



Use this form to update the bank information on file for salary deferral and employer contributions. This form should only be used for SIMPLE IRA Plus plans. For SIMPLE IRA plans, make updates on the Online Group Investments website at groupinvestments.americanfunds.com.

1 Plan information

Name of company

Plan ID

()

Ext.

Name of company contact

Daytime phone

2 Request type

A. ☐ Add bank account. Provide a voided check in Section 3.

☐ The bank information will **replace** any and all bank information on file. Proceed to Section 3.

☐ The bank information is **in addition** to bank information on file.

☐ This new bank information will be the plan's primary/default bank information.

☐ The plan's primary/default bank information **will not** change.

Note: If no selection is made, the new bank information will replace any and all bank information on file.

B. ☐ Remove bank account(s). This option applies if there are multiple bank accounts on file.

Bank account(s) to remove: _____, _____, _____

☐ The primary/default bank account **will not** change.

OR

☐ The new primary/default bank account will be the following existing bank account on file: _____

3 Bank information

Attach an unsigned, voided check below. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple.**

Tape your check here.

Acme Incorporated

DATE _____

Bank account registration

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Anytown Bank ← Bank name

| : 99999999 | : Bank routing number

0000000000 | : Bank account number

Note: In lieu of a voided check, you may submit a letter from your bank on the bank's letterhead providing the:

- bank account registration
- routing number
- account number
- account type (checking or savings)



4 Authorization

Capital Bank and Trust CompanySM (CB&T) or one of its affiliates is hereby authorized to access the account listed on this form on behalf of the plan so that contributions can be transmitted via ACH. The Plan Sponsor has full responsibility for this retirement plan. The undersigned, **as an officer of the company sponsoring the plan**, hereby grants CB&T the authority to make withdrawals from the account noted above.

In consideration of CB&T acting on such instructions and processing such transactions, I/we agree to hold harmless and indemnify CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of their 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 CB&T establishing these privileges or acting on such instructions. I/We understand that this authorization may be terminated by me/us at any time by telephone or written notification to CB&T. The termination request will be effective as soon as CB&T has had reasonable time to act upon it.

Name (print) _____

Title _____

X

Authorized signature _____

Date (mm/dd/yyyy)

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

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



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Indianapolis, IN 46206-6164

Overnight mail address
12711 N. Meridian St.
Carmel, IN 46032-9181



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