such instructions and processing such transactions, or should I not be entitled to all or any part of the payments for which I have applied, I agree to hold harmless and indemnify CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of CB&T acting on such instructions.

Name of employer (print)

X _____
Signature of employer

_____/_____/_____
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 the distribution request is greater than \$125,000.

Stamp signature or medallion guarantee here.

If required, signatures must be guaranteed 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.

If a signature guarantee is required, this form must be mailed.

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



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For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.