

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 (print) _____ MI _____ Last _____ Plan ID number _____

Address of participant _____ City _____ State _____ ZIP _____

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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 amount requested \$ _____

Amount of pre-1988 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 (print) _____ MI _____ Last _____ Plan ID number _____

2 Disbursement requests NOT eligible for rollover

(continued)

B. Required minimum distribution (RMD) (Check one.)

Total RMD amount requested in a single payment \$ _____

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)

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 Semi-annually 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 for elective deferral, the amount requested will automatically be adjusted for earnings/losses. If "All" is selected above for employer contribution, the amount requested will automatically be adjusted for earnings/losses.

• **Proceed to Section 5.**

First name of participant (print) _____ MI _____ Last _____ Plan ID number _____

5 Delivery instructions

A signature guarantee may be required; see Section 9 for more information.

- A. Mail the **cash** distribution directly to (checks will be sent to the address of record):
 Participant **OR** Plan sponsor **OR** Third-party administrator

If applicable, provide the information requested below:

- Alternate address (**A signature guarantee is required; see Section 9.**)

Payee _____

Address _____ City _____ State _____ ZIP _____

- 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 _____

- 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 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 distribution to a nonspouse beneficiary. Nonspouse beneficiary distributions will be subject to mandatory 20% withholding, unless rolled over.

- This distribution represents a total annual aggregate distribution of less than \$200. Federal income tax withholding will apply, unless a “no withholding” election is indicated in option 1 below.**

1. **DO NOT withhold** federal income tax. Your 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 (print) MI Last Plan ID number

9 Authorization and signature guarantee

If a signature guarantee is required, the form must be mailed with original signatures.

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) **X** Signature of plan trustee or authorized signer Date / / (mm/dd/yyyy)

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

If Section 3-B has been completed, **a signature guarantee is required.**

If required, the signature guarantee must be performed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.** The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal.

GUARANTOR:
Stamp signature guarantee here.

GUARANTOR:
Stamp signature guarantee here.

Did you?

1. Select only **one** distribution type in Section 2 or 3? (pages 1–3)
2. Collect the required signatures in Sections 8 and 9? (pages 6–7)
3. Verify the remainder of the form for accuracy?

Mailing address

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.

Mail this completed form to the address below. If no signature guarantee is required, this form may be faxed to **855/521-9952**.

American Funds Recordkeeper Direct
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

The Capital Group Companies

American Funds Capital Research and Management Capital International Capital Guardian Capital Bank and Trust