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SARSEP IRA Salary Deferral Election

For employer/employee use only

Important information

- If you are opening a new account, you must attach a completed application 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 or Capital Bank and Trust Company.

General information					
Name of employee			Name of company		
Payroll election					
See the table at the bottom of t below will apply for each paych	· -	and catch-up limits.	Select one of the following	three options. The	option you specify
A. New election for NEW withheld from my compe			count (the application is atta IRA retirement plan.	ached). I elect to ha	ve the following amoun
Pre-tax deferrals of	%	OR	E	fective date	(mm/dd/yyyy)
B. Change deferrals — I	am currently particip	ating in the SARSEF	PIRA retirement plan and w	ish to change my e	lection.
Pre-tax deferrals of	%	OR	E	ffective date	(mm/dd/yyyy)
C. Suspend deferrals —	wish to stop deferri	ng to the SARSEP IF	RA retirement plan as of the	e effective date spe	cified below.
Effective date(n	nm/dd/yyyy)				
Signature Signature					
I authorize my employer to with I may revoke or update this elec (or state, if applicable) income t as administratively possible by are subject to gain or loss in ac	ction at any time as p ax until distributed fr my employer after th	ermitted by my emp om the plan. If I revo ney have received th	loyer. My elective deferral c	ontributions are not tion or update will be	subject to federal e effective as soon
X					/ /
Signature of employee					Date (mm/dd/yyyy)
	Voor	Deferred lim	it Cotob li	mit*	
	Year 2023	Deferral lim	it Catch-up li		

Year	Deferral limit	Catch-up limit*		
2023	\$22,500	\$7,500		
2024	\$23,000	\$7,500		

^{*}You must be at least 50 years old to make a catch-up contribution.