

Loan Payment Change Request

G & W Equipment, Inc. 401(k) Profit Sharing Plan and Trust

1351893-01

Participant Information

| | | | | | |
|--|-------|----------|------------------------------------|------------------------------------|-------------------------------|
| Last Name First Name MI <i>(The name provided MUST match the name on file with Service Center.)</i> | | | Social Security Number | | |
| Address - Number & Street | | | E-Mail Address | | |
| City | State | Zip Code | Mo Day Year Date of Birth | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| () Daytime Phone | | | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | |

Change of Payroll Frequency

When choosing this option, the interest rate and maturity date will remain the same. However, the PAYMENT FREQUENCY and PAYMENT AMOUNT will change. A new amortization schedule will be sent to the participant and to the Payroll Department with the new payment amount. Please submit after all deductions under the prior payroll frequency have been transmitted. The new deduction start date cannot be more than 30 days after the date received by Service Center.

New Deduction Start Date _____ **New Payroll Frequency** _____
(weekly, bi-weekly, semi-monthly, monthly)

Leave of Absence

To avoid default due to a leave of absence other than for military leave, the leave of absence cannot be longer than one year, cannot extend beyond the maximum loan term, and the participant must be on leave without pay or receive a rate of pay (after income and employment tax withholding) that is less than the amount of the installment payments required under the terms of the loan. Interest continues to accrue during your leave of absence. Your Plan may impose more stringent provisions regarding Plan loans due to a leave of absence.

Complete this portion when the participant begins a leave of absence:

Leave of Absence Start Date _____ Last Loan Payment Date* _____

Important: This form must also be completed and submitted upon your return.

*Any unpaid loan assessments with a due date prior to the Leave of Absence Start Date may cause the loan to default if not paid timely.

Complete this portion when the participant returns from a leave of absence:

Leave of Absence Stop Date _____

Choose one option:

- Leave loan repayment amount as is. The participant will pay the missed loan payments in one sum prior to the maturity date.
- Reamortize the missed loan payments over the remaining term of the loan.

Note: If applicable, a new amortization schedule will be sent to the participant and payroll department with the new payment amount.

Loan Payment Change Request

| | | | |
|-----------|------------|-------|------------------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | MI | Social Security Number |

Military Leave of Absence

To avoid default due to a military leave of absence, loan repayments must resume upon completion of military service. The frequency and amount of each payment cannot be less than the amounts under the terms of the original loan, and the loan must be repaid in full by the end of the period which equals the original loan term plus the period of military service. Interest continues to accrue during your leave of absence. If the interest rate on your loan is greater than 6%, it will be reduced to 6% during your military leave of absence.

Complete this portion when the participant begins a military leave of absence:

Military Leave of Absence Start Date _____ Deduction Stop Date _____

Complete this portion when the participant returns from a military leave of absence:

Military Leave of Absence Stop Date _____

Choose one option:

- Leave loan repayment amount as is. The participant will pay the missed loan payments in one sum prior to the maturity date.
- Reamortize the missed loan payments over the remaining term of the loan.
- Reamortize the missed loan payments by extending the maturity date by the length of the military leave of absence.

Note: If applicable, a new amortization schedule will be sent to the participant and payroll department with the new payment amount.

Your Consent and Signature

My signature acknowledges that I have read, understand and agree to the option(s) I elected above.

Participant Signature _____
Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Your Employer's Authorization

This request is in compliance with Plan provisions.

Authorized 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

Participant forward to:
Plan Administrator

Plan Administrator forward to:
American Funds Service Center
PO Box 173764
Denver, CO 80217-3764
Phone #: 1-800-204-3731
Fax #: 1-866-745-5766
Web site: myretirement.americanfunds.com