

## 457(b) Beneficiary Change

Use this form for Capital Bank and Trust<sup>SM</sup> (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.

Please type or print clearly.						
name of participant	MI	Last				
ess		City			State	ZIP
address*			( 	) time phone		
Check this box if the mailing address listed above is new. C	Our record	s will be undated accor	,	<b>F</b>		
	am not ma		ag.,.			
tal status.	ann not ma	irried.				
beneficiary change will apply to the following 457(b) accoun	nts					
r privacy is important to us. For information on our privacy policies	s, visit <b>ww</b> v	v.capitalgroup.com.				
Description les transfers						
Beneficiary designation						
We encourage you to consult a professional regarding the tax-			•			
percentages must be whole percentages (e.g., 33%, not 33.3%		_		-		vill be based
proportionately on the stated percentages. When a percentage	e is not inaid	cated, the beneficiaries si	nares wiii b	e aiviaea equ	ally.	
es: • Your spouse may need to sign in Section 3. If you wis	sh to name	more than one trust o	r entity, cu	ıstomize you	ır designa	ation or need
more space, attach a separate page. Include the nam	ne, addres	s, relationship, date of	birth or tru	ust, SSN/TIN	N and per	centage for
each beneficiary.						
• If you name a trust as beneficiary, provide the full lega	al name o	f the trust. Example: "T	he Davis I	Family Trust	."	
rimary Beneficiary(ies): If any designated Primary Benefi	iciary(ies)	dies before I do, that be	neficiary's	s share will b	e divided	l proportionate
mong the surviving Primary Beneficiaries unless otherwise	-		-			
amed Contingent Beneficiaries, if any.		•				
First areas (a sint)	MI	1				0
First name (print)	IVII	Last name				Suffix
Name of trust or other entity (print)						
Address		City			State	ZIP
, ladi occ		Oity			Otato	2
						C
Spouse* Child of owner Other person Trust Other entity	Date of birth	or trust (mm/dd/yyyy) SS	N/TIN			Whole % only
First name (print)	MI	Last name				Suffix
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						<u> </u>
Address		City			State	ZIP





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/c	dd/yyyy)		SSN		Whole % only
mpo	rtant: Section 2-A must be completed prior to com	pleting S	ection 2-B.			
If C	ontingent Beneficiary(ies): If no Primary Beneficiary any designated Contingent Beneficiary(ies) dies before ontingent Beneficiaries unless otherwise indicated. If nustodial Agreement default designation.	e I do, that	beneficiary's	share will be divided prop	ortionately amon	g the surviving
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 b	oirth 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/c	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/c	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/c	dd/www)		SSN		Whole % only

<sup>\*</sup> 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.

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## 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.

	X		1 1
Name of spouse of participant (print)	Signature of spouse of participant	Date	(mm/dd/yyyy)
This document may not be signed using Adobe Ad	robat Reader's "fill and sign" feature.		

## 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		1 1
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 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.