



Instructions

Participant

- Complete pages 1 through 5.
- Sign and return the completed form to your employer.

Employer

Once the participant has completed the form:

- Verify the information in Section 2.
- Send the form to the appropriate address using the maps on page 5.

1 Information about the participant

Important: This section must be completed before an account can be established.

- -

SSN of participant

- -

Date of birth of participant (mm/dd/yyyy)

Country of citizenship

First name of participant

MI

Last

Residence address (physical address required — **no P.O. boxes**)

City

State

ZIP

Mailing address (if different from residence address)

City

State

ZIP

Email address*

()

Daytime phone

Marital status: ☐ I am married. (See Section 5.) ☐ I am not married.

* Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Information about the employer

Church of God of Prophecy

Name of organization

Plan ID

-

EIN

Nevine Hensley

Name of employer contact

(423) 559-5115

Ext.

Daytime phone

P.O. Box 2970

Address

Cleveland

City

TN

State

37320

ZIP

3 Investment instructions

Only Class A share investments are a

Only Class A share investments are available for this plan type.

I elect to invest my contributions in Class A shares of the American Funds Target Date Retirement Series® fund with the year closest to my 65th birthday unless I elect otherwise below.

- A. ☐ Invest 100% of my contributions in the American Funds Target Date Retirement Series® fund with the year closest to my 65th birthday. New funds for future retirement dates may be added to the series as needed.

Target Date Fund 2065 (designed for those born 1998 or later)

Target Date Fund 2060 (designed for those born 1993–1997)

Target Date Fund 2055 (designed for those born 1988–1992)

Target Date Fund 2050 (designed for those born 1983–1987)

Target Date Fund 2045 (designed for those born 1978–1982)

Target Date Fund 2040 (designed for those born 1973–1977)**Target Date Fund 2035** (designed for those born 1968–1972)

Target Date Fund 2030 (designed for those born 1963–1967)

Target Date Fund 2025 (designed for those born 1958–1962)**Target Date Fund 2020** (designed for those born 1953–1957)**Target Date Fund 2015** (designed for those born 1948–1952)**Target Date Fund 2010** (designed for those born 1947 or earlier)

OR

- B. ☐ Invest my contribution as instructed below. For a quick guide to fund names, numbers, minimums and share class restrictions, go to **www.capitalgroup.com/fundguide**. (The percentage you elect must equal the minimum of \$25 per fund. You may customize your investment strategy by selecting a combination of funds.)

| Fund name or number | Percentage (whole percentages only) |
|---------------------|--|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| Total | % |

- Notes:**
- To make changes to your fund selections and/or percentage allocations in the future, please notify your employer.
 - Prior to enrolling, review the fee ratio and returns, net of fees, for each American Funds investment option in your plan at www.capitalgroup.com/fee-disclosure.
 - The \$10 setup fee will be deducted from your account.



4 Beneficiary designation

We encourage you to consult a professional regarding the tax-law and estate planning implications of your 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 percentages are not indicated, the beneficiaries' shares will be divided equally.

Notes: • Your spouse may need to sign in Section 5. If you wish to name more than one trust or entity, customize your designation or need more space, attach a separate page. Include the name, address, relationship, date of birth or trust, SSN/TIN and percentage for each beneficiary.

• If you name a trust as beneficiary, provide the full legal name of the trust. Example: "The Davis Family Trust."

A. 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 unless otherwise indicated. If no Primary Beneficiaries survive me, assets will be paid to the named Contingent Beneficiaries, if any.

1. _____
First name (print) MI Last name Suffix

OR
Name of trust or other entity (print) _____

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person ☐ Trust ☐ Other entity _____
Date of birth or trust (mm/dd/yyyy) SSN/TIN _____ %
Whole % only

2. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

3. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only

4. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person _____
Date of birth (mm/dd/yyyy) SSN _____ %
Whole % only



4 Beneficiary designation

(continued)

Important: Section 4-A must be completed prior to completing Section 4-B.

B. Contingent Beneficiary(ies): 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 unless otherwise indicated. If no Contingent Beneficiaries survive me, assets will be paid according to the Custodial Agreement default designation.

1. _____
First name (print) MI Last name Suffix

OR
Name of trust or other entity (print) _____

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person ☐ Trust ☐ Other entity Date of birth or trust (mm/dd/yyyy) _____ SSN/TIN _____ %
Whole % only

2. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person Date of birth (mm/dd/yyyy) _____ SSN _____ %
Whole % only

3. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person Date of birth (mm/dd/yyyy) _____ SSN _____ %
Whole % only

4. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person Date of birth (mm/dd/yyyy) _____ SSN _____ %
Whole % only

5. _____
First name (print) MI Last name Suffix

Address _____ City _____ State _____ ZIP _____

☐ Spouse ☐ Child of owner ☐ Other person Date of birth (mm/dd/yyyy) _____ SSN _____ %
Whole % only



5 Spousal consent

Consult your financial professional and/or the employer about the need for spousal consent.

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 4. 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.

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

Name of spouse of participant (print)

X _____
Signature of spouse of participant

Date (mm/dd/yyyy)

Note: If the employer sponsors an ERISA plan, the spousal consent must be witnessed or notarized. Please check with the Plan Sponsor if you need more information regarding the ERISA status of the plan.

Witnessed by: ☐ Plan representative ☐ Notary public

X _____
Signature of witness

Date (mm/dd/yyyy)

NOTARY: Affix seal here.

6 Signature

I consent to the \$10 setup fee and the annual custodial fee (currently \$10). I understand that I and all shareholders at my address will receive one copy of fund documents (such as annual reports and proxy statements) unless I opt out by calling **(800) 421-4225**.

I certify, under penalty of perjury, that my Social Security number is correct. I have designated the beneficiary(ies) in Section 4 or on an attached page. I also certify that, if I am married and have not named my spouse as Primary Beneficiary, I have consulted my financial professional about the need for spousal consent. If no beneficiary is named, the Custodial Agreement default will apply. I authorize the financial professional assigned to my account to have access to my account and to act on my behalf with respect to my account.

Name of participant (print)

X _____
Signature of participant

Date (mm/dd/yyyy)

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

Participant: Return the completed and signed form to your employer.

Employer: If spousal consent is required, mail this completed form to the service center for your state using the maps below. Otherwise, you may fax it to **(888) 421-4371**.

If mailing, choose the service center for your state. Mail the form to the 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

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4371

For more information, contact your financial professional, visit www.capitalgroup.com or call us at **(800) 421-4225**.