



CAPITAL GROUP® | AMERICAN FUNDS®

One-time Election 7/2/2026 Bonus Pay

Paycheck Contribution Election
401(k) Plan

Integrated Design Solutions, LLC Retirement Savings Plan

341424-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at capitalgroup.com/participant/planpremier or contact Service Center at 1-800-204-3731.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

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Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

(The name provided MUST match the name on file with Service Center.)

B Payroll Election(s)

Paycheck Contribution Election (Payroll Deductions)

Voluntary Contributions

Select One: ☐ Start ☐ Restart ☐ Change ☐ Stop

I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

☐ Before Tax Contributions \$ _____ or _____ % (do not complete both) (\$1.00 - \$24,500.00 or 1% - 100%; Not to exceed \$24,500.00 OR \$35,750.00 if electing Age Catch-Up)

☐ Roth Contributions \$ _____ or _____ % (do not complete both) (\$1.00 - \$24,500.00 or 1% - 100%; Not to exceed \$24,500.00 OR \$35,750.00 if electing Age Catch-Up)

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

My contributions must be specified consistently (as a dollar amount or as a percent). The combination of before-tax and Roth Age 50 Catch-Up amount cannot exceed \$8,000.00 of my eligible compensation in the 2026 tax year (when added to the basic contribution amount, the aggregate maximum available is \$32,500.00 in 2026). I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. The combination of before-tax and Roth Age 60-63 Catch-Up amount cannot exceed \$11,250.00 of my eligible compensation in the 2026 tax year (when added to the basic contribution amount and the Age 50 Catch-Up amount, the aggregate maximum available is \$35,750.00 in 2026). I must be age 60 through age 63 during this calendar year, and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. During the calendar year in which you turn age 64, you can start contributing the Age 50 Catch-Up amounts. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions. If your FICA compensation (in Box 3 of your Form W-2) as of December 31, 2025 exceeded \$150,000.00, then all of your Age Catch-up contributions must go into Roth. If you do not wish to make age-based catch-up contributions in Roth, **YOU MUST** change your contribution election to zero when you reach the basic contribution amount of \$24,500.00 in 2026. Otherwise, contributions will be made as Roth and will be irreversible. If you change your contribution election to zero as directed above, you will need to make a new contribution election for the next plan year.

C Participant Consent (Please sign on the 'Participant Signature' line below.)

My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- If I am increasing or decreasing my payroll deductions, all existing future deferrals will be cancelled.
- If I am stopping payroll deductions, all existing deferrals will be cancelled.
- I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant 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.

_____	_____	_____	_____	341424-01
Last Name	First Name	M.I.	Social Security Number	Number

D	Mailing Instructions
	Participant forward this form to Employer Employer update Payroll System