



457(b) Beneficiary Change

Use this form for Capital Bank and TrustSM (CB&T) accounts only. If CB&T is not the custodian, call us at (800) 421-4225 for more information.

Important: The beneficiaries named on this form will replace any existing beneficiary information listed on your account. You must specify ALL Primary and Contingent Beneficiaries on this form even if you are changing only one beneficiary.

1 Participant information

Please type or print clearly.

First name of participant	MI	Last			
Address			City	State	ZIP
Email address*			() Daytime phone		

☐ Check this box if the mailing address listed above is new. Our records will be updated accordingly.

Marital status: ☐ I am married. (See Section 3.) ☐ I am not married.

This beneficiary change will apply to the following 457(b) accounts _____

*Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Beneficiary designation

We encourage you to consult a professional regarding the tax-law and estate planning implications of your beneficiary designation. All stated percentages must be whole percentages (e.g., 33%, not 33.3%). If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When a percentage is not indicated, the beneficiaries' shares will be divided equally.

Notes: • Your spouse may need to sign in Section 3. If you wish to name more than one trust or entity, customize your designation or need more space, attach a separate page. Include the name, address, relationship, date of birth or trust, SSN/TIN and percentage for each beneficiary.

• If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."

A. Primary Beneficiary(ies): If any designated Primary Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries unless otherwise indicated. If no Primary Beneficiaries survive me, assets will be paid to the named Contingent Beneficiaries, if any.

1. _____
First name (print) MI Last name Suffix

OR _____
Name of trust or other entity (print)

Address City State ZIP

☐ Spouse* ☐ Child of owner ☐ Other person ☐ Trust ☐ Other entity _____ Date of birth or trust (mm/dd/yyyy) _____ SSN/TIN _____ Whole % only %

2. _____
First name (print) MI Last name Suffix

Address City State ZIP

☐ Spouse* ☐ Child of owner ☐ Other person _____ Date of birth (mm/dd/yyyy) _____ SSN _____ Whole % only %



2 Beneficiary designation

(continued)

3. _____
First name (print) MI Last name Suffix

Address City State ZIP

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

Important: Section 2-A must be completed prior to completing Section 2-B.

B. Contingent Beneficiary(ies): If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies).
If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Contingent Beneficiaries unless otherwise indicated. If no Contingent Beneficiaries survive me, assets will be paid according to the Custodial Agreement default designation.

1. _____
First name (print) MI Last name Suffix

OR _____
Name of trust or other entity (print)

Address City State ZIP

☐ Spouse* ☐ Child of owner ☐ Other person ☐ Trust ☐ Other entity _____
Date of birth or trust (mm/dd/yyyy) SSN/TIN _____ %
Whole % only

2. _____
First name (print) MI Last name Suffix

Address City State ZIP

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

3. _____
First name (print) MI Last name Suffix

Address City State ZIP

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

4. _____
First name (print) MI Last name Suffix

Address City State ZIP

☐ Spouse* ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

* By naming my spouse as a beneficiary, I elect to treat such spouse as a beneficiary while we are married. Effective immediately upon the divorce, annulment or other lawful dissolution of my marriage, the designation shall be null and void, unless after the dissolution of my marriage I affirmatively elect to name my former spouse as my non-spouse beneficiary.



3 Spousal consent to beneficiary designation — if required

If you are married to the participant named in Section 1 and he or she designated a primary beneficiary(ies) other than you, please consult your financial professional about the state-law and tax-law implications of this beneficiary designation, including the need for your consent.

I am the spouse of the participant named in Section 1, and I expressly consent to the beneficiary(ies) designated in Section 2 or attached. I acknowledge that neither the custodian nor any affiliate of the custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this 457(b) Beneficiary Change form.

Name of spouse of participant (print)

X _____
Signature of spouse of participant

Date (mm/dd/yyyy)

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

4 Signature — required

I have expressly selected the beneficiary(ies) listed in Section 2 or attached. I acknowledge that neither the custodian nor any affiliate of the custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this 457(b) Beneficiary Change form.

X _____
Signature of participant

Date (mm/dd/yyyy)

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

Please mail this form to the appropriate service center. We cannot accept a fax or photocopy.

Please mail 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



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

If you have questions or require more information, contact your financial professional or call American Funds Service Company at (800) 421-4225.