



Free Church Ministers' & Missionaries' Retirement Plan  
 901 East 78<sup>th</sup> Street | Minneapolis, MN 55420  
 (800) 995-5357 | Fax (952) 853-8474

**04 - PARTICIPANT INVESTMENT SELECTION: AMERICAN FUNDS**

Complete this form to invest funds into the Self-Selected Mutual Fund – American Funds (Option F).

**STEP 1: Personal Information**

(Please print)

Employee Name: \_\_\_\_\_ Employee Social Security Number: \_\_\_\_\_  
 Employee Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Please enter an email to use for correspondence regarding your account information: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_  
 Spouse SSN: \_\_\_\_\_

**STEP 2: Contribution Designation**

Your contributions to this Self Selected Mutual Fund (Option F) as declared on your Participant Enrollment Form and/or your Salary Deferral Agreement will be combined and invested per your instructions below. Information about specific mutual funds is available at [www.americanfunds.com](http://www.americanfunds.com).

**STEP 3: Investment Selection**

First Election     Election Change

I understand that the FCMM Retirement Plan permits me to invest employer contributions and salary deferral contributions in various American Funds each with a different investment strategy. The risks and rewards associated with each available American Fund have been explained to me, and I understand that FCMM selects the various Funds available for this option. I understand that I may invest contributions as I choose or I may select one of the model portfolios listed below. I acknowledge that I am solely responsible for the investment of all contributions made to this option among the Funds available to me. FCMM has not offered or given me investment advice regarding my selection nor will FCMM be responsible for any gain or loss that may result from my investment selection. Accordingly, I hereby elect all future contributions made on my behalf to Option F be invested as follows (*in whole % and totaling 100%*):

**Choose either (A) or (B)**

Option (A)				
FUND NAME	TICKER	I/C	ALLOCATION	
American Funds US Government MMkt R6	RAFX	1A	%	
American Funds Corporate Bond R6	RCBFX	4X	%	
American Funds Interm Bd of Amer R6	RBOGX	5S	%	
American Funds ST Bd of Amer R6	RMMGX	5T	%	
American Funds Bond Fund of Amer R6	RBFGX	1X	%	
American Funds Mortgage R6	RMAGX	5A	%	
American Funds Strategic Bond R-6	RANGX	5P	%	
American Funds US Government Sec R6	RGVFX	1Y	%	
American Funds Inflation Linked Bd R6	RILFX	4Z	%	
American Funds American High-Inc R6	RITGX	1Z	%	
American Funds Capital World Bond R6	RCWGX	2A	%	
American Funds Emerging Markets Bd R6	REGGX	4Y	%	
American Funds American Balanced R6	RLBGX	2T	%	
American Funds Income Fund of Amer R6	RIDGX	2B	%	
American Funds Capital Income Bldr R6	RIRGX	3B	%	
American Funds Global Balanced R6	RGBGX	4W	%	
American Funds American Mutual R6	RMFGX	2U	%	
American Funds Washington Mutual R6	RWMGX	2V	%	
American Funds Fundamental Invs R6	RFBGX	2W	%	
American Funds Invmt Co of Amer R6	RICGX	2X	%	
American Funds AMCAP R6	RAFGX	2Z	%	
American Funds Growth Fund of Amer R6	RGAGX	2Y	%	
American Funds New Economy R6	RNGGX	3A	%	
American Funds Capital World Gr&Inc R6	RWIGX	3U	%	
American Funds New Perspective R6	RNPGX	3P	%	
American Funds SMALLCAP World R6	RLLGX	3T	%	
American Funds Intl Gr and Inc R6	RIGGX	4V	%	
American Funds Europacific Growth R6	RERGX	3V	%	
American Funds Dvlpg Wld Gr&Inc R6	RDWGX	4U	%	
American Funds New World R6	RNWX	3W	%	
Use whole percents only. Percentages must total 100%.				100%

Option (A) cont...				
FUND NAME	TICKER	I/C	ALLOCATION	
American Funds Preservation Port R6	RPPGX	1W	%	
American Funds Cnsvr Gr & Inc R-6	RINGX	1V	%	
American Funds Growth and Inc Port R6	RGNGX	1U	%	
American Funds Moderate Gr & Inc R-6	RBAGX	5Z	%	
American Funds Growth Portfolio R6	RGWGX	1T	%	
American Funds Global Growth Port R6	RGGGX	1B	%	
American Funds Retire Inc Port-Cnsvr R6	RTRPX	5Y	%	

Option (B)				
FUND NAME	TICKER	I/C	Select ONE	
American Funds 2015 Trgt Date Retire R6	RFJTX	3X	<input type="checkbox"/>	
American Funds 2020 Trgt Date Retire R6	RRCTX	3Y	<input type="checkbox"/>	
American Funds 2025 Trgt Date Retire R6	RFDTX	3Z	<input type="checkbox"/>	
American Funds 2030 Trgt Date Retire R6	RFETX	4A	<input type="checkbox"/>	
American Funds 2035 Trgt Date Retire R6	RFFT X	4B	<input type="checkbox"/>	
American Funds 2040 Trgt Date Retire R6	RFGT X	4N	<input type="checkbox"/>	
American Funds 2045 Trgt Date Retire R6	RFHT X	4S	<input type="checkbox"/>	
American Funds 2050 Trgt Date Retire R6	RFIT X	4T	<input type="checkbox"/>	
American Funds 2055 Trgt Date Retire R6	RFKT X	5U	<input type="checkbox"/>	
American Funds 2060 Trgt Date Retire R6	RFUT X	5V	<input type="checkbox"/>	

**STEP 4: Signature**

This Investment Selection authorizes FCMM to invest on my behalf future employer and salary deferral contributions in the various American Funds according to the above investment selections. I understand I have a duty to review my pay records to confirm that my employer has properly implemented my Salary Deferral Agreement and that I will inform my employer and FCMM if I discover any discrepancies. I further understand that if I choose one of the pre-determined model portfolios that my contributions will continue to be allocated to those specific American Funds until I either formally change my allocation for future contributions or until such time that such Funds are no longer made available within this option. I also understand that this election applies only to future contributions and that my account balance will not at any time automatically rebalance to my selected allocation. I understand this election shall remain in effect until I revoke it, change my contribution percentage, or change my investment selection in accordance with the policy established by FCMM. I verify that I have received or have been made available a prospectus for each investment choice within this Option F and that I accept the provisions thereof.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_      Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\*For questions regarding this form, please contact the FCMM office at (800) 995-5357 or [fcmm@fcmmbenefits.org](mailto:fcmm@fcmmbenefits.org).