

## Retirement Plan Enrollment



## EMPLOYER: Complete this section.

**Employer authorization***Employer: Please retain this form for your records.*

Name of employer, organization or company \_\_\_\_\_

Name of plan \_\_\_\_\_

Plan ID # \_\_\_\_\_

The employee named in Section 1 is eligible to participate in the plan as of \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Name of signer for employer (print) \_\_\_\_\_

Title \_\_\_\_\_

**X**

Authorized signature \_\_\_\_\_

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

## EMPLOYEE: Complete Sections 1–4 and return this form to your employer.

**1 Employee information***Please type or print clearly.*Please check one of the following: ☐ New plan enrollment ☐ Changes to existing account

First name (print) \_\_\_\_\_

MI \_\_\_\_\_

Last \_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_  
SSN

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

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Mailing address (if different from residence address) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Date of birth (mm/dd/yyyy)\_\_\_\_-\_\_\_\_-\_\_\_\_  
Date of hire (mm/dd/yyyy)

Country of citizenship \_\_\_\_\_

Marital status: ☐ Married ☐ SingleGender: ☐ Male ☐ Female**2 Employee contributions***Before completing this section, please check with your plan to determine the contribution options you have available.*☐ I authorize my employer to withhold from my wages each pay period:

Before-tax contributions of \_\_\_\_\_%

Catch-up contributions of \_\_\_\_\_%

☐ I do not wish to make contributions at this time.



### 3 Investment Selection

Please select either A or B below:

A. American Funds Target Date Retirement Fund Year: \_\_\_\_\_

B. I wish to select my own investments from the fund options below. (Only whole percentages will be accepted; must total 100%.)

Fund name	Percentage
1. EuroPacific Growth Fund	_____ %
2. Federated Mid-Cap Index Fund	_____ %
3. New Perspective Fund	_____ %
4. The New Economy Fund	_____ %
5. American Mutual Fund	_____ %
6. Fundamental Investors	_____ %
7. Washington Mutual Investors Fund	_____ %
8. Capital Income Builder	_____ %
9. The Income Fund of America	_____ %
10. American High-Income Trust	_____ %
11. PIMCO All Asset All Authority A	_____ %
12. Templeton Global Bond Fund A	_____ %
13. The Bond Fund of America	_____ %
14. American Funds Money Market Fund	_____ %
15. American Funds 2055 Target Date Retirement Fund	_____ %
16. American Funds 2050 Target Date Retirement Fund	_____ %
17. American Funds 2045 Target Date Retirement Fund	_____ %
18. American Funds 2040 Target Date Retirement Fund	_____ %
19. American Funds 2035 Target Date Retirement Fund	_____ %
20. American Funds 2030 Target Date Retirement Fund	_____ %
21. American Funds 2025 Target Date Retirement Fund	_____ %
22. American Funds 2020 Target Date Retirement Fund	_____ %
23. American Funds 2015 Target Date Retirement Fund	_____ %
24. American Funds 2010 Target Date Retirement Fund	_____ %
<b>Total</b>	<b>100%</b>

Any contributions to participant accounts (conversion assets, payroll deferrals and rollovers) made before your employer updates your investment selections for your account will be invested in the plan's default fund. Assets will remain in the default fund until you use the participant website to exchange assets into the funds of your choice.

### 4 Employee signature

By signing below, I acknowledge that I have authorized my employer to withhold the amount specified in Section 2 from my wages.  
I acknowledge that I have completed a beneficiary designation form.

X \_\_\_\_\_  
Employee's signature

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