



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 retirement plan account with American Funds. Follow these steps to consolidate your retirement savings:

1. Talk to your current plan administrator to determine when and/or under what circumstances you are eligible to make a direct rollover into the retirement plan.
2. Contact the financial institution where your money is currently held and request information about the paperwork and procedures required to initiate a direct rollover into your American Funds retirement plan.
3. If the direct rollover includes after-tax and/or Roth contributions, please have your previous provider include information about your contributions and earnings to avoid future delays in processing a distribution.
4. Complete the enclosed Incoming Direct Rollover Election form and provide supporting documentation. If rolling over from an IRA, please provide a copy of the most recent account statement. If rolling over from a previous employer's plan, please provide a copy of the most recent account statement showing the Internal Revenue Code plan type and plan name.
5. Forward the completed Incoming Direct Rollover Election form to your current plan administrator. The plan administrator will need to sign the form and send it to American Funds as indicated in the form's Payment Instructions section. Make sure you obtain a copy of the signed form.
6. Return the completed paperwork (as required in step 2 above) to the sending financial institution where your money is currently held. If the sending institution requires a letter of acceptance from American Funds in addition to their own paperwork, provide a copy of the signed and completed Incoming Direct Rollover Election form and refer them to the form's Custodial Acceptance section.
7. Once American Funds receives both the signed and completed Incoming Direct Rollover Election form and the rollover check/wire, the funds will be invested in your retirement plan account in accordance with your elections on the Incoming Direct Rollover Election form.

Incoming Direct Rollover Election

Alliance of Professionals & Consultants, Inc. 401(k) Retirement Plan

341588-01

Participant Information

<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td colspan="3" style="font-size: small;">(The name provided MUST match the name on file with Service Center.)</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Address - Number & Street</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">()</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Daytime Phone</td> </tr> </table>	Last Name	First Name	MI	(The name provided MUST match the name on file with Service Center.)			Address - Number & Street			City	State	Zip Code	()			Daytime Phone			<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black;">Social Security Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">E-Mail Address</td> </tr> <tr> <td> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Mo</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> <td style="width: 10%;"><input type="checkbox"/> Female</td> <td style="width: 10%;"><input type="checkbox"/> Male</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Date of Birth</td> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> Unmarried</td> </tr> </table> </td> </tr> </table>	Social Security Number	E-Mail Address	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Mo</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> <td style="width: 10%;"><input type="checkbox"/> Female</td> <td style="width: 10%;"><input type="checkbox"/> Male</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Date of Birth</td> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> Unmarried</td> </tr> </table>	Mo	Day	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth			<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried
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Direct Rollover Information

Amount of Direct Rollover: \$_____ (Enter approximate amount if exact amount is not known.)

I am choosing a:

- Direct rollover from a qualified 401(a) plan (Profit Sharing, ESOP, Money Purchase or Defined Benefit)
- Direct rollover from a qualified 401(k) plan
 - Non-Roth: \$_____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth: \$_____ (employee contributions and earnings)
- Direct rollover from a 403(b) plan
 - Non-Roth: \$_____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth: \$_____ (employee contributions and earnings)
- Direct rollover from a governmental 457(b) plan
- Direct rollover from a Traditional IRA (Non-deductible contributions/basis may not be rolled over.)

Please provide supporting documentation. If rolling over from an IRA, please provide a copy of the most recent account statement. If rolling over from a previous employer's plan, please provide a copy of the most recent account statement showing the Internal Revenue Code plan type and plan name.

Previous Provider Information:

Company Name (previous recordkeeper)	Account Number	Prior Employer's Plan Name
Mailing Address		
City/State/Zip Code	()	Phone Number

Previous Provider Contribution and Earnings Information:

Employer/employee before-tax contributions and earnings: \$_____

After-tax contributions, if any: \$_____

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: _____

Roth contributions (no earnings): \$_____ Roth earnings: \$_____

If contributions and earnings information is solely provided by the sending institution or it differs from what is provided above, Service Center will use the sending institution's information.

If contributions and earnings information cannot be clearly determined by the information received, the rollover contribution may be returned to the sending institution.

Incoming Direct Rollover Election

Last Name	First Name	MI	Social Security Number
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Investment Option Information - Please refer to your communication materials for investment option designations.

I understand that funds may impose redemption fees and/or transfer restrictions on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar-cost averaging, call or access our Web site.

