

Use this form for loan disbursements only. The Third-Party Administrator (TPA) must complete Section 5.

## 1 Plan and participant information

Please type or print clearly.

Plan name \_\_\_\_\_

First name of participant (print) \_\_\_\_\_

MI \_\_\_\_\_

Last \_\_\_\_\_

Plan ID number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

-   -

SSN (provide the last four digits)

-   -

Date of birth (mm/dd/yyyy)

## 2 Loan request

Loan amount \$ \_\_\_\_\_ Interest rate \_\_\_\_\_% Number of payments \_\_\_\_\_

First loan payment due on \_\_\_\_\_ (mm/dd/yyyy) Duration \_\_\_\_\_ (months) Anticipated payment amount \$ \_\_\_\_\_

Frequency of payments:  Weekly  Biweekly  Semimonthly  Monthly  Quarterly

Loans will be processed pro rata from each contribution type unless other instructions are provided here:

**Note:** A loan shall be deemed to be in default when a scheduled installment payment is not made on the due date and payment is not received by the end of the calendar quarter following the calendar quarter in which the payment was due. If the payment is not received within such stipulated time period, the loan is considered to be in default as of the day the last payment was due and **will be tax reported**. For additional details, reference the Loan Default Procedures section of the online plan administration guide at [americanfunds.com/retiresponsor](http://americanfunds.com/retiresponsor).

## 3 Delivery instructions

Mail payment directly to (checks are sent to the address of record — select one option below):

- Participant
- Plan sponsor
- TPA

If applicable, provide the information requested below:

Expedite delivery to the above recipient by using the delivery service and account listed:

Delivery service \_\_\_\_\_

Name on account \_\_\_\_\_

Account number \_\_\_\_\_

\_\_\_\_\_  
First name of participant (print) MI Last Plan ID number

## 4 Authorization

I/We, as plan trustee(s) or authorized signer(s) of the plan, certify that this loan satisfies the requirements of the regulations and is made in accordance with the terms of the plan.

\_\_\_\_\_  
Name of plan trustee or authorized signer (print)

**X** \_\_\_\_\_  
Signature of plan trustee or authorized signer

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name of plan trustee or authorized signer (if applicable) (print)

**X** \_\_\_\_\_  
Signature of plan trustee or authorized signer (if applicable)

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 5 Vested percentage

*This section must be completed by the TPA. Please confirm this information for our records.*

Select one of the two options below.

Participant is 100% vested in all contribution types

**OR**

Variable vesting (see below)

Match \_\_\_\_\_% Profit-sharing \_\_\_\_\_% Other \_\_\_\_\_%  
Specify contribution type.

The vested percentage reflected above is correct.

\_\_\_\_\_  
Name of TPA (print)

\_\_\_\_\_  
Name of firm

( ) \_\_\_\_\_  
Daytime phone Ext.

**X** \_\_\_\_\_  
Signature of TPA

\_\_\_\_\_  
Date (mm/dd/yyyy)

Send

### Form delivery

If you have any questions about this form, call American Funds at **(800) 421-6019** between 8 a.m. and 8 p.m. Eastern time. You can either mail this document to the address below or fax it to **(855) 521-9952**.

**American Funds RecordkeeperDirect**  
c/o Retirement Plan Services

#### Regular mail

P.O. Box 6040  
Indianapolis, IN 46206-6040

#### Overnight mail

12711 N. Meridian St.  
Carmel, IN 46032-9181