Clear and reset form

CAPITAL GROUP® | AMERICAN FUNDS®

SIMPLE IRA Plus

Financial Professional or Fee Change Request

Information for the plan sponsor: Use this form to change the plan's financial professional and/or to update advisory fee payment instructions. This form can also be used to change the plan's share class. Financial professional and/or fee payment information will be updated in the recordkeeping system as soon as feasible following receipt of this form in good order.

Information for the financial professional: This form must be received at least 10 business days prior to the last business day of the calendar quarter to receive compensation for that quarter. Fee payment remittance instructions are established at the firm level by submitting the *Fee Remittance Instructions* form (not applicable to financial professionals affiliated with a dealer firm). To obtain a copy of this form or to verify if payment instructions are already on file, call us at **(800) 421-6621, ext. 40**.

1 Plan information

Name of company

Plan ID

Name of company contact

( ) Ext.
Daytime phone

2 Financial professional/Firm

This section **must** *be filled out completely by the financial professional(s). If you are affiliated with a broker-dealer firm, provide information in* ***A****. If you are affiliated with a Registered Investment Advisor (RIA) firm, provide information in* ***B****. If you are only updating advisory fee payment instructions, proceed to Section 4.*

Note: If there is a change to the plan's financial professional firm, any existing fee-based recoveries will be discontinued. This may require notice to participants. Sample notices that you can complete and distribute can be found on pages 4 and 5.

Firm plan account number (if applicable)

A. Financial professional/Broker-dealer firm

We authorize American Funds Service Company® (AFS) to act as our agent for this account.

Name(s) of financial professional(s)

Professional/team ID #

Branch number

Address

City

State

ZIP

Email address

( ) Ext.
Daytime phone

Name of broker-dealer firm (as it appears on the Selling Group Agreement)

X
Signature of person authorized to sign for the broker-dealer

B. Investment Advisor Representative (IAR)/RIA firm

IAR information

Name of IAR

Financial professional number[1]

Address (if different from firm address)

City

State

ZIP

Email address

( ) Ext.
Daytime phone (if different from firm)

( )
Fax

Footnote: [1] Financial professional number or firm number may be assigned by American Funds. If you are an Investment Advisor Representative (IAR) and need assistance, call (800) 421-5450.

Continued on next page

2 Financial professional/Firm

(continued)

RIA firm information

Name of RIA firm (as it appears on Form ADV or home office) | Firm number[1] | ( ) Ext. Daytime phone

Address | City | State | ZIP

801- SEC number | IARD/CRD number | — State registration and number

By signing below, I certify that the firm listed above: **1)** is an RIA with a current Form ADV filed with the U.S. Securities and Exchange Commission or a state regulatory agency; **2)** is providing investment advisory services to the plan; **3**) indemnifies and holds harmless AFS and any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents for any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of misrepresentations or omissions by the firm in connection with the firm making American Funds available to its clients; and **4)** acknowledges and agrees that AFS is not a qualified custodian under the Investment Advisers Act of 1940 Rule 206(4)-2 (the "Custody Rule").

X Signature of person authorized to sign for the RIA | Date (mm/dd/yyyy)

Footnote: [1] Financial professional number or firm number may be assigned by American Funds. If you are an Investment Advisor Representative (IAR) and need assistance, call **(800) 421-5450**.

3 Share class information

*Complete **A** and **B**.*

A. Current share class

☐ R-3 (50 basis points paid by funds to dealer firm)

OR

☐ R-5E (no compensation paid by the funds to financial professional — advisory fee changed to plan)

B. Will the share class change?

☐ No. Proceed to Section 4.

☐ Yes. Provide information below.

New share class

☐ R-3 (50 basis points paid by funds to dealer firm)

OR

☐ R-5E (no compensation paid by the funds to financial professional — advisory fee changed to plan)

Effective date of share class change

Notes:
- Share class changes are processed on a quarterly basis only.
- Ongoing payments to the financial professional/firm will not become effective until after the share class conversion.

☐ Q1 - Share class change effective the first business day in January.

☐ Q2 - Share class change effective the first business day in April.

☐ Q3 - Share class change effective the first business day in July.

☐ Q4 - Share class change effective the first business day in October.

4 Fee payment instructions

If applicable, indicate how the plan's financial professional will be compensated.

Note: You are generally required to provide plan participants 30–90 days' notice prior to initiating and/or modifying fee payments from participant accounts. Sample notices that you can complete and distribute can be found on pages 4 and 5.

R-3 shares: 50 basis points will be paid to the dealer firm by the funds. Proceed to **Section 5**.

R-5E shares (select one):

Fee amount: Indicate the fee amount that should be recovered from participant accounts.

Entry is required. If no fee is to be recovered, enter zero.

