



3 Investment Selection

Before completing this section, check with your plan to determine the available investment options.

Invest my contributions as follows (Only **whole** percentages will be accepted; must total 100%.):

| Investment name | Percentage |
|---|------------|
| 1. American Funds Target Date 2065 | _____ % |
| 2. American Funds Target Date 2060 | _____ % |
| 3. American Funds Target Date 2055 | _____ % |
| 4. American Funds Target Date 2050 | _____ % |
| 5. American Funds Target Date 2045 | _____ % |
| 6. American Funds Target Date 2040 | _____ % |
| 7. American Funds Target Date 2035 | _____ % |
| 8. American Funds Target Date 2030 | _____ % |
| 9. American Funds Target Date 2025 | _____ % |
| 10. American Funds Target Date 2020 | _____ % |
| 11. American Funds Target Date 2015 | _____ % |
| 12. American Funds Target Date 2010 | _____ % |
| 13. American Funds EuroPacific Growth | _____ % |
| 14. American Funds International Vantage Fund | _____ % |
| 15. American Funds New World Fund | _____ % |
| 16. American Funds SMALLCAP World Fund | _____ % |
| 17. American Funds Cap World Growth & Income | _____ % |
| 18. American Funds Fundamental Investors | _____ % |

Continued on next page



3 Investment selection
(continued)

| Investment name | Percentage |
|---|----------------|
| 19. American Funds Intl Growth and Income | _____ % |
| 20. American Funds Washington Mut Inv Fund | _____ % |
| 21. American Funds Conservative Growth and Income Portfolio | _____ % |
| 22. American Funds Income Fund of America | _____ % |
| 23. American Funds American Balanced | _____ % |
| 24. American Funds Global Balanced | _____ % |
| 25. American Funds Moderate Growth and Income Portfolio | _____ % |
| 26. American Funds Bond Fund of America | _____ % |
| 27. American Funds Capital World Bond Fund | _____ % |
| 28. American Funds Multi-Sector Income Fund | _____ % |
| 29. American Funds US Government Securities | _____ % |
| 30. American Funds U.S. Government Money Market Fund | _____ % |
| Total | ===== % |

Any contributions to participant accounts (payroll deferrals and rollovers) made before your employer updates your investment selections will be invested in the plan's default investment. Assets will remain in the default investment until you use the participant website to exchange assets into the investments of your choice.

4 Employee signature

By signing below, I acknowledge that I have authorized my employer to allocate my investments as specified in Section 3. I acknowledge that I have completed a beneficiary designation form.

X _____ Date / /
Signature of employee (mm/dd/yyyy)

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Beneficiary Designation

Please read the instructions and information below carefully before completing this form.

The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax advisor before completing this form. You should periodically review and update your beneficiary designations as appropriate.

If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form.

1 Information about you

Please type or print clearly.

Name of participant, Name of employer, SSN of participant, Date of birth of participant (mm/dd/yyyy), Marital status: Married, Single

2 Beneficiary designation

Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100% in whole percentages. If you wish to customize your designation or need more space, attach a separate page.

Primary Beneficiary(ies):

I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds to my estate.

1. Full name, Relationship, SSN, Date of birth, %
2. Full name, Relationship, SSN, Date of birth, %
Total 100%

Contingent Beneficiary: (Complete only if you are naming a Primary Beneficiary above.)

1. Full name, Relationship, SSN, Date of birth, %
2. Full name, Relationship, SSN, Date of birth, %
Total 100%

Signature:

X Signature of participant, Date (mm/dd/yyyy)



3 Spousal consent

The signature of the spouse must be witnessed by either a plan representative or a notary public.

I am the spouse of the participant named in Section 1. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) specified in Section 2. I understand that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me, that such beneficiary designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Full name of spouse of participant (include middle initial) (print)

X _____ / /
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.

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

Sworn to and subscribed before me, this _____ day of _____, 20_____
Month Year

in the County of _____, State of _____

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

Please return this form to your employer.