



Do not complete sections in red if requesting a payment due to separation from service. For use with Recordkeeper Direct plans only. This form is to be completed by the plan trustee(s) or authorized signer(s) acting on the account.

1 Plan information

Please type or print clearly.

Plan name, Plan ID number, Trustee or authorized signer, Phone of trustee or authorized signer

2 Participant information

First name (print), MI, Last

Address, City, State, ZIP

SSN

Date of birth (mm/dd/yyyy)

Citizenship: U.S. citizen, U.S. resident alien, Nonresident alien

3 Vested percentage

To 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.

Match %, Profit-sharing %, Other %, Specify type of contribution.

The vested percentage reflected above is correct.

Name (print), Name of firm, Phone, Ext.

X Signature of third-party administrator, Date

4 Separation from service distribution (Complete this section for any separation from service distribution request, then proceed to Section 6.)

Select one of the following:

- Retirement, Termination, Disability

Retirement/Termination date (mm/dd/yyyy)

Check here if there are outstanding loans.

Will any outstanding loan balances be offset? No, Yes

5 Other distribution events (Do not use this section for separation from service distribution requests.)
Select the appropriate distribution event and provide the necessary information. Only one distribution event per form should be selected.

A. In-service distribution (check one):

Hardship — Total amount requested \$ _____

Amount of pre-1988 earnings available for hardship withdrawal \$ _____

Will distribution come from elective deferrals only? Yes No If no, indicate money types _____

Will participant incur a suspension? Yes No

Voluntary after-tax contribution (not Roth after-tax)

Rollover contribution (from previously rolled over assets only)

Other in-service distribution (Assets will be distributed pro rata from each available money type. Elective deferrals, QNEC, QMAC and safe harbor contributions cannot be distributed to participants who have not yet attained age 59½).

B. Required Minimum Distribution (RMD) (check one):

RMD amount requested \$ _____

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

Spousal beneficiary name _____ Spouse's date of birth _____ / _____ / _____
(mm/dd/yyyy)

Calculate RMD based on IRS Uniform Lifetime Table.

C. Death/Qualified Domestic Relations Order (QDRO) (check one):

Death QDRO

Will any outstanding loan balances be offset (death distributions only)? No Yes (If yes, a separate Form 1099-R will be generated.)

Note: The plan sponsor has the responsibility of determining whether the domestic relations order is qualified and determining the amount to be distributed to the alternate payee. American Funds does not require a copy of the domestic relations order.

A signature guarantee is required in order to process a death or QDRO distribution (see Section 13).

Is the beneficiary or alternate payee a spouse? Yes No

Is the beneficiary or alternate payee a U.S. citizen or resident alien? Yes No (If no, see Section 9.)

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 in a letter of instruction along with the name and address of each beneficiary.)*

 Name of beneficiary/alternate payee

 Address

 City

 State

 ZIP

- -
 SSN

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

D. Loan (maximum is three (3) loans per participant)

Loan amount \$ _____ Interest rate _____ % Number of payments _____

First loan payment due _____ / _____ / _____ Duration _____ Anticipated payment amount \$ _____
(mm/dd/yyyy) (months)

Frequency of payments: Weekly Biweekly Semimonthly Monthly Quarterly

5 Other distribution events (Do not use this section for separation from service distribution requests.)

(continued)

E. **Corrective distribution (refund of excess) NOTE: Earnings will be calculated at the time the excess is removed unless noted below.**

Identify applicable plan year-end _____

Note: If no plan year-end is stated, we will default to the most recent prior plan year-end.

Select appropriate item(s) below:

1. **Annual additions [415]** Amount of excess requested \$ _____ (without earnings)
 Select one of the following. If both boxes are left blank, we will calculate the earnings on the excess amount including gap period earnings.
 Total earnings including gap period earnings \$ _____ (if applicable) **OR** Calculate earnings on excess amount

2. **Excess deferrals [402(g)]** Amount of excess requested \$ _____ (without earnings)
 Select one of the following. If both boxes are left blank, we will calculate the earnings on the excess amount including gap period earnings.
 Total earnings including gap period earnings \$ _____ (if applicable) **OR** Calculate earnings on excess amount

3. **ADP test** Amount of excess requested \$ _____ (without earnings)
 Select one of the following. If both boxes are left blank, we will calculate the earnings on the excess amount including gap period earnings.
 Total earnings including gap period earnings \$ _____ (if applicable) **OR** Calculate earnings on excess amount

For any of the three items above, will matching contributions be forfeited? **No** **Yes** **If yes, match amount to be forfeited \$ _____ (including earnings)**

4. **ACP test** Amount of excess requested \$ _____ (without earnings)
 Select one of the following. If both boxes are left blank, we will calculate the earnings on the excess amount including gap period earnings. Any nonvested match will be forfeited.
 Total earnings including gap period earnings \$ _____ (if applicable) **OR** Calculate earnings on excess amount

F. **Mistake of fact (as defined in Revenue Rulings 77-200 and 91-4)**

Note: The IRS has issued limited guidance with respect to the circumstances under which a contribution is determined to be made as a mistake of fact, and the limited guidance provides a very narrow definition of "mistake of fact." If this request is found not to meet the IRS standard for mistake of fact, the contribution returned may potentially jeopardize the plan's qualification status, which can result in adverse tax consequences to the plan sponsor and plan participants. You are strongly encouraged to consult your legal adviser before making a decision.

The contribution amount requested cannot be increased for earnings and must be decreased by losses, if any. By signing in Section 13, you are certifying that this request meets the IRS standard of mistake of fact and the contribution refund request is being made within one year of the date of deposit into the trust.

Amount requested \$ _____ Payroll date of **mistake of fact** _____ / _____ / _____ Money type _____
(mm/dd/yyyy)

Payment will be made payable to the plan sponsor.

