

Use this form only for disbursements involving hardship, Required Minimum Distributions (RMDs), permissible withdrawals, in-service distributions, death and divorce.

- For separation from service events, such as termination of employment or retirement, use the *Ready to Make a Move* forms booklet.
- For the return of excess or for mistake of fact, use the *Return of Excess/Mistake of Fact* form.
- For loans, use the *Loan Request* form.

1 Plan and participant information

Please type or print clearly.

Plan name _____

First name of participant _____ MI _____ Last _____ Plan ID number _____

Address of participant _____ City _____ State _____ ZIP _____

XXXX-XX-XXXX

SSN (provide the last four digits)

Citizenship: U.S. citizen U.S. resident alien Nonresident alien (Submit an IRS Form W-8BEN.)

2 Disbursement requests NOT eligible for rollover

If a participant has **after-tax contributions** in the plan and takes partial distributions, we will follow the regulations under Internal Revenue Code Section 72 to determine the taxable portion of the distribution.

Select one of the following three options:

A. **Hardship**

Total gross (pre-withholding) amount requested \$ _____

OR

All — Based on the closing prices as of the day the request is processed.

Amount of pre-1989 earnings available for hardship withdrawal \$ _____

Will participant incur a suspension? Yes No

Hardships will come only from elective deferrals unless instructions are provided here (In no event can hardship withdrawals come from QNECs, QMACs or safe harbor contributions.):

- **Proceed to Section 5.**

Continued on next page

First name of participant MI Last Plan ID number

2 Disbursement requests NOT eligible for rollover

(continued)

B. Required Minimum Distribution (RMD) (Check one.)

1. Total gross (pre-withholding) RMD amount requested in a single payment \$ _____

Provide the total of any plan assets held outside our recordkeeping system that were used to calculate this RMD amount.

\$ _____

Note: Complete Section 3 to request any distribution amount in excess of the required minimum amount.

2. Calculate RMD based on IRS Joint Life and Last Survivor Expectancy Table (if spousal beneficiary is more than 10 years younger).

Provide 12/31 prior year account value including any non-American Funds assets and incoming rollovers (required):

\$ _____

Name of spousal beneficiary - -
SSN Date of birth (mm/dd/yyyy)

3. Calculate RMD based on IRS Uniform Lifetime Table. Provide 12/31 prior year account value including any non-American Funds assets and incoming rollovers (required) \$ _____

NOTE: If you would like to establish installment payments for RMDs, provide the information below.

Installments (Payments will continue until there is no money left in the account.)

Indicate frequency of payment: Monthly Quarterly Semiannually Annually

If other than monthly, indicate month(s) in which disbursement should be made:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

• **Proceed to Section 5.**

C. Permissible withdrawal — For use by automatic enrollment plans only. (Check all that apply.)

Return elective deferral: All **OR** \$ _____ (without earnings)

Return Roth elective deferral: All **OR** \$ _____ (without earnings)

Forfeit employer contribution: All **OR** \$ _____ (without earnings)

Specify type of employer contribution _____

First payroll date _____ Last payroll date _____
(mm/dd/yyyy) (mm/dd/yyyy)

Calculate earnings **OR** Total earnings \$ _____

Note: The employer must be notified by the participant within 90 days of the date the first amounts were withheld from payroll in order to be eligible for a permissible withdrawal. Employer contributions applicable to the elective deferral must be forfeited. If "All" is selected above, the amount requested will automatically be adjusted for earnings/losses.

• **Proceed to Section 5.**

First name of participant _____ MI _____ Last _____ Plan ID number _____

3 Disbursement requests eligible for rollover

Select either A or B.

A. **In-service distribution** (Select one of the two options below, then provide the total amount requested.)

- Retirement-eligible in-service distribution — Participant has met the normal retirement age and is eligible to take a distribution. Participant remains active in the plan.
- Other in-service distribution

In-service distributions prior to age 59½ will come from company contributions unless instructions are provided here (Elective deferrals, QNEC, QMAC and safe harbor contributions cannot be distributed to participants who have not yet attained age 59½):

Total amount requested \$ _____

• Proceed to Section 4.

B. **Death/Qualified Domestic Relations Order (QDRO)** (Select one of the two options below.)

- Death — The plan sponsor has the responsibility of verifying that the beneficiary information is accurate. Unless we are otherwise instructed, any outstanding loan balances will be offset at the time of a death distribution.
- QDRO — The plan sponsor has the responsibility of determining whether the domestic relations order is qualified as well as the amount to be distributed to the alternate payee. American Funds does not require a copy of the domestic relations order.

Total amount requested: All **OR** \$ _____

If the decedent is over age 70½ and the beneficiary is rolling over the assets, does an RMD need to be completed prior to the rollover being processed?

No Yes If yes, complete Section 2-B.

Is the beneficiary or alternate payee a spouse or former spouse? Yes No

Is the beneficiary or alternate payee a U.S. citizen or resident alien? Yes No If no, submit an IRS Form W-8BEN.

If a payment is to a beneficiary **OR** an alternate payee, provide the name and address below. (If there are multiple beneficiaries, provide the following information for each beneficiary in a letter of instruction.)

Name of beneficiary/alternate payee

Address City State ZIP

- -
SSN

- -
Date of birth (mm/dd/yyyy)

• Proceed to Section 4.

First name of participant _____

MI _____

Last _____

Plan ID number _____

4 Payment instructions for rollover-eligible disbursements — Complete this section ONLY if Section 3 has been completed.

Select A, B or C.

