

Use this form to request a transfer of assets to an awarded spouse's IRA as a result of a divorce decree or decree of separate maintenance. References to IRA include Traditional, Roth, SEP/SARSEP and SIMPLE accounts. For any other type of distribution, call us at **(800) 421-4225** for the correct form.

Note: This form should not be used by an awarded spouse.

The request must be accompanied by the following:

- A copy of the certified divorce decree **or** decree of separate maintenance
Note: A Qualified Domestic Relations Order (QDRO) is not acceptable as a divorce decree or decree of separate maintenance.
- A guaranteed signature of the owner (See Section 5.)
- A completed *Traditional or Roth IRA Application* or *SIMPLE IRA Application* from the awarded spouse (if applicable)

1 Owner information

Account number or plan ID _____

Name of owner _____ MI _____ Last _____

Address _____ City _____ State _____ ZIP _____

Email address* _____ () _____
 Daytime phone _____

*Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Court-ordered divorce payments — Non-reportable transfer to awarded spouse

A. What percentage, dollar amount or number of shares of this account should be transferred to the awarded spouse's IRA as a result of divorce or legal separation?

Transfer _____% **OR** \$ _____ **OR** _____ shares

B. If applicable, the valuation date to be used is _____ If no date is provided, the date of transfer will be used.
 (mm/dd/yyyy)

From the date of valuation, are earnings and losses to be included in the transfer? Yes No

C. Transfer method — Select one of the following options:

- Transfer shares to the **existing** American Funds IRA of the awarded spouse, _____
Account number or plan ID
- Transfer shares to a **new** American Funds IRA of the awarded spouse. (Attach a *Traditional or Roth IRA Application* or *Simple IRA Application*.)
- Issue a check to the IRA of the awarded spouse. (See Section 4.)

Note: If not requesting a TOTAL transfer, you must provide instructions in Section 3 for the percentage or amount to be removed from each fund.

3 One-time transfer instructions

Complete this section ONLY if the request is for less than 100% of the account.

Fund name or number	Percentage	Amount	Number of shares
_____	_____ % OR \$ _____	OR _____	_____
_____	_____ % OR \$ _____	OR _____	_____
_____	_____ % OR \$ _____	OR _____	_____

4 Special pay order

Complete this section if a check is to be issued.

The check must be made payable to the trustee or custodian of the awarded spouse's account.

Name of custodian (if applicable)

Address

City

State

ZIP

Account number (if applicable)

FBO (if applicable)

5 Authorization and signature guarantee — required

I direct Capital Bank and Trust Company (CB&T) to make the transfer from my account in the manner I have indicated. I certify that the above information and attached documentation are accurate.

In consideration of CB&T acting on such instructions and processing such transactions, or should I not be entitled to make this transfer request, 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 owner (print)

X _____
Signature of 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 it 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.

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