



AMERICAN
FUNDS®

From Capital Group

Incoming Rollover Request

If you have retirement savings in a previous employer's retirement plan or an Individual Retirement Account (IRA), you may be able to roll over those savings into your current employer's retirement plan with American Funds. Follow these steps to consolidate your retirement savings:

1. Talk to your current employer's retirement plan contact to make sure that you are eligible to roll money into the plan.
2. **Contact the financial institution where the money is currently held and request the paperwork or requirements to initiate a rollover to your current employer's retirement plan.**
3. Complete the enclosed *Incoming Rollover Request* form. A recent account statement may help you gather information about the account where the money is currently invested.
4. Give the completed *Incoming Rollover Request* form to your current employer's retirement plan contact. They will need to ensure that the form is signed by an authorized plan representative and then sent to American Funds. Make sure you receive a copy of the signed form.
5. Return the sending institution's completed paperwork to them. The pay order information in Section 2 of this form **will need to be provided. If the sending institution requires a letter of acceptance from American Funds in addition to their own paperwork, provide a copy of the completed *Incoming Rollover Request* form along with any additional paperwork they may require and refer them to the Custodial Acceptance section on page 4.**
6. Once American Funds receives both the completed *Incoming Rollover Request* form and the rollover check, the funds will be invested into your retirement plan account. The rollover will be invested according to your investment elections on file.

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Participant: Once this form is signed by your Employer, keep a copy and attach it to any additional paperwork that may be required by the financial institution holding the assets you want sent to American Funds. Assets received will be invested in accordance with the investment allocations on file with American Funds or the plan's default investment option if you have not made your own investment selection.

1 Participant information

Please type or print clearly.

Community Action Partnership of Mid-Nebraska 403(b) BRK137367
 Name of plan accepting rollover Plan ID number

 First name of participant (print) MI Last SSN (provide the last four digits — required)

 Mailing address (if different from residence address) City State ZIP

() Ext. ()
 Daytime phone Fax

2 Sending account information (required)

 Name of sending financial institution/trustee

A. Cost basis information

Are any of the rollover assets from a Roth 401(k)/403(b)? No Yes If yes, complete the requested information below.

\$ _____ \$ _____
 Cost basis Earnings Roth start date (mm/dd/yyyy)

Are any of the rollover assets voluntary after-tax funds? No Yes If yes, specify the cost basis and earnings below.

\$ _____ \$ _____
 Cost basis Earnings

Note: If cost basis information is provided by the sending institution and differs from what is provided above (due to earnings fluctuation, etc.), we will use the information provided by the sending institution.

B. Related rollover information

Is this a related rollover? No Yes (RecordkeeperDirect will invest as an **unrelated** rollover unless otherwise selected.)

- Notes:**
- A rollover is considered "unrelated" if it is initiated by the employee **and** made from a plan maintained by one employer to a plan maintained by another employer.
 - A rollover is considered "related" if it is not initiated by the employee **or** if it is made to a plan maintained by the same employer.
 - **All companies in a controlled group or affiliated service group** (refer to Internal Revenue Code sections 414(b), (c) or (m)) are considered to be the same employer for this purpose.

C. Pay order instructions

Instruct the sending financial institution/trustee to make the rollover check payable as follows:

Capital Bank and Trust Company
 FBO (name of participant)
 Plan ID – IRK##### or BRK#####

3 Participant authorization

I hereby certify that the information I've provided in Sections 1 and 2 is accurate. I understand that the sending financial institution/trustee of the rollover assets may have additional requirements to initiate the rollover to American Funds and I am responsible for meeting these requirements.

To the sending financial institution/trustee: I have established a retirement account with Capital Bank and Trust CompanySM Liquidate my account and process a direct rollover to my employer's retirement plan with American Funds.

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

4 Plan sponsor authorization

I hereby certify that I have reasonably concluded that the rollover check for the participant identified above is a valid rollover contribution (Pursuant to Treas. Reg. Section 1.401(a)(31)-1) and acceptable under the terms of the plan. If the recordkeeping system does not currently show the requested rollover type as available under the terms of the plan, this form serves as authorization to update the plan's records accordingly.

Name of authorized plan signer or TPA (print)

X _____ Date / /
Signature of authorized plan signer or TPA (The participant should **NOT** sign this form.) (mm/dd/yyyy)

Plan Sponsor: When completed, mail or fax this form to the address or fax number below. Please provide a copy to the participant. Do not submit this form until the participant's account has been established on the recordkeeping system.

DO NOT WRITE BELOW THIS LINE. CB&T WILL COMPLETE THIS SECTION.

Custodial acceptance

To the sending custodian/trustee: Capital Bank and Trust Company (CB&T) serves as the custodian or trustee for the above referenced plan. CB&T agrees to accept the transferred assets from the sending institution and allocate them to a designated participant account under the plan in accordance with the provisions of the Internal Revenue Code on the condition that the funds are eligible to be rolled over into the plan as evidenced by the Employer's signature above. If the funds are not eligible for rollover, they will be returned to the sending institution.

Tom Burfeind
Tom Burfeind, Authorized Signer
Capital Bank and Trust Company

Tom Burfeind

Signature (Accepting Signer)

Send

If you have questions about this form, call American Funds at (800) 421-6019.

American Funds RecordkeeperDirect
c/o Retirement Plan Services

Regular mail
P.O. Box 6040
Indianapolis, IN 46206-6040

Overnight mail
12711 N. Meridian St.
Carmel, IN 46032-9181

Fax
(855) 521-9952