

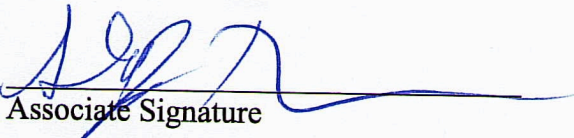
PAYROLL DEDUCTION AUTHORIZATION

I, Samuel J Thomas (associate name), acknowledge that during my leave of absence, to the extent it is or becomes an unpaid leave of absence, The Capital Group Companies, Inc. and its participating affiliates may pay my benefit contributions on my behalf until I return to work or may advance my salary pending review of my application for short term disability benefits. I hereby authorize these payments and acknowledge that these payments are being made for my benefit and constitute an advance on my earnings.

Upon my return to work, I hereby authorize The Capital Group Companies, Inc. and its participating affiliates to deduct the amount of any advance of my salary made on my behalf while I was on a leave of absence.

I acknowledge that I am signing this authorization freely and voluntarily agree to its provisions.

I acknowledge that if I elect not to complete this form, I will need to make separate arrangements to make payments to Capital for my benefits contributions until I return to work. In addition, I acknowledge Capital may be unable to advance my short term disability payments and I may remain unpaid until my short term disability application is approved or this completed form is returned.


Associate Signature

5/20/2020
Date

Please return the completed form to Capital Group at:

Attn: Payroll
The Capital Group Companies
400 S. Hope Street 22nd Floor
Los Angeles, CA 90071
Fax: (213) 486-2391
E-mail: Payroll_STD_Report