



Use this form to update or remove SIMPLE IRA Plus Plan contacts. For SIMPLE IRA plans, use the *Online Group Investments (OGI) Submitting Contributions* form.

1 Plan information

Please type or print clearly.

Name of company _____ Plan ID _____

2 Add or update employer contacts

Employer contacts will have access to the Plan Sponsor website and can use the website to submit contributions, add participants, update participant investment elections, view account balances and generate reports. User IDs and passwords should not be shared with others. Employer contacts will continue to have website access until Capital Bank and Trust Company is instructed to remove or replace a contact.

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

_____ Email address**† — required

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

_____ Email address† — required

*We will email disclosure materials to the Plan Sponsor annually.

†We require an email address to send you a user ID and a link to the Plan Sponsor website so that you can submit contributions online. We respect your privacy. For more information on our privacy policies, visit www.capitalgroup.com/retiresponsor.

3 Add or update third-party remitter — if applicable

Complete this section only if you are designating or have designated a third party to have access to plan information. A separate user ID will be assigned. The contact can use the website to submit contributions, add participants, update participant investment elections and view account balances.

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

_____ Email address† — required

_____ City _____ State _____ ZIP _____
Address

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

†We require an email address to send you a user ID and a link to the Plan Sponsor website so that you can submit contributions online. We respect your privacy. For more information on our privacy policies, visit www.capitalgroup.com/retiresponsor.

4 Remove contacts — if applicable

Provide the name of any individual who should no longer have access to the plan. Online user IDs will be deactivated.

Name

Name

Check here to remove **ALL** existing contacts. They will be replaced by the new contacts listed in Sections 2 and 3.

5 Authorization

By signing below, I am authorizing the above changes to the plan.

In consideration of Capital Bank and Trust CompanySM (CB&T) acting on such instructions and processing such transactions, I agree to hold harmless and indemnify CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of its 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 establishing these privileges or acting on such instructions.

Name (print)

Title

X _____ / /
Authorized signature Date (mm/dd/yyyy)

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

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 6164
Indianapolis, IN 46206-6164
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 2560
Norfolk, VA 23501-2560
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, ext. 40.