

Use this form to request a Coronavirus-Related suspension of current loan repayments for Qualified Individuals.

1 Plan and participant information

Please type or print clearly.

Plan name _____ Plan ID number _____

First name of participant (print) _____ MI _____ Last _____

SSN (provide the last four digits) -

Address of participant _____ City _____ State _____ ZIP _____

Loan number(s) to apply suspension to: _____

2 Loan repayment suspension details

- If the due date for any repayment not already made on your loan(s) is during the period beginning on March 27, 2020 and ending on December 31, 2020, such due date shall be delayed for one year.
- Subsequent repayments for your loan(s) will be adjusted to reflect the delay plus accrued interest.
- 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.)

3 Participant Signature

I hereby certify that 1) I have read, understand and agree to all pages of this Coronavirus-Related Loan Repayment Suspension Request; 2) all information that I have provided is true and correct; and 3) I am a Qualified Individual* and I therefore satisfy the conditions required in the Coronavirus Aid, Relief and Economic Security (CARES) Act to delay my loan repayments for 1 year.

 Name of participant (print)

 X
 Signature of participant

_____/_____/_____
 Date (mm/dd/yyyy)

*** A 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.

First name of participant

MI Last

4 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 Repayment Suspension Request*; 2) this loan satisfies the requirements of the regulations; and 3) 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)

Send

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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