

Use this form to customize the fee and expense information in your plan's fee disclosure document.

**Note:** American Funds prepares a change notice for the plan sponsor to provide to participants when TPA general distribution fees and/or TPA loan fees are first set up to be deducted from participant accounts. For all other new TPA fees or changes to TPA fees (including TPA general distribution fees and TPA loan fees to be shown in the participant fee disclosure document but not deducted from participant accounts), the plan sponsor (or TPA) is responsible for preparing and distributing any required change notice to participants.

## 1 Plan information

Please type or print clearly.

Plan name	Plan ID number (if known)
	(      )      Ext.
Name of primary plan contact	Daytime phone of primary plan contact

## 2 General plan-level expenses

Complete this section if all plan-level expenses, including American Funds fees, TPA fees and Advisory/RIA fees (if applicable), are paid for by the same party and payment method, and can be disclosed together.

Select one of the two options below.

- All plan-level expenses paid by employer
- All plan-level expenses paid by participants on a pro-rata basis only. (Select maximum percentage the participant would incur.)
- Up to .05%     Up to .10%     Up to .20%     Up to .30%     Up to .40%     Up to \_\_\_\_\_%

## 3 Itemized plan-level expenses

Complete this section if you would like to disclose American Funds plan-level fees, TPA fees and Advisory/RIA fees (if applicable) separately.

Select all that apply.

- A.  **American Funds plan-level expenses** (including recordkeeping, Wilshire fiduciary services and trustee fees, if applicable)  
(Select one of the two options below.)
- American Funds plan-level expenses paid by employer
- American Funds plan-level expenses paid by participants on a pro-rata basis only

Enter the maximum percentage to be charged to participants annually \_\_\_\_\_% This fee is assessed quarterly.

- B.  **TPA plan-level expenses** (Select one of the three options below.)
- TPA plan-level expenses paid by employer
- TPA plan-level expenses paid by participants on a pro-rata basis only
- Enter the maximum percentage to be charged to participants annually \_\_\_\_\_%
- Frequency that fee is assessed:     Monthly     Quarterly     Semiannually     Annually
- TPA plan-level expenses paid by participants on a per-capita basis only
- Enter the maximum dollar amount to be charged to participants annually \$ \_\_\_\_\_
- Frequency that fee is assessed:     Monthly     Quarterly     Semiannually     Annually

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### 3 Itemized plan-level expenses *(continued)*

C.  **Advisory/RIA plan-level expenses** (Select one of the three options below.)

Advisory/RIA plan-level expenses paid by employer

Advisory/RIA plan-level expenses paid by participants on a pro-rata basis only

Enter the maximum percentage to be charged to participants annually \_\_\_\_\_%

Frequency that fee is assessed:  Monthly  Quarterly  Semiannually  Annually

Advisory/RIA plan-level expenses paid by participants on a per-capita basis only

Enter the maximum dollar amount to be charged to participants annually \$ \_\_\_\_\_

Frequency that fee is assessed:  Monthly  Quarterly  Semiannually  Annually

### 4 TPA distribution/transaction fees

Complete the following to disclose TPA distribution or transaction fees for the plan. Please note that while all the fees listed below can be displayed in the participant fee disclosure document, only a TPA's general distribution fee and loan initiation fee can be debited from participant accounts. If you are already using this service, the applicable fee amounts will automatically display in your plan's fee disclosure document.

**Note:** For additional information, see the note at the beginning of this form.

TPA general distribution fee \$ \_\_\_\_\_ per  Request **OR**  Hour

TPA loan initiation fee \$ \_\_\_\_\_ per  Request **OR**  Hour

TPA hardship withdrawal fee \$ \_\_\_\_\_ per  Request **OR**  Hour

TPA Required Minimum Distribution (RMD) fee \$ \_\_\_\_\_ per  Request **OR**  Hour

TPA QDRO fee \$ \_\_\_\_\_ per  Request **OR**  Hour

TPA death distribution/beneficiary transfer fee \$ \_\_\_\_\_ per  Request **OR**  Hour

TPA disability distribution fee \$ \_\_\_\_\_ per  Request **OR**  Hour

### 5 Self-Directed Brokerage (SDB) account option

*Complete this section if your plan offers an SDB account that is not housed in the American Funds recordkeeping system.*

A. Name of SDB provider (required if completing this section) \_\_\_\_\_

B. Specify how participants establish an SDB account (Select all that apply.)

SDB provider website (Provide URL.) \_\_\_\_\_

SDB phone number ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Daytime phone

Participants should contact the employer to obtain information about establishing an SDB account.

C. What is the total annual fee charged to participants to maintain an SDB account? (required) \$ \_\_\_\_\_

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## 5 Self-Directed Brokerage (SDB) account option

(continued)

D. What is the name of the document or services agreement that governs the SDB account? (required)

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E. How is the fee charged? (Required — Select one of the two options below.)

Participants pay SDB fees.

Frequency that fee is assessed:  Monthly  Quarterly  Semiannually  Annually

**OR**

Employer pays SDB fees.

## 6 Additional fee disclosure contacts

Your plan's fee disclosure book automatically displays your plan's primary contact. To display additional individuals, provide the appropriate information below.

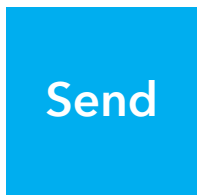
**Note:** New contacts listed below will only appear in the fee disclosure and enrollment books. To add a new plan contact with full access to the plan, submit a *Recordkeeper Direct Plan Maintenance Request*.

Include primary financial professional contact?  Yes  No

Include the following additional plan contacts:

<b>A.</b> _____	_____
Name of plan contact	Title
_____	(    )                      Ext.
Email address	Daytime phone
<b>B.</b> _____	_____
Name of plan contact	Title
_____	(    )                      Ext.
Email address	Daytime phone
<b>C.</b> _____	_____
Name of plan contact	Title
_____	(    )                      Ext.
Email address	Daytime phone

**Note:** If you wish to add more contacts, submit a separate page detailing the information needed for each, up to a total of 10 additional contacts.



If you have any questions about this form, call American Funds at **(800) 421-6019** between 8 a.m. and 8 p.m. Eastern time. You can either mail this document to the address below or fax it to **(855) 521-9952**.

**American Funds RecordkeeperDirect**  
c/o Retirement Plan Services

**Regular mail**  
P.O. Box 6040  
Indianapolis, IN 46206-6040

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