Clear and reset form

CAPITAL GROUP® | AMERICAN FUNDS®

SIMPLE IRA Plus

Change of Contact Information

Use this form to update or remove SIMPLE IRA Plus employer contacts. For SIMPLE IRA plans, use the *Online Group Investments (OGI) Submitting Contributions* form.

Changes to existing contacts must be authorized by the plan sponsor currently listed on the plan. If the plan sponsor on file is unable to sign this form, additional documentation is required. Contact us at **(800) 421-6621, ext. 40** for instructions**.**

1 Plan information

Name of company

Plan ID

2 Employer contacts

Plan sponsor website user IDs and passwords should not be shared with others. Plan sponsor and plan contacts will continue to have website access until Capital Bank and Trust Company (CB&T) is instructed to remove or replace a contact.

Notes:

- We will email a user ID and link to the plan sponsor website to the email address(es) provided below. Plan sponsor and plan contacts can use the website to submit contributions, add eligible employees, update participant addresses, view account balances and generate reports.
- Automated email notifications will be sent when there are important plan updates or action is required from the employer (e.g., new enrollees, salary deferral election changes, etc.).
- Plan sponsor and plan contacts are authorized to discuss plan-related information with Capital Group.

A. Plan sponsor — The plan sponsor: **1)** authorizes and signs paperwork related to plan establishment and amendment, including this form and the *Adoption Agreement* and **2)** may add or remove employer contacts.

Name of plan sponsor

( ) Ext.
Daytime phone

Email address[1,2] — **required**

B. Plan contact — The plan contact must be an individual employed with the company.

Name of plan contact

( ) Ext.
Daytime phone

Email address[2] — **required**

Footnotes:

[1] We will email disclosure materials to the plan sponsor annually.

[2] We respect your privacy. For more information on our privacy policies, visit **www.capitalgroup.com/sponsor/simpleiraplus**.

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.

CAPITAL GROUP® | AMERICAN FUNDS®

SIMPLE IRA Plus
Change of Contact Information

3 Third-party remitter — if applicable

Complete this section only if you are designating a third-party remitter. A separate user ID will be assigned. The third-party remitter will continue to have website access until CB&T is instructed to remove or replace a contact.

Notes:

- We will email a user ID and link to the plan sponsor website to the email address provided below. The third-party remitter can use the website to submit contributions, add eligible employees, update participant addresses, view account balances and generate reports.
- Automated email notifications will be sent when there are important plan updates or action is required (e.g., salary deferral election changes).

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

Name of third-party contact Email address[2] — **required**

Address City State ZIP

Relationship to the company (payroll company, financial professional, CPA, etc.)

Footnote:

[2] We respect your privacy. For more information on our privacy policies, visit **www.capitalgroup.com/sponsor/simpleiraplus**.

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 Plan sponsor authorization

By signing below, I am authorizing the above changes to the plan. I have the authority to act on behalf of the Employer.

In consideration of Capital Bank and Trust Company (CB&T) acting on such instructions and processing such transactions, I agree to hold harmless and indemnify CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of its 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.

Name of plan sponsor (print) Title

X / / Authorized plan sponsor signature Date (mm/dd/yyyy)

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

For submission instructions, see page 1.

Lit. No. IRSMFM-021-0826O CGD/10521-S113828