

- 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.

1 Plan and participant information

Account registration	Account number
Address	City
	State
	ZIP
Name of plan contact	() Daytime phone
Name of participant (if not listed in the registration)	Ext.

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	OR	Number of shares	OR	Percentage
	\$ _____	OR	_____	OR	_____ %
	\$ _____	OR	_____	OR	_____ %
	\$ _____	OR	_____	OR	_____ %
	\$ _____	OR	_____	OR	_____ %
	\$ _____	OR	_____	OR	_____ %
	\$ _____	OR	_____	OR	_____ %
Total	\$ _____	OR	_____	OR	_____ %



5 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.

Tape your check here.

Acme Incorporated

DATE _____

Bank account registration

PAY TO THE ORDER OF _____

\$

_____ DOLLARS

Anytown Bank

Bank name

|:999999999|:

0000000000|:

Bank routing number **Bank account number**

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
Bank account number	Bank account registration (the name preprinted on the check)
<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings	

6 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				
Name of plan trustee or authorized signer	Signature of plan trustee or authorized signer	Date	(mm/dd/yyyy)		

	X				
Name of plan trustee or authorized signer	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

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4351

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