

DO NOT use this form for Capital Bank and Trust Company retirement accounts.

**Important information:**

- If you are holding stock certificates for shares involved in this sale, return them by registered or certified mail, along with this form. Without them, we will not be able to withdraw shares. **DO NOT** sign the certificates. American Funds no longer issues stock certificates.
- If the withdrawal request is due to the death of the account owner, you **must** also complete the *Transfer/Registration Change Request*.
- Any tax questions resulting from this withdrawal should be directed to your tax advisor.

# 1 Your account information

Account registration	Account number		
Address	City	State	ZIP
Email address*	(    )	Daytime phone	

\*Your privacy is important to us. For information on our privacy policies, visit [www.capitalgroup.com](http://www.capitalgroup.com).

# 2 Withdrawal request

For fund names and numbers, review your statement or access your account at [www.capitalgroup.com](http://www.capitalgroup.com).

- Notes:**
- The cost basis method currently on file for this account will be used. To change the cost basis method, obtain and complete a *Cost Basis Update Request*, or access your account at [www.capitalgroup.com](http://www.capitalgroup.com) prior to submitting this request.
  - To avoid delays in processing your request, ensure that the sale of shares will not reduce any fund balance below the established fund minimums that must be met and maintained. The fund minimums are \$1,000 each for money market and state-specific tax-exempt bond funds or \$250 each for all other funds.

- Total withdrawal (remove all assets from all funds to close the account)
- Partial withdrawal — You must provide the full fund name or number AND the dollar amount, number of shares or percentage to be sold.

Fund name or number	Amount		Number of shares		Percentage
_____	\$ _____	OR	_____	OR	_____ %
_____	\$ _____	OR	_____	OR	_____ %
_____	\$ _____	OR	_____	OR	_____ %
_____	\$ _____	OR	_____	OR	_____ %
_____	\$ _____	OR	_____	OR	_____ %
_____	\$ _____	OR	_____	OR	_____ %
_____	\$ _____	OR	_____	OR	_____ %
_____	\$ _____	OR	_____	OR	_____ %
<b>Total</b>			\$ _____	OR	_____ %

### 3 Delivery instructions

Select one of the options below. A signature guarantee may be required. See Section 5.

**A.** Send proceeds to me. Specify the method of delivery and provide bank information in Section 4 (if applicable).

Method of delivery:

- Check to my address of record
- Automated Clearing House (ACH) to my bank account
- Wire to my bank account (\$1,000 minimum. **A signature guarantee is required in Section 5.**)

**B.** Send proceeds to a third party. Specify the method of delivery and provide the payee name and address below. Provide bank information in Section 4 (if applicable). **A signature guarantee is required in Section 5.**

1. Method of delivery:

- Check payable to someone other than the account owner or mailed to an address other than the address of record
- Automated Clearing House (ACH) to a third-party bank account
- Wire to third party

2. Payee name and address:

\_\_\_\_\_  
Name of payee

\_\_\_\_\_  
Address City State ZIP

**Note:** You must provide a physical address (no P.O. boxes) for third-party wire requests.

### 4 Bank information — For ACH or a wire

Attach an unsigned, voided check below. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple. Read the signature guarantee requirements in Section 5.**

**Important:**

- The bank information you provide here will be kept on file for future ACH requests. You will receive an acknowledgment as confirmation. If you do not want this information retained and available for future ACH distribution requests, decline here.
- You may cancel the ACH option at any time online at [www.capitalgroup.com](http://www.capitalgroup.com) or by calling us at (800) 421-4225.

Tape your check here.

John Doe

DATE \_\_\_\_\_

**Bank account registration**

PAY TO THE ORDER OF \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Anytown Bank

← **Bank name**

|: 9999999999 |:

0000000000 |:

**Bank routing number**

**Bank account number**

VOID

**Note:** In lieu of a voided check, you may submit a letter or form from the bank providing the registration, routing number, account number and account type (checking or savings). The document must be on the bank's letterhead.

**5 Authorization for sale of shares/Signature guarantee**

*All owners must sign in this section. If a signature guarantee is required, this form must be mailed.*

I authorize the sale of shares as indicated in Section 2. If I have agreed to allow American Funds to retain bank information for future ACH requests, I authorize AFS, upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to **1)** withdraw fund shares from this account and deposit the proceeds into the bank account identified on this document; and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronically signed copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. A copy of this document will be made available to me as required.

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

	<b>X</b>		
Name of fund account owner, trustee, custodian or guardian (print)	Signature of fund account owner, trustee, custodian or guardian	Date	/ / (mm/dd/yyyy)
	<b>X</b>		
Name of fund account co-owner (if applicable) (print)	Signature of fund account co-owner	Date	/ / (mm/dd/yyyy)

**A signature guarantee is required if any of the following apply:**

- The proceeds are deposited into a bank account not currently associated with a withdrawal option that has been on the account for at least 10 calendar days.
- The proceeds are wired to a bank account.
- The check is payable to a third party or mailed to an address that is different than your address of record.
- The check is mailed to your address of record and the address has changed in the last 10 calendar days.
- The withdrawal amount is more than \$250,000.

**If required**, signatures must be guaranteed 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.      Stamp signature or medallion guarantee here.

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 6007  
Indianapolis, IN 46206-6007  
  
**Overnight mail address**  
12711 N. Meridian St.  
Carmel, IN 46032-9181



**American Funds Service Company**  
P.O. Box 2280  
Norfolk, VA 23501-2280  
  
**Overnight mail address**  
5300 Robin Hood Rd.  
Norfolk, VA 23513-2430

**Investor upload** [www.capitalgroup.com/submit](http://www.capitalgroup.com/submit) | **Financial professional upload** [www.capitalgroup.com/upload](http://www.capitalgroup.com/upload) | **Fax** (888) 421-4351

**For more information, contact your financial professional, visit [www.capitalgroup.com](http://www.capitalgroup.com) or call us at (800) 421-4225.**