



Use this form if you are requesting a distribution from your Capital Bank and Trust Company (CB&T) inherited IRA and the deceased account owner passed away prior to January 1, 2020. If the account owner passed away on or after January 1, 2020, use the *Inherited IRA Distribution Request (for Eligible Designated Beneficiaries)*, *Inherited IRA Distribution Request (for Non-Eligible Designated Beneficiaries)* or *Inherited IRA Distribution Request (for Entities)*.

## 1 Information about you

First name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Account number (if known) \_\_\_\_\_

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

Email address\* \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime phone \_\_\_\_\_

**Citizenship status:**  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](http://www.capitalgroup.com).

## 2 Distribution options

Complete A, B or C.

- Notes:**
- Consult the [Understand Your Alternatives During This Time of Change](#) brochure to evaluate your options. Talk to your tax advisor before beginning distributions to ensure you are aware of any tax and penalty considerations.
  - Distributions are taken proportionately from each fund in your account.

**If you do not take required payments in a timely manner, you may be subject to a 25% tax on any amount you should have taken but did not.**

### A. RMDs over a life expectancy

#### 1. Date of birth (Select one.)

- I am requesting RMDs using my date of birth. (This option is not available for a non-person entity beneficiary.)
- I am requesting RMDs using the deceased account owner's date of birth. (This option is only available if the account is a traditional IRA and the account owner passed away after their required beginning date.)
- I am one of multiple beneficiaries, and I am required to take RMDs based on the oldest beneficiary's date of birth:

\_\_\_\_\_  
(mm/dd/yyyy)

**Note:** If assets are moving from another provider, and payments have already begun, you may not change the date of birth used in the RMD calculation.

#### 2. Frequency and start date

All distributions will occur **annually** unless otherwise indicated:  Monthly  Quarterly  Semiannually

Make the first distribution in (month) \_\_\_\_\_ (year) \_\_\_\_\_

Make distributions on (insert a date between the 6th and 28th) \_\_\_\_\_

Continued on next page



## 2 Distribution options *(continued)*

### 3. Prior year-end value — if applicable

If assets are transferring (or were transferred) from an inherited IRA (from the same decedent) at another provider, and you would like CB&T to include the transferred assets in this year's RMD calculation, provide the value of your portion of the sending account as of

December 31 of the prior calendar year: \$ \_\_\_\_\_

### B. Periodic payments over a five-year period

The five-year period ends December 31 of the fifth year following the date of death. If the account is a traditional IRA, this option is only available if the account owner passed away before their required beginning date.

All distributions will occur **annually** unless otherwise indicated:  Monthly  Quarterly  Semiannually

Make the first distribution in (month) \_\_\_\_\_ (year) \_\_\_\_\_

Make distributions on (insert a date between the 6th and 28th) \_\_\_\_\_

### C. One-time distribution

I am requesting a liquidation of \$ \_\_\_\_\_ taken proportionately from each fund in my account.

**OR**

I am requesting a total liquidation.

## 3 Payment options

*A signature guarantee may be required. Review requirements in Section 7.*

Select one of the three options below:

A.  Reinvest in an American Funds non-retirement account. If opening a new account, an account application must be completed and attached; you may leave the investment instructions section blank or write "in kind." Unless otherwise specified, shares will move in the same funds, share class and percentages as currently invested. If investing in an existing account, enter the number below:

\_\_\_\_\_

B.  Electronically deposit payments into my bank account. (Follow the instructions in Section 6. Payments will be delivered to your bank within three (3) business days following the transaction date.)

C.  Send a check. (This option is available only for a one-time distribution.) Select one option below:

1.  To the address in Section 1 of this form
2.  As a transfer to another provider holding my inherited IRA
3.  As a transfer to another provider holding my IRA (This option is available to spousal beneficiaries only.)

If requesting a transfer of assets to another provider, supply the following information and proceed to Section 7.

\_\_\_\_\_  
Name of IRA provider

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

## 4 Federal income tax withholding

*If you are a nonresident alien (NRA), 30% NRA withholding may apply to the distribution.*

If the Roth IRA owner did not meet the five-year holding requirement, a portion of the Roth IRA distribution may be taxable.

Federal law requires us to withhold income tax equal to 10% of the distribution **unless** you elect otherwise using the check boxes below. **Taxes are withheld from the total amount requested.** Refer to IRS Form W-4R for additional information. Insufficient withholding or underpayment of estimated taxes may result in IRS penalties.

**DO NOT** withhold federal taxes. Your U.S. residence address is required to honor this request (**no P.O. boxes**).

Residence address (physical address required — **no P.O. boxes**) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Withhold federal taxes from the total distribution at the rate of \_\_\_\_\_% (Whole % only)\*

\*Rates that include decimals will be rounded to the nearest whole number.

## 5 State income tax withholding

If your state requires withholding or if the amount you enter below is less than the minimum for your state, CB&T will withhold at least the minimum state tax. CB&T does not withhold taxes for all states.

**DO NOT** withhold     Withhold \_\_\_\_\_%    **OR**    \$ \_\_\_\_\_

**Note:** To review the impacts of withholding for your state of residence, visit [www.capitalgroup.com/statetax](http://www.capitalgroup.com/statetax) or speak with your tax advisor.

## 6 Bank information

*If you selected electronic deposit in Section 3, 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 7.***

**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 \_\_\_\_\_

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

VOID

Anytown Bank

← Bank name

|:999999999|:

0000000000|:

Bank routing number

Bank account number

DOLLARS

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



## 7 Authorization and signature guarantee

I certify that the information herein is accurate, and I will notify CB&T of any changes. I direct CB&T to make distributions from the IRA on the basis of the information I have provided. I am aware of the RMD rules and I acknowledge that CB&T and its affiliates are not responsible for ensuring that I have complied with these rules. I have reviewed IRS Form W-4R and assume sole responsibility for the tax consequences of the withholding election. I agree to hold harmless CB&T and its affiliates for any claims, expenses or taxes (including penalties and interest) incurred due to distributions made in accordance with this form.

If I have agreed to allow American Funds to retain bank information for future ACH requests, I authorize American Funds Service Company® (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.

**X** \_\_\_\_\_ / /  
Signature Date (mm/dd/yyyy)

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

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

Stamp signature or medallion guarantee here.

- The check is mailed to your address of record and the address has changed in the last 10 calendar days.
- The check is payable or mailed to a third party, with the exception of a transfer to another financial institution when accompanied by their Letter of Acceptance.
- The proceeds are deposited into a bank account, unless the inherited IRA owner is included in the bank account registration and the request is received at least 10 calendar days prior to the first payment **OR** the bank account is already associated with a distribution option that has been on the account for at least 10 calendar days.
- The distribution amount is more than \$250,000.

**If required**, a 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.

### If a signature guarantee is required, this form must be mailed.

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

Financial professional upload [www.capitalgroup.com/upload](http://www.capitalgroup.com/upload)

Fax (888) 421-4371

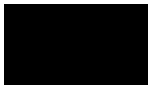
For more information, contact your financial professional, visit [www.capitalgroup.com](http://www.capitalgroup.com) or call us at (800) 421-4225.



1a First name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_ 1b Social security number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City or town, state, and ZIP code \_\_\_\_\_

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) . . . . . 2  %

**Sign Here**    
 Your signature (This form is not valid unless you sign it.) Date

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2024 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

\* If married filing separately, use \$380,200 instead for this 37% rate.

## General Instructions (continued)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.