

## Beneficiary Designation 401(k) Plan

G 8	& W Equipment, Inc.	401(k) Profit Sh	naring Plan and	Trust				1351893-01	
For	My Information								
	or questions regarding this Use black or blue ink when		•	americanfur	nds.com or conta	act Service	Center at 1-800-2	204-3731.	
A Participant Information									
	Account extension, if applica transferred to a beneficiary death, alternate payee du participant with multiple acco	due to participant's e to divorce or a	Account Extensio	n	Social Security	- Number (A	- lust provide all 9 dig.	its)	
	Last Name (The name provided MUST r	natch the name on file v		First Name	M.I.		Date of Birth  Daytime Phone Nu	umber	
	Email Address						( )		
	☐ Married ☐ Ur	married					Alternate Phone N	umber	
В		Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)  Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	to my beneficiary desi	gnation. nples on how to com Primary Beneficiary	nplete the below ben	-	gnations if the b	eneficiary Security	is a non-individual	ny spouse must consent  I, such as a trust, charity  / /  Date of Birth	
	( ) Phone Number (Optional)		lationship (Required		ip is not provided,		be rejected and sen	or Trust Date  t back for clarification.) □ A Trust □ Other	
	% of Account Balance	Primary Beneficiary (Name of Individual, To Re	rust, Charity, etc.)	- If Relationsh	Identif	ication Ńu		/ / Date of Birth or Trust Date t back for clarification.)	
	Phone Number (Optional) %		Spouse	□ Parent	☐ Grandchild	□ Sibling	g 🛚 My Estate	□ A Trust □ Other	
	% of Account Balance  () Phone Number (Optional)		rust, Charity, etc.) elationship (Required		Identif ip is not provided,	ication Nu request will	•	Date of Birth or Trust Date t back for clarification.)  A Trust Other	
	Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)								
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	% of Account Balance  ()  Phone Number (Optional)		rust, Charity, etc.) elationship (Required		Identif ip is not provided,	ication Nu request will	be rejected and sen	Date of Birth or Trust Date t back for clarification.)	

		First Name	M.I.	Social Secur	ity Number	1351893-01 Number	
Beneficiary Designat	ion (Attac	h an additional sheet to na	me additional benefic	ciaries.)			
Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
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% of Account Balance  ( ) Phone Number (Optional)	(Name of		, quired - If Relationship i Child □ Parent □	Identifications in the state of	est will be rejected an	Date of Birth or Trust Date of sent back for clarification.) ate □ A Trust □ Other	
Signatures and Cons	ent (Signa	atures must be on the lines pr	rovided.)				
Participant Consent f	for Bene	ficiary Designation (P	Please sign on the 'Part	icipant Signature' line	e below.)		
the account will be divid beneficiaries unless other If a contingent beneficiary If I fail to designate benefit to the terms of the Plan of additional information mand This designation supersed death will be divided equi- decimal points (Example	ed as sperwise indiction of the control of the cont	actified. If a primary beneficiated. Contingent beneficials ases me, his or her beneficials or beneficiary (including le law. This designation is irred prior to recording my or designations. Beneficials and contingent beneficials.	ficiary predeceases aries will receive a b it will be allocated to all contingent or suc effective upon exec designation. aries will share equa efficiaries must sepa	me, his or her be enefit only if there the surviving conf cessive beneficial aution and delivery ally if percentages arately total 100%	enefit will be alloca is no surviving prim ingent beneficiarie ies) survives me, a to Service Center. are not provided ar 6. The percentage	than one primary beneficiary ated to the surviving primar ary beneficiary, as specified is unless otherwise indicated amounts will be paid pursuar if any information is missing and any amounts unpaid upous can be divided up to tweether than the primary beneficially as a second of the survivious primary and any amounts unpaid upous can be divided up to tweether the survivious primary beneficiary.	
addition to my spouse, m						y other than my spouse or i of this form.	
Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.  Participant Signature							
						-5O	
Participant Signati	ure				Date (Regu	Jirea)	
Participant Signature A handwritten signature					•	•	
•	e is requi	red on this form. An ele	ctronic signature v	vill not be accept	ed and will result	in a significant delay.	
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	Last Name	Firs	t Name	M.I.	Social Security Number	1351893-01 Number			
С	Signatures and Consent (Signatures must be on the lines provided.)								
	Plan Administrator Witnessing Spousal Consent (Please sign on the 'Plan Administrator Signature' line below.)								
	If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence. The date that I sign this form must match the date the participant's spouse has signed.								
	Plan Administrator Signature Date (Required) A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.								
	Print Full Name								
D	Delivery Instructions								
	After all signatures have been obtained, this form can be								
	Uploaded Electronically: Login to account at myretirement.americanfunds.com Click on Upload Documents to submit	OR	Sent Regular Mail to: American Funds Service Center PO Box 173764 Denver, CO 80217-3764	OR	Sent Express Mail to: American Funds Service Center 8515 E. Orchard Road Greenwood Village, CO 80111	ervice Center oad			
	We will not accept hand delivered forms at Express Mail addresses.								

## This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS

<u>-ха</u> В	mple 1: Multiple Individuals as Beneficiaries  Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	If I am married, my Plat to my beneficiary designation.	<ul> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity</li> </ul>						
	33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	•	If Relationship is not provided, request will be rejected a					
	Phone Number (Optional)		□ Parent □ Grandchild ■ Sibling □ My Es					
	33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX Phone Number (Optional)		If Relationship is not provided, request will be rejected a □ Parent □ Grandchild ■ Sibling □ My Es	· · · · · · · · · · · · · · · · · · ·				
	33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	Relationship (Required -	If Relationship is not provided, request will be rejected a	and sent back for clarification.)				
	Phone Number (Optional)	<ul><li>□ Spouse □ Child</li><li>□ Domestic Partner</li></ul>	□ Parent □ Grandchild ■ Sibling □ My Es	state   A Trust   Other				
Exa	mple 2: Trust as Ben	eficiary		_				
В		On (Attach an additional sheet to name add	ditional beneficiaries.)					
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	<ul> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity</li> </ul>							
	or estate. 100 %	Trust of Jane Doe	XX-XXXXXX	06/30/2015				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX Phone Number (Optional)		If Relationship is not provided, request will be rejected a □ Parent □ Grandchild □ Sibling □ My Es					
Exa	mple 3: Estate as Be	neficiary						
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	<ul> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>							
		100 % Estate of Anne Doe / / % of Account Balance Primary Beneficiary Social Security or Taxpayer Date of Birth						
	100 %	Primary Beneficiary	, , ,					
	100 % % of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Identification Number	or Trust Date				
	100 %	Primary Beneficiary (Name of Individual, Trust, Charity, etc.) Relationship (Required -	, , ,	or Trust Date and sent back for clarification.)				

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## **Example 4: Charity as Beneficiary**

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	to my beneficiary desig	nation.	orimary beneficiary for 100% of my account balance, or my spouse must constant designations if the beneficiary is a non-individual, such as a trust, cha					
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX Phone Number (Optional)		If Relationship is not provided, request will be rejected and a □ Parent □ Grandchild □ Sibling □ My Estate	,				