



- Use this form to authorize the establishment of a non-retirement payroll deduction program for your employees. This form must be completed by an individual authorized to sign on behalf of the employer. An Employer Identification Number is required. Social Security numbers will not be accepted.
- To offer a 529 payroll deduction program, complete the *CollegeAmerica® Employer Authorization* form.
- To offer an IRA payroll deduction program, complete the *IRA Payroll Deduction Program Employer Authorization* form.

## 1 Employer information and instructions

Please type or print clearly.

Name of company

-         
Employer Identification Number (EIN)

Mailing address

City

State

ZIP

( ) Ext. ( )  
Daytime phone Fax

Submit a separate *Payroll Deduction Enrollment for Non-Retirement Accounts* form for each employee participating in the program.

**Note:** The employer will deduct contributions directly from the participant's paycheck. Personal checks will not be accepted.

List any other American Funds employer-sponsored programs that should be linked to this new program for Rights of Accumulation (ROA). Payroll deduction accounts can be linked with other American Funds employer-sponsored programs for the same employer; however, participants' personal accounts cannot be linked for ROA. Include all eligible plan IDs below:

## 2 Employer contacts

Employer contacts will have access to the *Online Group Investments (OGI)* website, and can use it to update employee investment allocations and fund contributions using a linked bank account. User IDs and passwords should not be shared with others. Employer contacts will continue to have website access until American Funds is instructed to remove or replace a contact.

A. Name of Plan Sponsor (the employer/business owner responsible for plan oversight) ( ) Ext.  
Daytime phone

Email address\* — required

B. Name of Plan Administrator (individual employed with the company who is authorized to act on behalf of the plan) ( ) Ext.  
Daytime phone

Email address\* — required

\*We require an email address to send you a user ID and a link to the OGI website so that you can submit contributions online. Upon receiving the email, please log in within seven days to customize your password. Your privacy is important to us. For information on our privacy policies, visit [www.capitalgroup.com](http://www.capitalgroup.com).



### 3 Third-party remitter — if applicable

Complete this section only if you are designating a third party to have access to information and make contributions. A separate user ID will be assigned.

Name of third-party remitter (business name) \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Daytime phone

Name of third-party contact \_\_\_\_\_ Email address\* — **required** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to the company (payroll company, financial professional, CPA, etc.) \_\_\_\_\_ Existing OGI user ID (if applicable) \_\_\_\_\_

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### 4 Bank information for submitting contributions

If not attaching a voided check here, you can submit bank information on the OGI website after receiving a user ID. If attaching a check, the unsigned, voided check you attach below **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple.**

Tape your check here, if applicable.

Acme Incorporated

Bank account registration

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

Anytown Bank ← Bank name

\$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

| : 999999999 | :

Bank routing number

0000000000 | : :

Bank account number

**Note:** Do not submit any employee contributions until you are notified that your program has been established.

### 5 Financial professional

This section **must** be filled out completely by the financial professional(s).

We authorize American Funds Service Company® (AFS) to act as our agent for this account and agree to notify AFS of purchases made under a Statement of Intention or Rights of Accumulation.

Name(s) of financial professional(s) \_\_\_\_\_ Professional/team ID # \_\_\_\_\_ Branch number \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Daytime phone

Branch address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of broker-dealer firm (as it appears on the Selling Group Agreement) \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of person authorized to sign for the broker-dealer — **required**



## 6 Authorization and signature

I hereby authorize the establishment of a non-retirement payroll deduction program for employees of the employer designated in Section 1.

AFS is hereby authorized to access the bank account listed on this form on behalf of the employer to withdraw money with respect to contributions made via ACH. The undersigned, **as an individual authorized to sign on behalf of the company/entity sponsoring the program**, hereby grants AFS the authority to make withdrawals from the bank account in Section 4.

In consideration of AFS acting on such instructions and processing such transactions, I/we agree to hold harmless and indemnify AFS; any of their 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 AFS establishing these privileges or acting on such instructions.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronically signed copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document.

Immediate notification is needed if a contact is to be removed and/or replaced.

\_\_\_\_\_  
Name of authorized signer (print) Title

**X** \_\_\_\_\_  
Authorized signature Date (mm/dd/yyyy)

**This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.**

## Next steps

Fax or mail this completed form along with an unsigned, voided check. After receiving this form, American Funds will provide the designated contacts with a link to our secure website and information about logging on to submit periodic contributions.

For additional information about submitting contributions, visit [groupinvestments.americanfunds.com](https://groupinvestments.americanfunds.com).

Please mail or fax this form to the appropriate service center.

(If you live outside the U.S., mail the form to the Indiana Service Center.)



### Indiana Service Center

**American Funds Service Company**  
P.O. Box 6007  
Indianapolis, IN 46206-6007

**Overnight mail address**  
12711 N. Meridian St.  
Carmel, IN 46032-9181

**Fax** (888) 421-4351



### Virginia Service Center

**American Funds Service Company**  
P.O. Box 2280  
Norfolk, VA 23501-2280

**Overnight mail address**  
5300 Robin Hood Rd.  
Norfolk, VA 23513-2430

**Fax** (888) 421-4351

If you have questions or require more information, contact your financial professional or call American Funds Service Company at (800) 421-4225.