

Coverdell ESA Distribution Request for Excess Contributions

Reporting your distribution on your tax return

Your distribution will be reported to the IRS on Form 1099-Q, *Payments From Qualified Education Programs*, for the year in which you take the distribution. We suggest you consult your tax advisor because there may be additional tax reporting, penalties or taxes due on this distribution. The distribution will be reported as one of the following on Form 1099-Q:

• A return of an excess contribution plus earnings

If the distribution occurs prior to May 31, removal of an excess Coverdell Education Savings Account (ESA) contribution is reported as a corrective distribution. Earnings associated with the excess amount are also removed and reported as part of the corrective distribution.

A Coverdell Education Savings Account distribution

After May 31, net earnings on the excess amount remain in the account. Net earnings consist of reinvested dividends, capital gains and appreciation earned on the excess amount.

Note: To avoid an excise tax imposed by the IRS, remove an excess contribution by May 31. American Funds must receive your distribution request prior to 4 p.m. Eastern time on May 31 in order to meet the deadline.

Recipient information				
First name of recipient	MI Last		Account number	
Address		City	()	State ZIP
Email address*			Daytime phone	
Your privacy is important to us. For inform	nation on our privacy policies, vis	sit www.capitalgroup.com		
 A. Total amount of excess contributio B. Tax year to which the excess contribution 	ibution was applied			
C. Capital Bank and Trust Company (accordance with IRS guidelines. Th below for how you would like the a	e amount removed from your	s or losses attributable t account will be adjusted		•
Note: If instructions are not provided	pelow, any amount removed	will be removed in the sa	me percentage as origina	Ily invested.
Fund name of	or number	Percentage		
		%		
		/`		
		%		

_%

_%

_%



2	Reallocation of amount removed
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Select all that apply.

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A. Reinvest \$ _____; listed below are the fund(s) and percentage(s) to go into each fund for my existing Coverdell ESA as a current-year contribution (subject to age restrictions and not to exceed the contribution limit). If reinvestment instructions are not provided below, the amount removed will be reinvested into the same fund(s) and share class.

Fund name or number	Percentage
	%
	%
	%
	%
	^

Unless you provide instructions below, any amounts removed and not reinvested in the Coverdell ESA will be returned by check. If reinvestment instructions are not provided below, the amount removed will be reinvested in the same fund(s) and share class.

в.	Reinvest \$ _	

Select one of the following two options:

Reinvest the amount provided above in my existing American Funds account, _____

Account number

Reinvest the amount provided above in a new American Funds account. I have attached an account application.

Identify below how the reinvested funds are to be allocated. List the fund name or number and the percentage for that fund:

Fund name or number	Percentage	
	%	
	%	
	%	
	%	
	%	

C. Issue a check payable to the current authorized person's name and address on file with American Funds Service Company.[®] (Electronic deposit to bank accounts via Automated Clearing House (ACH) is not available.)



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Authorization and signature guarantee

I direct CB&T to make distributions from the Coverdell ESA in the manner I have indicated, and I assume sole responsibility for the tax consequences of the above election. I certify that the information herein is accurate and that I am entitled to receive the payments for which I have applied.

In consideration of CB&T acting on such instructions and processing such transactions, or should I not be entitled to all or any part of the payments for which I have applied, I agree to hold harmless and indemnify CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of CB&T acting on such instructions.

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Name of authorized person (print)	ne of authorized person (print) Signature of authorized person		Date	(mm/dd/yyyy)
This document may not be signed using Adobe				
A signature guarantee is required if the distrib	ution request is:	Stamp signature or medall	ion gua	rantee here. 🛛 💙
• greater than \$125,000				
OR				
 being mailed to the address of record and the a changed in the last 10 calendar days. 	ddress has			
If required, the signature must be guaranteed by association, credit union, member firm of a domes or the Financial Industry Regulatory Authority that guarantor institution. A notary public is NOT an a The guarantee must be in the form of a stamp or a handwritten guarantee that is accompanied by a re	tic stock exchange is an eligible cceptable guarantor. a typewritten or			
lf a signature g	guarantee is require	d, this form must be maile	ed.	

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



American Funds Service Company P.O. Box 6164 Indianapolis, IN 46206-6164

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



American Funds Service Company P.O. Box 2560 Norfolk, VA 23501-2560

Overnight mail address 5300 Robin Hood Rd. Norfolk, VA 23513-2430

Investor upload www.capitalgroup.com/submit Financial professional upload www.capitalgroup.com/upload

capitalgroup.com/upload **Fax** (888) 421-4371

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.