☐ Basis points: _____ (annual rate). Provide basis points in whole numbers (e.g., 50 basis points = 0.50% annually). The adjusted quarterly rate will be multiplied by the average daily balance of plan assets on the American Funds recordkeeping system during the calendar quarter. The resulting amount will be divided proportionally among participants in the plan based on their account balances on the day the recovery is processed.

☐ Flat dollar amount per plan (assessed pro rata): $ _____ (annual amount). Amount specified will be divided proportionally among the participants in the plan based on their account balances on the day the recovery is processed.

☐ Flat dollar amount per plan (assessed per capita): $ _____ (annual amount). Amount specified will be divided equally among participants with balances in the plan on the day the recovery is processed. If the amount exceeds a participant account balance, the recovery will be limited to the funds available in that account.

Notes:
- Fees will be debited from participant accounts on a quarterly basis. Ongoing payments are valid until we receive instructions to modify/discontinue the payments or there is a change to the plan's financial professional firm.
- Fee recovery calculations are adjusted if there is a financial professional or fee change during the quarter. For more information, call us at **(800) 421-6621, ext. 40**.

5 Authorization

As authorized signer of the plan, I certify that **1)** I understand that if I am requesting a share class change, it will affect the compensation payable to the plan's financial professional; **2)** I have worked with the plan's financial professional to determine the appropriate share class for the plan; **3)** Capital Bank and Trust Company (CB&T) is not undertaking to provide impartial investment advice or give advice in a fiduciary capacity with respect to the available share classes or my selection of available options; and **4)** CB&T is entitled to rely on this authorization and is hereby indemnified from all liability arising from following the instructions provided in this form.

Name of authorized signer (print) _____ Title _____

X _____ Date _____ / _____ / _____

Signature Date (mm/dd/yyyy)

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 | **Fax** (888) 421-4371

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-6621, ext. 40.

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SIMPLE IRA Plus

Share Class Change Notice

This document contains important information regarding changes to your SIMPLE IRA plan. Investment prospectuses contain information about investment objectives, risks, charges and expenses. To access prospectuses, visit the appropriate website below and click on the Literature tab. Read the prospectuses carefully before investing.

- For plans in R-3 shares, visit **www.capitalgroup.com/retire/R-3**.
- For plans in R-5E shares, visit **www.capitalgroup.com/retire/R-5E**.

To request an exchange and/or to update your investment/contribution elections, log in to your account at **www.capitalgroup.com/participant/simpleiraplus** or call us at (800) 421-6621, ext. 40.

1 Plan information

Plan/company name

2 Share class change

All funds in the plan will convert to a new share class on the effective date. Your current assets will move to the same fund(s) in the new share class unless otherwise indicated on a separate notice (e.g., the *Fund Elimination Notice*). In addition, all future contributions will be invested in the new share class.

A. Effective date (select one)

- ☐ Q1 - First business day in January
- ☐ Q2 - First business day in April
- ☐ Q3 - First business day in July
- ☐ Q4 - First business day in October

B. Current share class

☐ R-3 **OR** ☐ R-5E

C. New share class

☐ R-3 **OR** ☐ R-5E

D. Financial professional compensation:

1. **For plans in R-3 shares** (0.50% paid by funds to financial professional's firm):

   These fees are for services provided to the plan and are not debited from your account. The fees are reflected in each investment's expense ratio and reduce the investment return.

2. **For plans in R-5E shares** (select one):

   ☐ No advisory fees will be debited from your account.

   ☐ Advisory fees will be debited from your account at the end of each quarter. Your employer expects the fees:

   ☐ will be _____% per year (basis points)

   ☐ will range between $ _____ to $ _____ per year (flat dollar amount — per capita)

   ☐ will range between _____% to _____% per year (flat dollar amount — pro rata)

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SIMPLE IRA Plus

Financial Professional Fee Change Notice

This document contains important information regarding changes to your SIMPLE IRA plan. Investment prospectuses contain information about investment objectives, risks, charges and expenses. Read the prospectuses carefully before investing. For prospectuses, prices and returns, visit **www.capitalgroup.com/retire/R-5E**.

To request an exchange and/or to update your investment/contribution elections, log in to your account at **www.capitalgroup.com/participant/simpleiraplus** or call us at (800) 421-6621, ext. 40.

1 Plan information

_____

Plan/company name

2 Financial professional fee change

Effective date _____
(mm/dd/yyyy)

Financial professional compensation

☐ No advisory fees will be debited from your account.

☐ Advisory fees will be debited from your account at the end of each quarter. Your employer expects the fees:

- ☐ will be _____% per year (basis points)
- ☐ will range between $ _____ to $ _____ per year (flat dollar amount — per capita)
- ☐ will range between _____% to _____% per year (flat dollar amount — pro rata)

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