

Retirement Plan Payment Instructions

- This form is to be completed and signed by the plan trustee(s) or authorized signer(s) acting on the account.
- The Plan Sponsor is responsible for any tax reporting of plan distributions.
- Additional documents may be required if the plan trustee(s) or authorized signer(s) acting on the account is not listed in the account registration.
- This form should NOT be used for distributions from Capital Bank and Trust CompanySM (CB&T) SIMPLE, SEP, SARSEP, MPP/PSP or 403(b) accounts. For these account types, complete the appropriate CB&T distribution form.
- For plan terminations, call us at (800) 421-4225, ext. 43.

Plan and participant information					
Please type or print clearly.					
ccount registration		Account n	umber		
ddress	City			State	ZIP
ame of plan contact		() me phone	E	ct.
·					

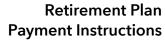
- **Notes:** American Funds does not track vesting information for plan participants. The Plan Sponsor is responsible for providing current and correct redemption amounts.
 - A signature guarantee is required if the redemption amount is greater than \$125,000 and is not being rolled over to an American Funds IRA (see Section 6).

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





? Pay-order instructions			
Select one of the options below.			
$oldsymbol{A}.$ Issue a check payable to the plan for the	e benefit of the participant and send	it to the plan address.	
Note: Because American Funds Servic distributions, AFS will not make r	ee Company (AFS) is unable to withhed edemption checks payable to plan p		
B.	e plan's bank account. (Provide ban	k information in Section 5.)	
C. Direct rollover to an American Funds Tr	raditional or Roth IRA.		
1. Provide account information.			
Existing American Funds accoun	t number		
New American Funds account (A	attach a <i>Traditional/Roth IRA Appl</i>	ication.)	
2. Provide investment instructions.			
Repurchase shares in kind in the within the same fund(s) and share	existing or new account. (Shares with eclass.)	Il be moved from this account to the	e receiving account
I have attached a separate letter	of instruction that specifies how sha	res should be invested in the receiv	ing account.
Note: If no instructions are provide	ded, shares will be repurchased in ki	nd.	
D. Transfer the assets to an existing Amer	ican Funds forfeiture account	Account number	
E. Direct rollover to a non-American Fund	ds account (Complete Section 4. A si	gnature guarantee is required in Se	ection 6.)
☐ IRA OR ☐ Retirement plan	Specify plan type		
F. Issue a check to a Third-Party Administr guarantee is required in Section 6.)	rator, Asset Allocator or Advisory Ser	vice for the plan. (Complete Section	4. A signature
Payee information If the check is payable to anyone other than	the plan, provide the information request	ed below.	
Note: A signature guarantee is required if this	section is completed.		
Name of financial institution	Attn: Recipient or department (if applica	Account number	
Address	City		State ZIP





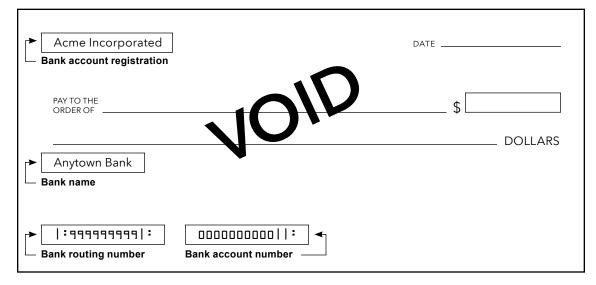
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Tape your check here.

Bank information

Complete this section if you wish to electronically deposit assets into the plan's bank account. Select one option below.

Automated Clearing House (ACH) — Attach a voided, preprinted check.



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.

Wire transfer (minimum \$1,000) — Provide wire instructions below. A signature guarantee is required in Section 6.				
Bank name	Ba	nk routing number		
		Checking	OR	Savings
Bank account number	Bank account registration (the name preprinted on the check)			





Authorization and signature guarantee

I/We, as plan trustee(s) or authorized signer(s) of the plan, certify that 1) this distribution is in accordance with the terms of the plan, 2) the redemption amounts provided in Section 2 are correct and 3) American Funds is hereby indemnified from all liability arising from following our instructions.

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

	X		1 1	
Name of plan trustee or authorized signer	Signature of plan trustee or authorized signer	Date	(mm/dd/yyyy)	
	x		1 1	
Name of plan trustee or authorized signer	Signature of plan trustee or authorized signer	Date	(mm/dd/yyyy)	_

Note: A signature guarantee is NOT required when moving assets to an American Funds account.

A signature guarantee is required unless the redemption request is less than \$125,000 and will be:

· mailed to the address of record, as long as the address has not changed in the last 10 calendar days

OR

 sent via ACH to a bank account on file, and there has not been a change to the bank information in the last 10 calendar days. The bank information must be associated with a redemption option on the account.

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.

Note: A medallion guarantee is acceptable in place of a signature guarantee.

GUARANTOR: Stamp signature guarantee or medallion guarantee here.	GUARANTOR: Stamp signature guarantee or medallion guarantee here.

If a signature guarantee is required, mail this completed form to the service center for your state using the maps below. Otherwise you may fax it to (888) 421-4351.

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

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4351