

SIMPLE IRA

Salary Deferral Agreement

For employer/employee use only

Important information

- If you are opening a new account, you must attach a completed *SIMPLE IRA Application* to this form. Your employer will forward the completed application to American Funds Service Company® on your behalf.
- Return this completed form to your employer. **Do not send this form to American Funds Service Company or Capital Bank and Trust Company.SM**

General information

Please type or print clearly.

Name of Employee

J&L Beach Enterprises, Inc. dba Aaron's Sales and Lease
Name of Employer

Payroll election

See the chart at the bottom of this page for deferral and catch-up limits. Select one of the following four options.

A. **New election for NEW accounts** — I am opening a new account (the application is attached) and elect to participate in the SIMPLE IRA Plan. (Specify your election and effective date below.)

Pre-tax deferrals of _____ % **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

B. **Change deferrals** — I am currently participating in a SIMPLE IRA Plan and wish to change my election. (Specify your election and effective date below.)

Pre-tax deferrals of _____ % **OR** \$ _____ Effective date _____
(mm/dd/yyyy)

C. **Suspend deferrals** — I wish to stop participating in the SIMPLE IRA Plan as of the effective date specified below.

Effective date _____
(mm/dd/yyyy)

D. **I do not wish to participate in the SIMPLE IRA Plan at this time.**

Signature

I authorize my employer to withhold the amount/percentage specified above from each paycheck as of the effective date provided, which will reduce my compensation under this agreement (my elective deferral contributions). I may revoke or update this agreement at any time as permitted by my employer. My elective deferral contributions are not subject to federal (or state, if applicable) income tax until distributed from the Plan. If I revoke this agreement, I acknowledge that, contingent upon the terms of the SIMPLE IRA Plan, I may be prohibited from submitting another *Salary Deferral Agreement* until the enrollment period immediately preceding the next plan year. The revocation or update will be effective as soon as administratively possible by my employer after they have received the notice. I also understand that my elective deferral contributions are subject to gain or loss in accordance with my selected investments.

X _____
Signature of employee

Date (mm/dd/yyyy)

| <u>Year</u> | <u>Deferral Limit</u> | <u>Catch-up Limit*</u> |
|-------------|-----------------------|------------------------|
| 2015 | \$12,500 | \$3,000 |
| 2016 | \$12,500 | \$3,000 |

*You must be at least 50 years old to make a catch-up contribution.