

Use this form for loan disbursements only. The Third-Party Administrator (TPA) must complete Section 4.

1 Plan and participant information

Please type or print clearly.

Plan name _____

First name of participant (print) _____

MI _____

Last _____

Plan ID number _____

Address _____

City _____

State _____

ZIP _____

- -

SSN (provide the last four digits)

2 Loan request

Loan amount \$ _____ Interest rate _____% Number of payments _____

First loan payment due on _____ Duration _____ Anticipated payment amount \$ _____
(mm/dd/yyyy) (months)

Frequency of payments: Weekly Biweekly Semimonthly Monthly Quarterly

Loans will be processed pro rata from each contribution type unless other instructions are provided here:

Note: A loan shall be deemed to be in default when a scheduled installment payment is not made on the due date and payment is not received by the end of the calendar quarter following the calendar quarter in which the payment was due. If the payment is not received within such stipulated time period, the loan is considered to be in default as of the day the last payment was due and **will be tax reported**. For additional details, reference the Loan Default Procedures section of the online plan administration guide at www.americanfunds.com/retiresponsor.

3 Delivery instructions

Mail payment directly to (checks are sent to the address of record — select one option below):

- Participant
- Plan sponsor
- TPA

If applicable, provide the information requested below:

Expedite delivery to the above recipient by using the delivery service and account listed:

Delivery service _____

Name on account _____

Account number _____

 First name of participant (print) MI Last Plan ID number

4 Vested percentage

This section must be completed by the TPA. Please confirm this information for our records.

Select one of the two options below.

Participant is 100% vested in all contribution types

OR

Variable vesting (see below)

Match _____% Profit-sharing _____% Other _____%

Specify contribution type.

The vested percentage reflected above is correct.

_____ _____ () _____ _____

 Name of TPA (print) Name of firm Daytime phone Ext.

X _____ _____ _____

 Signature of TPA Date (mm/dd/yyyy)

5 Authorization

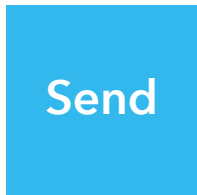
I/We, as plan trustee(s) or authorized signer(s) of the plan, certify that this loan satisfies the requirements of the regulations and is made in accordance with the terms of the plan.

_____ **X** _____ _____

 Name of plan trustee or authorized signer (print) Signature of plan trustee or authorized signer Date (mm/dd/yyyy)

_____ **X** _____ _____

 Name of plan trustee or authorized signer (if applicable) (print) Signature of plan trustee or authorized signer (if applicable) Date (mm/dd/yyyy)



Form delivery

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