

## 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  Employer contacts will have access to the plan sponsor were elections, view account balances and generate reports. Use to have website access until Capital Bank and Trust Compa	er IDs and passwords should not be shared	with oth		
pa	an sponsor — The plan sponsor is an individual authon perwork related to plan establishment and amendment inployer contacts.			-	-
			(	)	Ext.
Na	ime of plan sponsor		Day	time phone	
B. PI	nail address*† — <b>required</b> <b>an contact</b> — The plan contact is an individual employ formation with Capital Group.	yed with the company who supports pla	an oper	ration and ma	
Na	nme of plan contact		_ ( Day	time phone	Ext.
	·		•	·	
En	nail address <sup>†</sup> — <b>required</b>				
*We v	vill email disclosure materials to the plan sponsor annually.				
†We r	equire an email address to send you a user ID and a link to the nore information on our privacy policies, visit <b>www.capitalgr</b> e		nit contr	ibutions online	e. We respect your privacy.
3	Third-party remitter — if applicable				
	Complete this section only if you are designating a third part use the website to submit contributions, add participants, u				
			(	)	Ext.
Name	of third-party remitter (business name)		Day	rtime phone	
Name	of third-party contact	Email address† — required			
Addre	SS	City			State ZIP
Relation	onship to the company (payroll company, financial professional, C	CPA, etc.)			

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<sup>&</sup>lt;sup>†</sup>We require an email address to send you a user ID and a link to the plan sponsor website so that you can submit contributions online. We respect your privacy. For more information on our privacy policies, visit **www.capitalgroup.com/sponsor/simpleiraplus**.

Date (mm/dd/yyyy)

Fax (888) 421-4371

Name

Name of plan sponsor (print)

Authorized plan sponsor signature

Remove contacts — if applicable

Plan sponsor authorization

CB&T establishing these privileges or acting on such instructions.

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

Financial professional upload www.capitalgroup.com/upload

Provide the name of any individual who should no longer have access to the plan. Online user IDs will be deactivated.

Check here to remove ALL existing contacts. They will be replaced by the new contacts listed in Sections 2 and 3.

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

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If mailing, choose the servi	ice center for your state. Mail the form to th	e 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

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-6621, ext. 40.