

**To be completed by employer**

St, Pauly's Textile                      Joseph Howlett                      (    )                      Ext. \_\_\_\_\_  
Name of company                      Employer contact                      Daytime phone

\_\_\_\_\_  
Company address                      City                      State                      ZIP

Check A or B.

A.  New plan (must be accompanied by a copy of the employer's completed and signed *SIMPLE IRA Adoption Agreement*)

B.  Existing plan (provide Plan ID for reference) \_\_\_\_\_

**To be completed by employee**

\*

**1 Information about you**

*Important: This section must be completed, and the application must be signed in Section 7 before an account can be established. Please type or print clearly.*

□ □ □ - □ □ - □ □ □ □ □                      □ □ - □ □ - □ □ □ □ □                      (    )                      Ext. \_\_\_\_\_  
SSN of SIMPLE IRA owner                      Date of birth (mm/dd/yyyy)                      Daytime phone

\_\_\_\_\_  
First name                      MI                      Last                      Country of citizenship of SIMPLE IRA owner

\_\_\_\_\_  
Residence address (physical address required — no P.O. boxes)                      City                      State                      ZIP

\_\_\_\_\_  
Email address\*

\_\_\_\_\_  
Mailing address (if different from residence address)                      City                      State                      ZIP

\* Your privacy is important to us. For information on our privacy policies, visit [www.americanfunds.com](http://www.americanfunds.com).

Please mail or fax this form to the appropriate service center.  
*(If you live outside the U.S., mail the 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  
**Fax (888) 421-4371**



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  
**Fax (888) 421-4371**

If you have questions or require more information, contact your financial advisor or call American Funds Service Company at (800) 421-4225.

## 2 Financial advisor

*This section must be filled out completely by a financial advisor.*

We authorize American Funds Service Company (AFS) to act as our agent for this account and agree to notify AFS of purchases made under a Statement of Intention or Rights of Accumulation.

Robert Barley, Jr.	RBJ		( 585 ) 427-0650	Ext.
Name(s) of advisor(s)	Advisor/team ID number	Branch number	Daytime phone	
3445 Winton Place Suite 117		Rochester	NY	14623
Branch address		City	State	ZIP
JW Cole Financial	<b>X</b>			
Name of broker-dealer firm (as it appears on the Selling Group Agreement)	Signature of person authorized to sign for the broker-dealer			

## 3 Investment instructions

*For a quick guide to fund names, numbers, minimums and share class restrictions, go to [www.americanfunds.com/fundguide](http://www.americanfunds.com/fundguide). If you do not select a share class, this investment will be placed in Class A shares.*

**A. Select a share class:**     Class A    **OR**     Class C (Certain Class C share funds have restrictions.)

**B. Provide investment instructions:**

Invest my contribution(s) in the American Funds Target Date Retirement Series®. For a list of target date funds, go to [www.americanfunds.com/fundguide](http://www.americanfunds.com/fundguide).

American Funds \_\_\_\_\_ Target Date Retirement Fund  
Year

**OR**

Invest my contribution as instructed below.

Fund name or number	Percentage* (whole percentages only)
American Balanced	100 %
	%
	%
	%
	%
	%
	%
<b>Total</b>	<b>100 %</b>

\*The percentage you elect must equal the minimum of \$25 per fund for payroll deduction plans.

- Notes:**
- To make changes to your fund selections and/or percentage allocations in the future, please notify your employer.
  - To rebalance funds or set up an automatic exchange plan, visit our website at [www.americanfunds.com](http://www.americanfunds.com).
  - To add bank information for future redemption requests, include a completed *Add/Update Bank Information* form.
  - The \$10 setup fee will be deducted from your account.

## 4 Beneficiary designation

All stated percentages must be whole percentages (e.g., 33%, not 33.3%). If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When a percentage is not indicated, the beneficiaries' shares will be divided equally.

Select A for the Custodial Agreement default. For other beneficiary designation options, select B. If no option is selected, the Custodial Agreement default will apply.

A.  I elect the Custodial Agreement default: According to the terms of the Custodial Agreement, your default beneficiary will be your spouse. In the event you have no spouse, your beneficiary(ies) will be your children equally. If any child does not survive you, the deceased child's share will go to his or her children (your grandchildren) or, if none, the surviving children equally. If no children or grandchildren survive you, your beneficiary will be your estate.

