

## Retirement Plan Payment Instructions

ZIP

- 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 Company (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.

For American Funds internal use only: Not to be used for TRAC accounts.

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Name of participant (if not listed in the registration)

# **2** Withdrawal instructions

#### Notes:

- American Funds does not track vesting information for plan participants. The plan sponsor is responsible for providing current and correct withdrawal amounts.
- A signature guarantee may be required if the withdrawal amount is greater than \$250,000 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	:



<b>2</b> Pay-order instructions
Select one of the options below.
A. Issue a check payable to the plan for the benefit of the participant and send it to the plan address.
Note: Because American Funds Service Company <sup>®</sup> (AFS) is unable to withhold income tax required by the IRS on certain plan distributions, AFS will not make checks payable to plan participants or mail checks directly to plan participants.
<b>B.</b> Electronically deposit the assets into the plan's bank account. (Provide bank information in Section 5.)
C. Direct rollover to an American Funds traditional or Roth IRA.
1. Provide account information.
Existing American Funds account number
New American Funds account (Attach a Traditional/Roth IRA Application.)
2. Provide investment instructions.
Reinvest shares in kind in the existing or new account. (Shares will be moved from this account to the receiving account within the same fund(s) and share class.)
I have attached a separate letter of instruction that specifies how shares should be invested in the receiving account.
Note: If no instructions are provided, shares will be reinvested in kind.
D. Transfer the assets to an existing American Funds forfeiture account Account number
E. Direct rollover to a non-American Funds account (Complete Section 4. A signature guarantee may be required in Section 6.)
IRA OR Retirement plan Specify plan type
F. Issue a check to a third-party administrator, asset allocator or advisory service for the plan. (Complete Section 4. A signature guarantee is required in Section 6.)
<b>Payee information</b> If the check is payable to anyone other than the plan, provide the information requested below.
Note: A signature guarantee may be required if this section is completed.

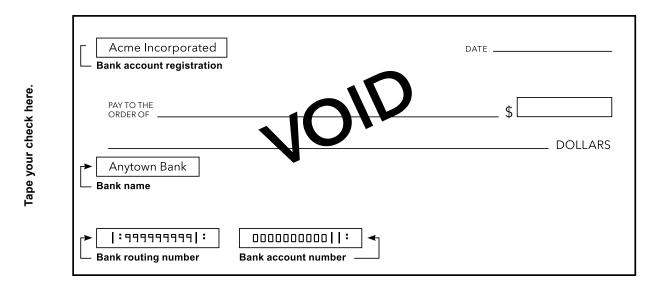
Name of financial institution	Attn: Recipient or department (if applicable)	Account number		
Address	City		State	ZIP



#### **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	Bank 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 withdrawal 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
	Signature of plan trustee or authorized signer	Date	(mm/dd/yyyy)

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

- The check is mailed to the 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 rollover or transfer to another financial institution when accompanied by their Letter of Acceptance.
- The proceeds are deposited into a bank account not currently established on a withdrawal option for at least 10 calendar days.
- The distribution amount is more than \$250,000.



Stamp signature or medallion guarantee here.

Stamp signature or medallion guarantee here.

### 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 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

Fax (888) 421-4351

Financial professional upload www.capitalgroup.com/upload

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