Lit. No. IR4BFM-010-1223O CGD/9005-S96319 © 2023 Capital Group. All rights reserved.

403(b) **Salary Deferral Election**

For employer/employee use only

Important information

This form must be completed and returned to your employer. Check with your employer to ensure that this agreement meets the employer's requirements. Do not send this form to American Funds Service Company® or Capital Bank and Trust Company.

Payroll withholding election	
Name of employee	Account number (if known)
Name of organization	
Following the date of this election and subject to the limits shown below, I elect to participate in the my employer to withhold the following from my wages each pay period:	e 403(b) retirement plan and authorize
Pre-tax deferrals of	
NOTE: Please see the table below for deferral and catch-up limits. Also check IRS Publication "15 years of service" catch-up opportunity.	on 571 for information about the special
Signature	
In executing this election, I understand the following:	
My employer will contribute to the custodial account on my behalf the amount indicated above by under this election (my "elective deferral contributions").	which I have reduced my compensation
Any pre-tax elective deferral contributions are not subject to federal (or, if applicable, state) incom	e tax until distributed from the plan.
This election remains in effect until I revoke it, and I may revoke it at any time by providing my emp. The revocation will be effective as soon as administratively feasible after my employer receives the	
This election will continue for subsequent calendar years unless I revoke it or execute a new one.	
I am 100% vested in my elective deferral contributions. I understand that my elective deferral cont in accordance with my selected investments.	ributions are subject to gain or loss
X	1 1
Signature of employee	Date (mm/dd/yyyy)

Year	Deferral limit	Catch-up limit*
2023	\$22,500	\$7,500
2024	\$23,000	\$7,500

^{*}You must be at least 50 years old to make a catch-up contribution.