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Date (mm/dd/yyyy)

## **IRA Payroll Deduction Election**

## For employer/employee use only

## **Important information**

Signature of employee

- If you are opening a new account, you must attach a completed Payroll Deduction Enrollment for Traditional/Roth IRA form to this form. Your employer will forward the completed forms to American Funds Service Company® on your behalf.
- Return this completed form to your employer. Do not send this form to American Funds Service Company.

Agreement between	
Please type or print clearly.	
Name of employee	Name of company
Account type	
Specify the IRA account type that applies to this ded	duction election form.
☐ Traditional ☐ Roth	
Note: If multiple IRAs are to be established, provide	your employer with a separate IRA Payroll Deduction Election form for each program.
Payroll election	
Select one of the following three options.	
	opening a new account (the enrollment form is attached). I elect to have the following contributed to the IRA payroll deduction program.
Deductions of% OR	\$ Effective date
B. Change deductions — I am currently particip	ipating in the IRA payroll deduction program and wish to change my election.
Deductions of% OR	\$ Effective date
C. Suspend deductions — I wish to stop deferr	ring to the IRA payroll deduction program as of the effective date specified below.
Effective date(mm/dd/yyyy)	
Signature	
revoke or update this election at any time as permitted	centage specified above from each paycheck as of the effective date provided. I may d by my employer. The revocation or update will be effective as soon as administratively enotice. I also understand that my contributions are subject to gain or loss in accordance
x	