

- If requesting a loan, use the *Recordkeeper Direct Loan Request* form.
- For a return of excess or mistake of fact, use the *Recordkeeper Direct Return of Excess/Mistake of Fact* form.
- **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 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 _____

- -
 SSN

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

Citizenship: U.S. citizen U.S. resident alien Nonresident alien (Refer to Section 8.)

2 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 contribution type.

The vested percentage reflected above is correct.

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

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

3 Separation from service distribution (Complete this section for a separation from service distribution request, then proceed to Section 5.)

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 (If yes, the offset loan balance will be reported on Form 1099-R.)

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

OTHER DISTRIBUTION EVENTS:

- Do not use Section 4 for separation from service distribution requests.
- Select the appropriate distribution event below and provide the necessary information requested.
- Select only one distribution event per form.
- In-service distribution — See Section 4-A.
- Required Minimum Distribution (RMD) — See Section 4-B.
- Death/Qualified Domestic Relations Order (QDRO) — See Section 4-C.
- Permissible withdrawal (for use by automatic enrollment plans only) — See Section 4-D.

4 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
- Retirement-eligible in-service distribution — Participant has met normal retirement age and is eligible to take a distribution. Participant remains active in the plan.
- Other in-service distribution — Please indicate money type(s) for distribution in Section 11. If no money types are selected, assets will be distributed pro rata from each available money type for participants. (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 12).**
- 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, attach 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 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)

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

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

(continued)

D. 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: Employer must be notified by 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 be automatically adjusted for earnings/losses. If “All” is selected above for employer contribution, the amount requested will be automatically adjusted for earnings/losses.

5 Amount of withdrawal

Select how the participant is to be paid (either A or B). A signature guarantee is required if the redemption request is greater than \$100,000.

A. Single payment of \$ _____ **OR** _____ % **OR** All

B. 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 distribution should be made:

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

Mode of payment

Life expectancy (Select one of the following): Single **OR** Joint — provide the beneficiary's date of birth _____
(mm/dd/yyyy)

Fixed amount \$ _____

Note: Distribution will be processed proportionately from all funds.

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

6 Federal income tax election

A. Eligible rollover distributions

Note: If participants do not request a direct rollover, the distribution is subject to 20% mandatory federal income tax withholding.

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 Required Minimum Distribution, a financial hardship distribution, a permissible withdrawal distribution (for use by automatic enrollment plans only) or a periodic distribution paid over life or joint life expectancy or over a period of at least 10 years. **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. **No withholding** (This option requires the participant's U.S. residence address — **no P.O. boxes.**)

_____ Residence address _____ City _____ State _____ ZIP

2. Withhold federal taxes at the rate of _____% **OR** dollar amount of \$ _____

For accounts with voluntary after-tax contributions (if participant is not rolling over earnings from a voluntary after-tax source)

Gross amount of contributions made before 1/1/87 \$ _____

Gross amount of contributions made on or after 1/1/87 \$ _____

7 State income tax election

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. If withholding is taken, it must be equal to or greater than the amount provided for in the GA wage table.

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

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

8 Information for nonresident alien shareholders only

Please provide a Form W-8BEN with an original signature as documentation of your foreign tax status. Without valid tax documentation, Capital Bank and Trust CompanySM is required to withhold taxes at the maximum nonresident alien (NRA) withholding rate of 30%. You may obtain a Form W-8BEN by downloading the form from the IRS website at www.irs.gov or from americanfunds.com or by calling American Funds Service Company at 800/421-0180 (from outside the United States, you may call us at 949/975-5000).

9 Pay-order instructions

Select the appropriate box(es) below. If applicable, complete Section 10.

- A. Split cash distribution \$ _____ (complete **B** below) and
 direct rollover \$ _____ (complete either **C** or **D** below).
- B. Make check payable to:
 Participant Alternate payee/beneficiaries (as instructed in Section 4-C)
- C. Direct rollover to an American Funds IRA
 Existing American Funds account number _____ (Select one of the boxes below for investment instructions.)
 Invest assets from this rollover in the same American Funds and in the same percentages as the retirement plan account is invested.
 Invest assets using the same investment instructions currently in place for the receiving account.
 New American Funds account (**Attach an IRA application to this form.**)
- D. Direct rollover to another: Traditional IRA **OR** Roth IRA **OR** Retirement plan (Provide payee information below.)

Name of financial institution/trustee _____ Account number _____

- E. Roll over voluntary after-tax and/or Roth contributions. (You must complete either **C** or **D** 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.

First name of participant (print)

MI

Last

Plan ID number

10 Payment mailing instructions

A signature guarantee may be required. See Section 12 for more information.

Note: If you selected 9-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 12.)

Payee/trustee/custodian

Account number (if applicable)

Address

City

State

ZIP

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

Delivery service

Name on account

Account number

11 Distribution sequence provisions

*Do **not** complete this section if your request is a result of separation from service (Section 3).*

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

- **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:
- 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.



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

12 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 2 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) Signature of trustee or authorized signer Date (mm/dd/yyyy)

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

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 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. Complete Sections 1-2 and collect the required signature in Section 2? (page 1)
2. Select only one distribution event in either Section 3 or Section 4? (pages 1-3)
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 317/706-5784.

American Funds Recordkeeper Direct
c/o Capital Bank and Trust Company
Regular mail: P.O. Box 6040 Indianapolis, IN 46206-6040
Overnight mail: 12711 N. Meridian St. Carmel, IN 46032-9181

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