INVESTMENT OPTION

NAME	TICKER	CODE	%
American Funds Growth Fund of Amer R6.....	RGAGX.....	RGAGX	_____
American Funds New World R6.....	RNWGX.....	RNWGX	_____
Columbia Small Cap Value I Instl 2.....	CUURX.....	CUURX	_____
Fidelity 500 Index.....	FXAIX.....	FXAIX	_____
American Funds Capital World G/I R6.....	RWIGX.....	RWIGX	_____
American Funds Invmt Co of America R6.....	RICGX.....	RICGX	_____
Franklin Rising Dividends R6.....	FRISX.....	FRISX	_____
Invesco Comstock R6.....	ICSFX.....	ICSFX	_____
American Funds Capital Inc Bldr R6.....	RIRGX.....	RIRGX	_____
American Funds American Balanced R6.....	RLBGX.....	RLBGX	_____
Lord Abbett High Yield R6.....	LHYVX.....	LHYVX	_____
Lord Abbett Total Return R6.....	LTRHX.....	LTRHX	_____
American Funds US Govt Money Market R6.....	RAFXX.....	RAFXX	_____
American Funds 2010 Target Date Fund R6.....	RFTTX.....	RFTTX	_____
American Funds 2015 Target Date Fund R6.....	RFJTX.....	RFJTX	_____
American Funds 2020 Target Date Fund R6.....	RRCTX.....	RRCTX	_____
American Funds 2025 Target Date Fund R6.....	RFDTX.....	RFDTX	_____
American Funds 2030 Target Date Fund R6.....	RFETX.....	RFETX	_____
American Funds 2035 Target Date Fund R6.....	RFFTX.....	RFFTX	_____
American Funds 2040 Target Date Fund R6.....	RFGTX.....	RFGTX	_____
American Funds 2045 Target Date Fund R6.....	RFHTX.....	RFHTX	_____
American Funds 2050 Target Date Fund R6.....	RFITX.....	RFITX	_____
American Funds 2055 Target Date Fund R6.....	RFKTX.....	RFKTX	_____
American Funds 2060 Target Date Fund R6.....	RFUTX.....	RFUTX	_____
American Funds 2065 Target Date Fund R6.....	RFVTX.....	RFVTX	_____

MUST INDICATE WHOLE PERCENTAGES = 100%

Participant Acknowledgements

General Information - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling are in fact eligible for such treatment.

I authorize these funds to be rolled over into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Center to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If my assets are received more than 180 calendar days after Service Center receives this Incoming Direct Rollover Election form (this "form"), I authorize Service Center to allocate all monies received the same as my ongoing allocation election on file with Service Center. I understand I must call the toll-free number or access the Web site in order to make changes or transfer monies from the default investment option.

Incoming Direct Rollover Election

Last Name	First Name	MI	Social Security Number
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The assets will be processed on the day this form is received. I understand that this completed form must be received by Service Center at the address below.

I understand that the current plan may require that I furnish additional information before processing the transaction requested on this form, and Service Center is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current plan with any information that they may require, and/or to notify Service Center of any information that the current plan may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, have been made available to me and I understand the risks of investing.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Center of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Direct Rollover Information - I affirm that the funds I elect to directly roll over to the Plan are eligible to be rolled over.

Payment Instructions

Make check payable to:
Capital Bank & Trust

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:

Account of: Capital Bank and Trust
Bank: US BANK
Account no: 103656586395
Routing transit no: 102000021
Attention: Financial Control
Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):
Capital Bank & Trust
PO Box 560985
Denver, CO 80256-0985

Overnight mail address for the check and form (if mailed together):
US BANK
10035 East 40th Avenue Suite 100
Dept 0985
Denver, CO 80238
Contact: American Funds Service Center
Phone: 1-800-204-3731

If sending the "form" only, please fax to 1-866-745-5766 or follow mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form. We will not accept hand delivered forms at Express Mail addresses.

Incoming Direct Rollover Election

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

Your Consent and Signature

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover Election form. I affirm that all information provided is true and correct. I understand that my rollover contribution is subject to approval by the Plan Administrator and that documentation certifying the eligibility of the funds for rollover may be requested by my Plan Administrator.

_____	_____
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.

Employer Authorization

I affirm that any amounts directly rolled over by reason of this form are eligible for rollover.

_____	_____
Authorized Plan Administrator Signature For Current Employer's Plan	Date

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 or fax as shown above
in the Payment Instructions section

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

Custodial Acceptance - To the sending custodian/trustee:

To Whom it May Concern:

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.



Cindi Grossinger

Cindi Grossinger, Authorized Signer
Capital Bank and Trust Company

Signature (Accepting Signer)

If you have questions about this form, call American Funds Service Center at 1-800-204-3731.