

Qualified Individuals* can use this form to request a coronavirus-related suspension of loan repayments.

1 Plan and participant information

Please type or print clearly.

Plan name _____ Plan ID number _____

First name of participant (print) _____ MI _____ Last _____

SSN (provide the last four digits) - -

Address of participant _____ City _____ State _____ ZIP _____

() _____

Daytime phone _____

Indicate the loans to be suspended:

All loans

OR

Loan ID number(s) _____

2 Loan repayment suspension details

- Loan repayments that have not been made and are due during the period beginning March 27, 2020, and ending December 31, 2020, will be suspended.
- Repayments must resume upon the end of the suspension period.
- The duration of the loan will be appropriately adjusted, but such due date shall not be delayed beyond one year.
- Subsequent repayments will be appropriately adjusted to reflect the delay and any interest accrued during such delay.
- This loan suspension will not override any other plan provisions that may require the loan to become immediately due and payable (e.g. termination of employment).

3 Participant signature

I hereby certify that **1**) I have read, understand and agree to all pages of this *Coronavirus-Related Loan Repayment Suspension Request*; **2**) all information that I have provided is true and correct; and **3**) I am a Qualified Individual* and I therefore satisfy the conditions required in the Coronavirus Aid, Relief and Economic Security (CARES) Act to delay my loan repayments.

* A Qualified Individual is an individual: **1**) who is diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; **2**) whose spouse or dependent (as defined in Code section 152) is diagnosed with such virus or disease; or **3**) who experiences adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury.

Name of participant (print) _____ Signature of participant **X** _____ Date / / (mm/dd/yyyy) _____

Return this completed form to your employer for authorization. DO NOT return this form directly to American Funds, as this will delay the processing of your request.

