



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.

Spousal consent for plans subject to a Qualified Pre-retirement Survivor Annuity (QPSA): If you are married and do not name your spouse as the Primary Beneficiary of at least 50% of your plan benefits, your spouse must consent to your designation by signing in Section 4 of this form. If no consent is given, your spouse will automatically receive 50% of the proceeds, and your other beneficiaries will receive the balance. Your spouse's signature must be witnessed by either a plan representative or by a notary public.

Spousal consent for plans not subject to a QPSA: If you are married and wish to choose a nonspouse beneficiary for all or any portion of your plan benefits and have a PSP without annuity option, your spouse must consent to your designations by signing in Section 4 of this form. Your spouse's signature must be witnessed by either a plan representative or by a notary public. If you are not married at the time you designate your beneficiaries and subsequently marry, Section 4 must be completed or the beneficiary designation becomes void.

Explanation of QPSA

If you die before retirement and before you begin to receive your benefits from the plan, your spouse will automatically receive payments in the form of a QPSA for his or her lifetime. The plan will use 50% of your vested account balance to purchase this annuity from an insurance company.

If you are married now and name a nonspouse Primary Beneficiary for more than 50% of your vested account balance, that is an automatic waiver of the QPSA, and your spouse must consent to the nonspouse beneficiaries. If you name your spouse as the Primary Beneficiary of at least 50% of your plan benefits, your spouse will receive the annuity unless he or she selects another form of distribution after your death. Certain arrangements, such as a trust, that indirectly leave benefits to your surviving spouse may not be valid without spousal consent.

If you are NOT married now and are not married at the time of your death, your death benefits are not affected. If you get married after you establish this account, one half of the account will be paid to your spouse and the remaining to the designated beneficiary(ies) unless your spouse consents to the nonspouse beneficiaries.

If the value of the survivor annuity is \$5,000 or less, your plan administrator may direct the trustee to make an immediate cash distribution to the surviving spouse.

If the value exceeds \$5,000, your spouse must consent to any cash distribution.

Age restriction: Any waiver before you are at least 35 years old becomes invalid on the first day of the plan year in which you reach your 35th birthday. It will be necessary for you to get spousal consent again to properly waive the QPSA.

Revoke waiver: You can also revoke a prior waiver at any time, and your spouse does not have to consent to the revocation.

If you waive the QPSA, your spouse will not receive a guaranteed level of benefits over his or her lifetime.

1 General information

Please type or print clearly.

First name of participant _____ MI _____ Last _____ Account number _____

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 4.) ☐ I am not married.

Plan type: ☐ Profit-sharing plan (PSP) with annuity option (subject to QPSA; complete Section 3)
☐ Profit-sharing plan (PSP) without annuity option
☐ Money purchase pension plan (MPP) (subject to QPSA; complete Section 3)

Name of company _____ () _____ Ext. _____
Daytime phone _____

*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 4. 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

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



2 Beneficiary designation

(continued)

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 Basic Plan Document 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 %

5. _____
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 %



A. ☐ I am married and have designated my spouse as the Primary Beneficiary to receive at least 50% of my vested account balance, which shall be payable in the form of a QPSA or another form of benefit available under the plan if requested by my spouse.

B. ☐ I am married and have designated someone other than my spouse to receive more than 50% of my vested account balance and thus waive my spouse's right to a QPSA. I understand that, if I am under age 35, this waiver will automatically be revoked on the first day of the plan year in which I reach 35. On or after that date, I will have to obtain and complete a new beneficiary form if I wish to waive my spouse's right to the QPSA.

4 Spousal consent

The signature of the spouse

I am the spouse of the participant named in Section 1. I hereby voluntarily consent to the Primary Beneficiary(ies) named in Section 2 or attached. I understand that my consent is irrevocable unless my spouse revokes the waiver election or changes the beneficiary designation. 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 *Beneficiary Change* form.

A. For plans subject to a QPSA: I understand that my spouse's beneficiary designation means that I will not receive at least 50% of his or her vested account balance under the plan and that my spouse's election is not valid unless I consent to it. I understand that by consenting to the beneficiary designation, I give up my right to a QPSA.

B. For plans not subject to a QPSA: I understand that by consenting to the beneficiary designation, all or a portion of the death benefits will be paid to a beneficiary other than me.

		X			
Name of spouse of participant (print)		Signature of spouse of participant		Date	(mm/dd/yyyy)

Either a plan representative appointed by the employer or a notary public must witness the signature of the spouse. The participant cannot witness the signature of the spouse.

 Name of plan representative (print) X
 Signature of plan representative

Sworn to and subscribed before me, this _____ day of _____, _____
Month Year

in the County of _____, State of _____

X		/	/
Signature of notary public		Date commission expires (mm/dd/yyyy)	

NOTARY: Affix seal here.



5 Signature of participant — required

I have expressly selected the beneficiary(ies) listed in Section 2 or attached. 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 *Beneficiary Change* form. I certify to the beneficiary designation herein.

_____	X	_____
Name of participant (print)	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.