A. Pay the requested amount in a single lump-sum cash distribution.

B. Roll over the requested amount to the IRA or the employer's plan. (Select one of the two options below.)

1. Direct rollover to an American Funds IRA.

If rolling to a **new** American Funds account, attach an IRA application to this form.

If rolling to an **existing** American Funds IRA, provide the account number _____ and the investment instructions below.

Investment instructions

Roll over my retirement account to the same American Funds and percentages as my current retirement plan account is invested.

Note: This option is NOT available if you currently hold any non-American Funds investments.

OR

Roll over my retirement account to the following funds (If additional space is needed, attach a separate page.):

Full fund name or number	Amount	Percentage
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
Total rollover \$ _____		OR _____%

NOTE: At the time of the rollover, your retirement plan assets will automatically be converted to Class A shares at Net Asset Value (NAV) (no sales charge).

2. Direct rollover to another:

Traditional IRA OR Roth IRA OR Retirement plan

Provide payee information:

_____ Name of financial institution/Trustee

_____ Account number

C. Split the requested amount as follows:

Gross (pre-withholding) cash distribution \$ _____ AND Direct rollover \$ _____

• Proceed to Section 5 to provide delivery instructions for the rollover assets.

_____ MI _____ Last _____ Plan ID number _____

5 Delivery instructions

Complete either A or B, and C if applicable.

A. Mail the **cash distribution** directly to (checks will be sent to the address of record):

Participant **OR** Plan sponsor **OR** Third-party administrator

B. Mail the **rollover check** directly to:

Participant **OR** Plan sponsor **OR** Third-party administrator **OR** Other financial institution

Payee/Trustee/Custodian _____

Address _____ City _____ State _____ ZIP _____

C. Expedite delivery by using the delivery service and account listed (optional):

Delivery service _____ Name on account _____ Account number _____

• **Proceed to Section 6.**

6 Federal income tax withholding

A. **Eligible rollover distributions** — If participants or beneficiaries do not request a direct rollover, the taxable portion of the distribution is subject to 20% mandatory federal income tax withholding. To withhold more than 20%, proceed to option 2 below.

Participant is requesting a direct rollover; therefore, withholding does not apply. **Proceed to Section 9.**

B. **Other distributions**

This distribution is **not** eligible to be rolled over because it represents a financial hardship distribution, an RMD or a permissible withdrawal distribution (for use by automatic enrollment plans only). **If the distribution is not eligible for rollover, the taxable amount, including earnings applicable to after-tax contributions, will be subject to 10% withholding, unless otherwise indicated in option 1 or 2 below.**

This distribution represents a rollover of pre-tax assets to a Roth IRA. No withholding will be taken, unless an election is indicated in option 2 below.

This distribution represents a total annual aggregate distribution of less than \$200. Federal income tax withholding will apply, unless otherwise indicated in option 1 below.

1. **DO NOT withhold** federal income tax. The participant's U.S. residence address is required to honor this request (**no P.O. boxes**).

Residence address _____ City _____ State _____ ZIP _____

2. **Withhold** federal income tax at the rate of _____% **OR** \$ _____

First name of participant MI Last Plan ID number

7 State income tax withholding

If your state requires withholding or if the amount below is less than the minimum for your state, Capital Bank and Trust CompanySM (CB&T) will withhold at least the minimum state tax regardless of your election below. CB&T does not withhold state taxes for all states.

Do not withhold Withhold \$ _____

Note: To review the impacts of state withholding for your state of residence, visit www.americanfunds.com/retire or speak with your tax consultant. For residents of MI, to opt out of state taxes or to request a reduced withholding rate, a Form MI W-4P is required. For residents of NC, to opt out or to request additional withholding, a form NC-4P is required. These forms must be completed and provided to the plan administrator.

8 Vested percentage

This section must be completed by the third-party administrator. Please confirm this information for our records.

Note: All forfeited amounts will automatically be transferred to the plan's forfeiture account.

Select one of the two options below.

Participant is 100% vested in all contribution types

OR

Variable vesting (see below)

Match _____% Profit-sharing _____% Other _____%
Specify contribution type.

The vested percentage reflected above is correct.

Name of third-party administrator (print) () Ext.
Daytime phone

Name of firm

X _____
Signature of third-party administrator Date (mm/dd/yyyy)

First name of participant _____ MI _____ Last _____ Plan ID number _____

9 Authorization

I/We, as plan trustee(s) or authorized signer(s) of the plan, certify that **1)** this distribution is in accordance with the terms of the plan, **2)** the plan administrator has provided the participant with a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% withholding on distributions that are not directly rolled over and has also complied with any other notice requirements to the participant that are applicable to this distribution, **3)** the vested percentage in Section 8 is provided and **4)** the recordkeeper is entitled to rely on our authorization and is hereby indemnified from all liability arising from following our instructions.

Name of plan trustee or authorized signer (print) _____ Signature of plan trustee or authorized signer _____ Date / / (mm/dd/yyyy)

Name of plan trustee or authorized signer (print) _____ Signature of plan trustee or authorized signer _____ Date / / (mm/dd/yyyy)



1. Select only one distribution type in Section 2 or 3?
2. Collect the required signatures in Sections 8 and 9?
3. Verify the remainder of the form for accuracy?



If you have any questions about this form, call American Funds at **(800) 421-6019** between 8 a.m. and 8 p.m. Eastern time.

You may fax this completed form to **(855) 521-9952**; otherwise, mail it to the address below.

American Funds RecordkeeperDirect
 c/o Retirement Plan Services

Regular mail
 P.O. Box 6040
 Indianapolis, IN 46206-6040

Overnight mail
 12711 N. Meridian St.
 Carmel, IN 46032-9181