

- For new plans, submit this form with your initial plan paperwork.
- An email will be sent to each contact with instructions for getting started.
- To add or remove contacts after the plan is established, the employer/business owner may call us at **(800) 421-4225, ext. 39**.

1 Employer information

Plan ID (if known) _____ Name of company _____

EIN -

Company address _____ City _____ State _____ ZIP _____

2 Employer contacts

Employer contacts will have access to the 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. _____ () _____ 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 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. We respect your privacy. For more information on our privacy policy, visit 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.

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

Name of third-party contact

Email address* — **required**

Address

City

State

ZIP

Relationship to the company (payroll company, advisor, CPA, etc.)

Existing OGI user ID (if applicable)

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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 Bank information

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

DATE _____

Bank account registration

PAY TO THE ORDER OF _____

\$ _____

_____ DOLLARS

Anytown Bank

← **Bank name**

|:999999999|:

0000000000|:

Bank routing number

Bank account number

6 Authorization

Capital Bank and Trust CompanySM (CB&T) and American Funds Service Company[®] (AFS) are hereby authorized to access the account listed on this form to withdraw money in respect of contributions via Automated Clearing House (ACH).

I understand that **1)** the OGI contacts designated on this form are authorized users of the OGI website and will have access to the website to update employee investment allocations and to instruct CB&T or AFS to initiate ACH transactions to fund the contributions; **2)** immediate notification to CB&T or AFS is needed if a contact is to be removed and/or replaced; **3)** and unique user IDs will be provided to the contacts via email (as indicated within this form).

In consideration of CB&T and AFS acting on such instructions and processing such transactions, I agree to hold harmless and indemnify CB&T and 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 CB&T and AFS 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.

For more information about submitting contributions, call (800) 421-4225, ext. 39.

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.