

IRA Payroll Deduction Election

For employer/employee use only

Important information

- If you are opening a new account, you must attach a completed *Payroll Deduction Enrollment for Traditional/Roth IRA* form to this form. Your employer will forward the completed forms to American Funds Service Company® on your behalf.
- Return this completed form to your employer. **Do not send this form to American Funds Service Company.**

Agreement between

Please type or print clearly.

Name of employee

Name of company

Account type

Specify the IRA account type that applies to this deduction election form.

Traditional Roth

Note: If multiple IRAs are to be established, provide your employer with a separate *IRA Payroll Deduction Election* form for each program.

Payroll election

Select one of the following three options.

A. **New election for NEW participants** — I am opening a new account (the enrollment form is attached). I elect to have the following amount withheld from my compensation and contributed to the IRA payroll deduction program.

Deductions of _____% **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

B. **Change deductions** — I am currently participating in the IRA payroll deduction program and wish to change my election.

Deductions of _____% **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

C. **Suspend deductions** — I wish to stop deferring to the IRA payroll deduction program as of the effective date specified below.

Effective date _____
(mm/dd/yyyy)

Signature

I authorize my employer to withhold the amount/percentage specified above from each paycheck as of the effective date provided. I may revoke or update this election at any time as permitted by my employer. The revocation or update will be effective as soon as administratively possible by my employer after they have received the notice. I also understand that my contributions are subject to gain or loss in accordance with my selected investments.

X

Signature of employee

Date (mm/dd/yyyy)