

Employer — complete this section and retain this form for your records

Employer authorization

Lansing Christian School
Name of employer, organization or company

Lansing Christian School 401K Plan IRK151408
Name of plan Plan ID number

The employee named in Section 1 below is eligible to participate in the plan as of 09/01/2019
(mm/dd/yyyy)

Mary K. Dunsmore Director of Business & Finance
Name of person authorized to sign for the employer (print) Title Signing - NonTrustee

Mary K. Dunsmore 08, 31, 2019
Authorized signature Date (mm/dd/yyyy)

Employee — complete sections 1-4, then return this form to your employer

1 Employee information

Please type or print clearly.

Select one of the following: New plan enrollment Changes to existing account

Full name (include middle initial) _____ SSN □□□-□□-□□□□

Residence address (physical address required — no P.O. boxes) _____ City _____ State _____ ZIP _____

Mailing address (if different from residence address) _____ City _____ State _____ ZIP _____

Email address _____ Daytime phone () _____

□□-□□-□□□□ □□-□□-□□□□ _____
Date of birth (mm/dd/yyyy) Date of hire (mm/dd/yyyy) Country of citizenship

Marital status: Married Single

2 Employee contributions

Before completing this section, check with your plan to determine the available contribution options.

I authorize my employer to withhold from my wages each pay period:

Before-tax contributions of _____% OR \$ _____

Catch-up contributions of _____% OR \$ _____

I DO NOT wish to make contributions to the plan at this time.



3 Investment Selection

Before completing this section, check with your plan to determine the available investment options.

Invest my contributions as follows (Only **whole** percentages will be accepted; must total 100%.):

Investment name	Percentage
1. American Funds EuroPacific Growth	_____ %
2. American Funds Growth Fund of America	_____ %
3. American Funds Growth Portfolio	_____ %
4. American Funds New Economy Fund	_____ %
5. American Funds New Perspective Fund	_____ %
6. American Funds New World Fund	_____ %
7. American Funds SMALLCAP World Fund	_____ %
8. American Funds American Mutual Fund	_____ %
9. American Funds Cap World Growth & Income	_____ %
10. American Funds Fundamental Investors	_____ %
11. American Funds Investment Co of America	_____ %
12. American Funds Washington Mut Inv Fund	_____ %
13. American Funds Conservative Growth and Income Portfolio	_____ %
14. American Funds Income Fund of America	_____ %
15. American Funds American Balanced	_____ %
16. American Funds Moderate Growth and Income Portfolio	_____ %
17. American Funds Bond Fund of America	_____ %
18. American Funds Corporate Bond Fund	_____ %

Continued on next page

3 Investment selection
(continued)

Investment name	Percentage
19. American Funds Intern Bd Fd of America	_____ %
20. American Funds Target Date 2060	_____ %
21. American Funds Target Date 2055	_____ %
22. American Funds Target Date 2050	_____ %
23. American Funds Target Date 2045	_____ %
24. American Funds Target Date 2040	_____ %
25. American Funds Target Date 2035	_____ %
26. American Funds Target Date 2030	_____ %
27. American Funds Target Date 2025	_____ %
28. American Funds Target Date 2020	_____ %
29. American Funds Target Date 2015	_____ %
30. American Funds Target Date 2010	_____ %
Total	===== %

Any contributions to participant accounts (payroll deferrals and rollovers) made before your employer updates your investment selections will be invested in the plan's default investment. Assets will remain in the default investment until you use the participant website to exchange assets into the investments of your choice.

4 Employee signature

By signing below, I acknowledge that I have authorized my employer to allocate my investments as specified in Section 3. I acknowledge that I have completed a beneficiary designation form.

X _____ Date / /
Signature of employee (mm/dd/yyyy)

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Beneficiary Designation

Please read the instructions and information below carefully before completing this form.

The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax advisor before completing this form. You should periodically review and update your beneficiary designations as appropriate.

If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form.

1 Information about you

Please type or print clearly.

Name of participant _____	Name of employer _____	
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Marital status:
SSN of participant	Date of birth of participant (mm/dd/yyyy)	<input type="checkbox"/> Married <input type="checkbox"/> Single

2 Beneficiary designation

Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100% in whole percentages. If you wish to customize your designation or need more space, attach a separate page.

Primary Beneficiary(ies):

I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds to my estate.

1. _____	Relationship _____	_____ %
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
SSN	Date of birth (mm/dd/yyyy)	
2. _____	Relationship _____	_____ %
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
SSN	Date of birth (mm/dd/yyyy)	Total <u>100</u> %

Contingent Beneficiary: (Complete only if you are naming a Primary Beneficiary above.)

1. _____	Relationship _____	_____ %
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
SSN	Date of birth (mm/dd/yyyy)	
2. _____	Relationship _____	_____ %
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
SSN	Date of birth (mm/dd/yyyy)	Total <u>100</u> %

Signature:

X _____	____/____/____
Signature of participant	Date (mm/dd/yyyy)