



To establish a pre-tax and/or Roth SIMPLE IRA, attach a completed application. Your employer will forward the completed application to American Funds Service Company® on your behalf.

1 General information

Name of employee _____

Name of company _____

2 Payroll election

Note: For contribution limits, refer to the *Notification to Eligible Employees*.

Select one.

- A. ☐ **New election for NEW participants** — I am participating in the plan for the first time (the application is attached). I elect to have the following amount withheld from my compensation and contributed to the SIMPLE IRA plan.

Effective date _____
(mm/dd/yyyy)

Pre-tax deferrals — available for all plans. ☐ _____% **OR** ☐ \$ _____

Roth deferrals — if permitted. Review Section 2 of the *Notification to Eligible Employees* to determine if this option is available for your plan.

☐ _____% **OR** ☐ \$ _____

- B. ☐ **Change deferrals** — I am currently participating in the SIMPLE IRA plan and wish to change my election.

Effective date _____
(mm/dd/yyyy)

Pre-tax deferrals — available for all plans. ☐ _____% **OR** ☐ \$ _____

Roth deferrals — if permitted. Review Section 2 of the *Notification to Eligible Employees* to determine if this option is available for your plan.

☐ _____% **OR** ☐ \$ _____

Note: If this is the first time you are electing Roth deferrals, you must establish a Roth SIMPLE IRA. Attach a completed application.

- C. ☐ **Maintain deferrals** — I am participating in the SIMPLE IRA plan and wish to maintain my current deferral election.

- D. ☐ **Suspend deferrals** — I wish to stop deferring to the SIMPLE IRA plan as of the effective date specified below.

Effective date _____
(mm/dd/yyyy)

Deferral type ☐ Pre-tax deferrals **AND/OR** ☐ Roth deferrals

- E. ☐ I do not wish to make any salary deferrals at this time.

3 Signature

If electing salary deferrals, I authorize my employer to withhold the amount/percentage specified in Section 2 from each paycheck as of the effective date provided, which will reduce my compensation under this election (my elective deferral contributions). I understand **1)** pre-tax salary deferral contributions are not subject to federal (and state, if applicable) income tax until distributed from the plan; and **2)** Roth salary deferral contributions will be made to a Roth IRA and are subject to federal (and state, if applicable) income tax at the time withheld from my paycheck. I also understand that my elective deferral contributions are subject to gain or loss in accordance with my selected investments. I may revoke or update this election at any time as permitted by my employer. If I revoke this election, I acknowledge that, contingent upon the terms of the SIMPLE IRA plan, I may be prohibited from submitting another salary deferral election until the enrollment period immediately preceding the next plan year. The revocation or update will be effective as soon as administratively possible by my employer after they have received the notice.

X

Signature of employee

/ /

Date (mm/dd/yyyy)

Return this completed form to your employer.
Do not send this form to American Funds Service Company
or Capital Bank and Trust Company.
