



If you are participating in the plan for the first time, you must attach a completed application to this form. Your employer will forward the completed application to American Funds Service Company® on your behalf.

Information for the employer: If an existing participant is electing Roth deferrals for the first time, submit the *SIMPLE IRA Roth Election for Existing Participants* form to establish a new Roth SIMPLE IRA for that participant.

1 General information

Name of employee _____ Name of company The Philadelphia Nanny Network, Inc.

2 Payroll election

Note: For contribution limits, refer to the *Notification to Eligible Employees*.

Select one.

- A. ☐ **New election for NEW participants** — I am participating in the plan for the first time (the application is attached). I elect to have the following amount withheld from my compensation and contributed to the SIMPLE IRA plan.

Effective date _____
(mm/dd/yyyy)

Pre-tax deferrals — available for all plans. ☐ _____% **OR** ☐ \$ _____

Roth deferrals — if permitted. Review Section 2 of the *Notification to Eligible Employees* to determine if this option is available for your plan.

☐ _____% **OR** ☐ \$ _____

- B. ☐ **Change deferrals** — I am currently participating in the SIMPLE IRA plan and wish to change my election.

Effective date _____
(mm/dd/yyyy)

Pre-tax deferrals — available for all plans. ☐ _____% **OR** ☐ \$ _____

Roth deferrals — if permitted. Review Section 2 of the *Notification to Eligible Employees* to determine if this option is available for your plan.

☐ _____% **OR** ☐ \$ _____

Note: If this is the first time you are electing Roth deferrals, a Roth SIMPLE IRA will be established using the elections (investment instructions, beneficiary designations, etc.) on your existing pre-tax SIMPLE IRA. Be sure to review and read the *Roth SIMPLE IRA Custodial Agreement* and *SIMPLE IRA Disclosure Statement* provided by your employer. These documents can also be obtained in a copy of the *SIMPLE IRA Employee Guide*, at www.capitalgroup.com/simpledisclosures or by calling us at (800) 421-4225.

- C. ☐ **Maintain deferrals** — I am participating in the SIMPLE IRA plan and wish to maintain my current deferral election.

- D. ☐ **Suspend deferrals** — I wish to stop deferring to the SIMPLE IRA plan as of the effective date specified below.

Effective date _____
(mm/dd/yyyy)

Deferral type ☐ Pre-tax deferrals **AND/OR** ☐ Roth deferrals

- E. ☐ I do not wish to make any salary deferrals at this time.

3 Signature

If electing salary deferrals, I authorize my employer to withhold the amount/percentage specified in Section 2 from each paycheck as of the effective date provided, which will reduce my compensation under this election (my elective deferral contributions). If I am electing Roth salary deferrals for the first time, I acknowledge that I have received, read and agree to the *Roth SIMPLE IRA Custodial Agreement* and *SIMPLE IRA Disclosure Statement*. I understand **1)** pre-tax salary deferral contributions are not subject to federal (and state, if applicable) income tax until distributed from the plan; and **2)** Roth salary deferral contributions will be made to a Roth IRA and are subject to federal (and state, if applicable) income tax at the time withheld from my paycheck. I also understand that my elective deferral contributions are subject to gain or loss in accordance with my selected investments. I may revoke or update this election at any time as permitted by my employer. If I revoke this election, I acknowledge that, contingent upon the terms of the SIMPLE IRA plan, I may be prohibited from submitting another salary deferral election until the enrollment period immediately preceding the next plan year. The revocation or update will be effective as soon as administratively possible by my employer after they have received the notice.

To comply with federal regulations, information provided on the SIMPLE IRA application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If Capital Bank and Trust Company is unable to verify my identity, I understand it may need to take action, possibly including closing my account and withdrawing the shares at the current market price, and that such action may have tax consequences, including a tax penalty.

X _____
Signature of employee

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

Return this completed form to your employer.
Do not send this form to American Funds Service Company
or Capital Bank and Trust Company.
