

Use this form to request a Coronavirus-Related Loan disbursement.

1 Plan and participant information

Please type or print clearly.

Important: Loan requests are subject to a 10-day hold after an address change. If the participant's address has changed in the last 10 calendar days, this request will be delayed.

Plan name			Plan ID number			
First name of participant (print)	MI	Last	SSN (provide the last four digits)			
Address of participant			City	State	ZIP	

2 New loan request details

Loan payments must be remitted via the Plan Sponsor website. Loan amounts are taken proportionately from all investment options in applicable contribution types.

Note: Unless suspended, a loan shall be deemed to be in default and tax reported when a scheduled installment payment is not made by the second to last day of the calendar quarter following the calendar quarter in which the payment was due. For additional details, refer to the Loan Default Procedures section of the online plan administration guide at www.americanfunds.com/retiresponsor.

Amount available

The plan may issue coronavirus-related loans to a Qualified Individual¹ at an increased maximum amount that does not exceed the lesser of: (1) \$100,000 minus the difference between the highest outstanding loan balance during the last 12-consecutive-month period and the outstanding loan balance on the date the loan is made; or (2) 100% of the participant's vested account balance. This only applies to loans taken on or before September 22, 2020 (180 day period beginning on March 27, 2020).

Loan amount \$ _____ Interest rate _____ % Number of payments _____ Duration _____

Frequency of payments: Weekly Every other week Semimonthly Monthly Quarterly

Select either A or B below.

A. Check this box to if you are not requesting a Coronavirus-Related suspension for this loan request.

First loan payment due on _____
 (mm/dd/yyyy)

B. Check this box to request a Coronavirus-Related suspension for this loan request. Repayments on this loan will be suspended through December 31, 2020. See suspension details below.

- Repayments must resume upon the end of the suspension period.
- The term of the loan will be extended by the duration of the suspension period.
- Interest accruing during the suspension period will be added to the remaining principal of the loan.
- This loan suspension will not override any other plan provisions that may require the loan to become immediately due and payable (e.g. termination of employment, etc.)

¹A Qualified Individual is an individual:

- who is diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention,
- whose spouse or dependent (as defined in Code section 152) is diagnosed with such virus or disease, or
- who experiences adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury.

The plan sponsor may rely on a participant's self-certification for eligibility.

First name of participant _____ MI _____ Last _____ Plan ID number _____

4 Delivery instructions — For new loans and additional loan proceeds

Select either **A** or **B**. If no selection is made, a check will be sent to the participant's address of record via regular mail.

A. Send the payment electronically (via ACH) to the participant's bank information provided in Section 5. (This option is not available for nonresident alien distributions.)

Note: Once processed, the distribution will be delivered to the bank within three business days following the transaction.

B. Mail payment directly to (checks are sent to the address of record):

Participant Plan Sponsor Third-Party Administrator

5 Bank information — Complete only if requesting electronic deposit

Electronic payments can only be made to a U.S. bank checking account.

Attach an unsigned, voided check below. Please **do not** staple.

The check must be preprinted with the bank name and registration, routing number and account number. The participant's name **MUST** be included in the bank registration. **If these requirements are not met, a physical check will be generated instead.**

Tape your check here.

John Doe _____ DATE _____
 Bank account registration

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

Anytown Bank ← Bank name

|:999999999|: 0000000000|:|: ←
 Bank routing number 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

First name of participant _____ MI _____ Last _____ Plan ID number _____

6 Vested percentage — For new loans and additional loan proceeds

This section must be completed by the TPA. The information provided will apply to this distribution request only.

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

Loan amounts are taken proportionately from all applicable contribution types (per plan information on file) unless alternate instructions are provided below.

The information above is correct.

Name of firm () Daytime phone Ext.

Name of Third-Party Administrator (print) **X** _____
Signature of Third-Party Administrator Date (mm/dd/yyyy)

7 Authorization

As plan trustee or authorized signer of the plan, I certify that 1) I have read, understand and agree to all pages of this *Coronavirus-Related Loan Request*; 2) the plan permits, or will be amended retroactively to permit coronavirus-related loans and/or suspensions (if applicable), 3) the participant has self-certified that they satisfy the conditions required in the Coronavirus Aid, Relief and Economic Security (CARES) Act to treat this loan as a coronavirus-related loan; 4) the participant has been notified of potential delays due to an address change; 5) this loan satisfies the requirements of the regulations; and 6) the recordkeeper is entitled to rely on my authorization and is hereby indemnified from all liability arising from following the instructions provided on this form.

Name of plan trustee or authorized signer (print) **X** _____
Signature of plan trustee or authorized signer Date (mm/dd/yyyy)



If you have any questions about this form, call American Funds at **(800) 421-6019**. You may fax this completed form to **(855) 521-9952**, email it to **RKDirect@capitalgroup.com** or mail it to the address below.

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