• Proceed to Section 5.

OR

B.  I designate the following beneficiary(ies): Your spouse may need to sign in Section 6. If you wish to customize your designation or need more space, attach a separate page.

**Primary Beneficiary(ies):** If any designated Primary Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries.

1. \_\_\_\_\_  Spouse  Nonspouse  Trust  Other \_\_\_\_\_ %  
Name (print) Date of birth (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ SSN \_\_\_\_\_

2. \_\_\_\_\_  Spouse  Nonspouse  Trust  Other \_\_\_\_\_ %  
Name (print) Date of birth (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ SSN \_\_\_\_\_

**Contingent Beneficiary(ies):** (To designate a Contingent Beneficiary, a Primary Beneficiary must be named.) If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Contingent Beneficiaries.

1. \_\_\_\_\_  Spouse  Nonspouse  Trust  Other \_\_\_\_\_ %  
Name (print) Date of birth (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ SSN \_\_\_\_\_

2. \_\_\_\_\_  Spouse  Nonspouse  Trust  Other \_\_\_\_\_ %  
Name (print) Date of birth (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ SSN \_\_\_\_\_

## 5 Decline telephone and website exchange and/or redemption privileges (optional)

Telephone and website exchange and redemption privileges will automatically be enabled on your account unless you decline below. To decline these privileges, read the Individual statements and check the applicable box(es).

**Note:** If either option is declined, no one associated with this account, including your financial advisor, will be able to request exchanges or redemptions by telephone or via the website. Requests would need to be submitted in writing.

**Exchanges:** I DO NOT want the option of using the telephone and website exchange privilege.

**Redemptions:** I DO NOT want the option of using the telephone and website redemption privilege.

## 6 Spousal consent to beneficiary designation — if required

*If you are married to the IRA owner and he or she designated a Primary Beneficiary(ies) other than you, please consult your financial advisor about the state-law and tax-law implications of this beneficiary designation, including the need for your consent.*

I am the spouse of the IRA owner named in Section 1, and I expressly consent to the beneficiary(ies) in Section 4 or attached.

	<b>X</b>	/ /
Name of spouse of IRA owner (print)	Signature of spouse of IRA owner	Date (mm/dd/yyyy)

## 7 Your signature

I hereby establish an American Funds SIMPLE IRA, appoint Capital Bank and Trust Company<sup>SM</sup> (CB&T) as Custodian and acknowledge that I have received, read and agree to the *SIMPLE IRA Custodial Agreement*.

I have read and agree to the terms of the current prospectus(es) of the funds selected in the investment instructions section and consent to the \$10 setup fee and the annual custodial fee (currently \$10). I understand that any dividends and capital gains will be reinvested for all my fund selections.

I agree to the conditions of the telephone and website exchange/redemption authorization unless I checked the box(es) in Section 5 and agree to indemnify and hold harmless CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; officers; employees; and agents for any loss, expense or cost arising from such instructions once the telephone and website exchange and redemption privileges have been established.

I certify, under penalty of perjury, that my Social Security number in this application is correct. I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account. I designate the beneficiary(ies) specified in this application and certify that, if I am married and have not named my spouse as Primary Beneficiary, I have consulted my advisor about the need for spousal consent.

I understand that to comply with federal regulations, information provided on this application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If CB&T is unable to verify my identity, I understand it may need to take action, possibly including closing my account and redeeming the shares at the current market price, and that such action may have tax consequences, including a tax penalty.

Should this application be signed electronically, I acknowledge and agree that CB&T has provided prior approval for the electronic signature and that such electronic signature is valid evidence of my consent to be legally bound by this application and such subsequent terms as may govern this application. The electronically stored copy of this application is considered to be the true, complete, valid, authentic and enforceable record of the application, admissible in judicial or administrative proceedings to the same extent as if the documents and records were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the electronically stored copy of this application.

<b>X</b>	/ /
Signature of SIMPLE IRA owner	Date (mm/dd/yyyy)

**For fax and mailing instructions, see the maps on page 3.**