8 State income tax election

This does not apply to nonresident aliens.

If the participant is a resident of one of the states listed below, check the appropriate box and the withholding election, if applicable.

- Residents of IA, MA, MD, ME, MS¹, NE, VA or VT will have state taxes withheld when federal withholding applies.
- Residents of AR⁴, CA², DE⁴, GA³, KS⁴, NC⁴, OK⁴ or OR will have state taxes withheld when federal withholding applies, unless otherwise elected. These residents may elect to have state withholding while electing out of federal withholding.

If no election is made, the trustee, or recordkeeper, if authorized, is required to withhold taxes at the applicable rate.

- DO NOT** withhold state income tax.

In addition to the standard state tax withholding amount, withhold an additional \$ _____ (Do not indicate a percentage.)

¹MS state withholding will be mandatory when federal withholding is applied to early distributions and returns of excess contribution.

²CA state withholding is based on a percentage of the federal withholding amount and not a percentage of the gross distribution.

³GA state withholding applies to installment payments. If requesting a one-time distribution, you may elect GA state withholding by providing a dollar amount.

⁴AR, DE, KS, NC and OK residents are subject to mandatory state withholding on all eligible rollover distributions.

9 Nonresident alien tax withholding

Individuals who are not citizens or resident aliens of the United States may be able to claim the tax treaty rate for their country of residence by attaching a completed Form W-8BEN with an original signature. Without this form, Capital Bank and Trust Company (CB&T) will not be able to process a distribution for individuals who are not citizens or resident aliens of the U.S. You can download a Form W-8BEN from the IRS website at www.irs.gov or call American Funds Service Company at 800/421-6019. (From outside the U.S., call 949/975-5000.)

10 Pay-order instructions

Select the appropriate box(es) below. If appropriate, complete Section 11.

A. Make check payable to:

- Participant
- Alternate payee/beneficiaries (as instructed in Section 5-C)

B. Direct rollover to an American Funds IRA

- Existing American Funds account number _____
- New American Funds account (**Attach an IRA application to this form.**)

C. Direct rollover to another IRA **OR** Retirement plan (Provide payee information below.)

Name of financial institution/trustee

Account number

D. Roll over voluntary after-tax and/or Roth contributions. (You must complete either B or C above.)

- The account holds voluntary after-tax contributions.
 - Include **OR** Do not include the voluntary after-tax contributions in the rollover. Voluntary after-tax contributions not rolled over will be distributed in cash.
- The account holds Roth after-tax contributions.
 - Include **OR** Do not include the Roth after-tax contributions in the rollover. Roth after-tax contributions not rolled over will be distributed in cash.

Note: The Roth portion of the account balance (contributions and earnings) must be rolled into a Roth IRA or another employer 401(k) plan that accepts Roth assets.

E. Split cash distribution \$ _____ (complete A above) and

direct rollover \$ _____ (complete either B or C above).

11 Payment mailing instructions

A signature guarantee may be required. See Section 13 for more information.

Note: If you've selected 10-E, you must provide mailing instructions for each portion of the distribution.

- Mail payment directly to (checks are sent to the address of record):
 Participant **OR** Plan sponsor **OR** Third-party administrator

Select one of the following and provide the requested information below:

- Other financial company **OR** Alternate address (A signature guarantee is required; see Section 13.)

Payee/trustee/custodian

Account number (if applicable)

Address

City

State

ZIP

- Please expedite delivery to the above recipient by using the delivery service and account listed:

Delivery service

Name on account

Account number

12 Distribution sequence provisions

*Do **not** complete this section if your request is a result of separation from service (Section 4).*

The plan document defines the rules under which distributions are to be made. The following distributions are standardized according to IRS rules:

- **Loans** will be processed pro rata from each contribution type unless alternate instructions are provided here _____
- **Hardships** will come from elective deferrals unless alternate instructions are provided here. In no event can hardship withdrawals come from QNECs, QMACs or safe harbor contributions.
- **In-service distributions** prior to age 59½ will come from company contributions unless alternate instructions are provided here. (In no event can in-service distributions prior to age 59½ come from elective deferrals, QNECS, QMACs or safe harbor contributions.)
- **All partial distributions** will be taken pro rata from each contribution type (including Roth assets) unless alternate instructions are provided here:
- **ADP refunds** will come pro rata from pre-tax and Roth elective deferrals. Please inform us when it is appropriate to forfeit an employer-matching contribution as a result of an ADP refund.
- **ACP refunds** will come first from employee after-tax contributions, then from company-matching contributions.
- **A 415 excess** will come first from employee after-tax contributions, then pro rata from pre-tax and Roth elective deferrals unless otherwise indicated.
- **A refund of excess deferrals** will be made pro rata from the pre-tax and Roth elective deferral source/money type unless otherwise indicated.
- 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.

13 Authorization and signature guarantee

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 3 is correct 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 trustee or authorized signer	Date / / (mm/dd/yyyy)
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Name of plan trustee or authorized signer (print)	X Signature of trustee or authorized signer	Date / / (mm/dd/yyyy)
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If the redemption request is greater than \$100,000 and/or made payable to someone other than the participant or to a successor trustee for the participant's benefit, or if the check is being mailed to an alternate address, **a signature guarantee is required.**

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

GUARANTOR:
Stamp signature guarantee here.

GUARANTOR:
Stamp signature guarantee here.

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.

Please return this form to the address shown below. If no signature guarantee is required, this form may be faxed to 317/735-6784.

American Funds Recordkeeper Direct
c/o Capital Bank and Trust Company

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

Overnight mail: 8332 Woodfield Crossing Blvd.
Indianapolis, IN 46240-4319

Visit our website at americanfunds.com/retiresponsor.

The Capital Group Companies

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