

- Use this form to request a one-time qualified charitable distribution (QCD) from a traditional, Roth, SIMPLE*, SEP/SARSEP* or inherited IRA.
- You must be at least 70½ or older on the date of distribution. If you are RMD age and the account is subject to a Required Minimum Distribution (RMD), the distribution counts toward your RMD for the current year.
- **The QCD will be tax reported on Form 1099-R as a normal distribution (or as a death distribution, if the account is an inherited IRA), as required by the IRS.** You'll need to report the distribution as a QCD on your tax return. For more information, refer to www.irs.gov or consult your tax advisor.
- As a QCD is not subject to tax withholding, it will not be applied to this request.

*A QCD cannot be made from an ongoing SIMPLE, SEP or SARSEP IRA. The account is generally considered to be ongoing if you make salary deferrals or receive employer contributions for the current year.

1 Account owner information

First name _____ MI _____ Last _____ Account number or plan ID _____
 Address _____ City _____ State _____ ZIP _____
 _____ () _____
 Email address† _____ Daytime phone _____
Citizenship: U.S. citizen U.S. resident alien Nonresident alien (Submit an IRS Form W-8BEN.)
 † Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Distribution instructions

Select one.

Note: The maximum exclusion from gross income per individual per tax year is \$105,000 for 2024 (indexed for inflation) or \$53,000 if taken as a one-time distribution to a split-interest entity (i.e., charitable remainder annuity trust, charitable remainder unitrust, or charitable gift annuity). If you made deductible IRA contributions after age 70½, the amount of a QCD that you can exclude from income may be reduced. You should consult with your tax advisor regarding applicable IRS rules based on your circumstances to ensure the distribution satisfies the QCD requirements.

Total (Proceed to Section 3.) **OR** Partial (Complete the information below.)

To avoid delays in processing your request, be sure that the distribution will not reduce any fund balance below the established fund minimums that must be met and maintained. **The fund minimums are \$1,000 for the money market fund or \$250 each for all other funds.** For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

Fund name or number	Amount	Percentage
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%

3 Charitable organization information

- Notes:**
- The charity must be an organization that is eligible to receive tax-deductible contributions. Consult your financial professional or tax advisor to ensure the organization is eligible.
 - The check will be made payable to the charitable organization. **A signature guarantee is required in Section 4.**
 - Follow up with the charity for a receipt of your donation.

Name of charitable organization

Attention

Address

City

State

ZIP

Delivery instructions (select one):

- Mail the check directly to the charitable organization. **OR** Mail the check to the address listed in Section 1.

Note: If no selection is made, the check will be mailed directly to the charitable organization.

4 Authorization and signature guarantee

I certify that the information herein is accurate and I direct Capital Bank and Trust Company (CB&T) to make a distribution from my account in the manner I have indicated. I am aware of the QCD rules under Internal Revenue Code Section 408(d)(8) and acknowledge that the distribution requested satisfies the requirements and that no tax withholding will be applied. I acknowledge that CB&T and its affiliates are not responsible for ensuring that I have complied with these rules.

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.

Name of account owner (print)

X _____
Signature of account owner

Date (mm/dd/yyyy)

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

A signature guarantee is required and 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.

Stamp signature or medallion guarantee here.

This form must be mailed.

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

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