

В	Beneficiary Designation American Funds [®]							
Sh Pla		nent Co., Inc. & Asso	ciated 401(k) Profit Shariı	ng	344164-01			
Pa	rticipant Informat	ion						
		I	1 1					
	Last Name	First Name	e MI	Social Security N	lumber			
		E-Mail Address		☐ Married ☐ Unmarried				
An	count Extension account extension if	dentifies funds that wen	e transferred to a spousal be nsion, enter it here	neficiary or alterna	ate payee due to . For assistance,			
ple	ease contact Service	Center at: 1-800-204-37	731.		,			
Pla	an Beneficiary Des	signation						
ind be pre Do	licated. I have the rice required prior to edecease me or I facument or applicable	ght to change the bene recording my beneficiand to designate beneficing state law.	eneficiaries in that category value ficiary. If any information is rary designation. If my primaries, amounts will be paid	nissing, additional nary and continge pursuant to the te	information may ent beneficiaries erms of the Plan			
be ma	neficiaries must se	eparately total 100.00%	on death will be divided on the number of primary all sheet, if necessary.	or contingent be	eneficiaries you			
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth			
	Address		City	State	Zip Code			
#2								
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth			
	Address		City	State	Zip Code			
#3	9/ of Assount Palance	Coolal Coourity Number	Primary Beneficiary Name	Relationship	Data of Pirth			
	% of Account Balance	Social Security Number	Filliary beneficiary Name	neiationship	Date of Birth			
	Address		City	State	Zip Code			
Со	ntingent Beneficiar	у						
#1	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth			
	Address		City	Stato	Zip Code			
#2	Addiess		Oity	State	Zip Code			
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth			
	Address		City	State	Zip Code			



Relationship

State

Contingent Beneficiary Name

City

Social Security Number

#3

% of Account Balance

Address

Date of Birth

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Beneficiary Des	210nation
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Last Na	ame	First	Name	MI	Social Security Number
Spousal Cons	ent				
and/or the Plan	Docume	ent, you must hav	e your spo	ouse's signature	usal consent requirements under ERISA notarized or have the Plan Administrator other than your spouse, or in addition to
effect. I underst	and that	onsent: I hereby I am voluntarily the participant's d	waiving my	o the above be right to receive	neficiary designation and understand its any death benefits that would otherwise
Spouse's Signatur	e			Date	
			Stateme	ent of Notary	
			-	ust be visible, if	• •
State of)		•		and sworn to (or affirmed) to before me
)ss.				, year,
County of)	by			(name of spouse) proved to me on the
			•	•	on who appeared before me, who rfree and voluntary act.
					SEAL
		Notary Public		M	y commission expires
				OR	
		Sta	tement of	Plan Administra	tor
The spouse who	ose signa	ature I have witne	ssed is kno	own to me and si	gned this form in my presence.
Plan Administrator	Signature)		Date	
Your Consent Designation form		ignature - I hav	e complete	d, understand a	nd agree to all pages of this Beneficiary
Participant Signatu	ire			Date	
		Partio Plan	cipant forw Administra	ard to:	