

For employer/employee use only

SIMPLE IRA Model Salary Deferral Agreement

Important

This Salary Deferral Agreement (SDA) must be returned to your employer. **Do not send this form to American Funds Service Company® or Capital Bank and Trust Company.SM**

Payroll election

Please type or print clearly. Complete either A or B.

Agreement between:

Employee

Employer

- A. Following the date of this agreement and subject to the limits shown below, I elect to participate in the SIMPLE IRA Plan and authorize my employer to withhold the following from my wages each pay period:

Pre-tax deferrals of _____% **OR** \$ _____

This election is:

- A new election to be effective _____
Date (mm/dd/yyyy)

(If you are opening a new account, attach a completed *SIMPLE IRA Application* to this SDA. Your employer will forward the application to American Funds Service Company on your behalf.)

OR

- An amendment to a previous election to be effective _____
Date (mm/dd/yyyy)

NOTE: Please see the chart below for deferral and catch-up limits.

- B. I do not wish to participate in the SIMPLE IRA Plan at this time.

Signature

In executing this agreement, I understand the following:

My employer, on my behalf, will contribute to my SIMPLE IRA Plan the amount indicated above by which I have reduced my compensation under this agreement (my "elective deferral contributions").

My elective deferral contributions are not subject to federal (or state, if applicable) income tax until distributed from the Plan.

I may revoke this agreement at any time by providing my employer with advance notice of my revocation. The revocation will be effective as soon as administratively feasible after my employer receives the notice.

If I revoke this agreement, I acknowledge that, contingent upon the terms of the SIMPLE IRA Plan, I may be prohibited from submitting another SDA until the enrollment period immediately preceding the next plan year.

I understand that my elective deferral contributions are subject to gain or loss in accordance with my selected investments.

X _____ / /
Signature of employee Date (mm/dd/yyyy)

X _____ / /
Signature of employer Date (mm/dd/yyyy)

Year	Deferral limit	Catch-up limit*
2010	\$11,500	\$2,500
*You must be at least 50 years old to make a catch-up contribution.		