

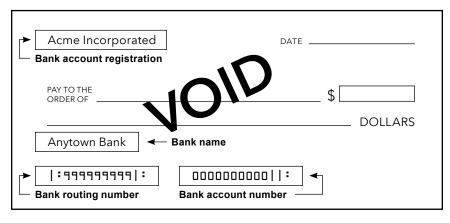
SIMPLE IRA Plus Bank Change Request

Use this form to update the bank information on file for salary deferral and employer contributions. This form should only be used for SIMPLE IRA Plus plans. For SIMPLE IRA plans, make updates on the Online Group Investments website at **groupinvestments.americanfunds.com**.

Plan information			
Name of company	Plan ID		
Name of company contact	(Daytin) ne phone	Ext.
2 Request type			
A. Add bank account. Provide a voided check in Section 3.			
The bank information will replace any and all bank information on file. Proceed to Se	ection 3.		
The bank information is in addition to bank information on file.			
This new bank information will be the plan's primary/default bank information.			
The plan's primary/default bank information will not change.			
Note: If no selection is made, the new bank information will replace any and all bank informatio	n on file.		
B. Remove bank account(s). This option applies if there are multiple bank accounts on file.			
Bank account(s) to remove:	,		
The primary/default bank account will not change.			
OR			
The new primary/default bank account will be the following existing bank account on	file:		

Bank information

Attach an unsigned, voided check below. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple.**



Note: In lieu of a voided check, you may submit a letter from your bank on the bank's letterhead providing the:

- · bank account registration
- · routing number
- · account number
- · account type (checking or savings)

Authorization

Capital Bank and Trust CompanySM (CB&T) or one of its affiliates is hereby authorized to access the account listed on this form on behalf of the plan so that contributions can be transmitted via ACH. The Plan Sponsor has full responsibility for this retirement plan. The undersigned, as an officer of the company sponsoring the plan, hereby grants CB&T the authority to make withdrawals from the account noted above.

In consideration of CB&T acting on such instructions and processing such transactions, I/we 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 establishing these privileges or acting on such instructions. I/We understand that this authorization may be terminated by me/us at any time by telephone or written notification to CB&T. The termination request will be effective as soon as CB&T has had reasonable time to act upon it.

Name (print)	Title				
X			/	1	
Authorized signature		Date	(mm/dd/yyyy)		
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This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

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



American Funds Service Company P.O. Box 6164 Indianapolis, IN 46206-6164

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



American Funds Service Company P.O. Box 2560 Norfolk, VA 23501-2560

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

Financial professional upload www.capitalgroup.com/upload

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