



## 4 Authorization

I direct the recordkeeper to rely on data provided by the Payroll Service Provider and certify that:

- I have the authority to act on behalf of the plan;
- I acknowledge that the Payroll Service Provider is not affiliated with nor compensated by Capital Group;
- I acknowledge that Capital Group does not perform due diligence on Payroll Service Providers and the plan administrator is solely responsible for selecting and monitoring the Payroll Service Provider;
- I understand the plan administrator must continue to submit contributions manually via the plan sponsor website until the recordkeeper provides notification that payroll integration services set up has been completed;
- I understand once the payroll integration service is set up, an authorized representative of the plan is responsible for reviewing the information and approving the payroll file so it can be funded for each payroll submission;
- I agree this *Payroll Integration Authorization* form is subject to the terms of the *RecordkeeperDirect Recordkeeping Services Agreement* including, but not limited to, Section VI — Limitation of Liability;
- I understand the plan administrator is responsible for ensuring contributions are deposited in a timely manner;
- I understand that any instructions requested in this form shall remain in effect until the recordkeeper receives written instructions from an authorized representative of the plan to modify/discontinue them.

_____	<b>X</b>	_____ / /
Name of authorized signer (print)	Signature	Date (mm/dd/yyyy)

**This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.**

If you have any questions about this form, call us at **(800) 421-6019**.

### SEND

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c/o Retirement Plan Services

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