



- 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.

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

1 Plan and participant information

Please type or print clearly.

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

2 Redemption instructions

- 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 %
	\$	OR	OR %
	\$	OR	OR %
	\$	OR	OR %
	\$	OR	OR %
	\$	OR	OR %
Total	\$	OR	



3 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 (AFS) is unable to withhold income tax required by the IRS on certain plan distributions, AFS will not make redemption checks payable to plan participants or mail checks directly to plan participants.

- 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.

☐ Repurchase 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 repurchased 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 is 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.)

4 Payee information

If the check is payable to anyone other than the plan, provide the information requested below.

Note: A signature guarantee is required if this section is completed.

Name of financial institution Attn: Recipient or department (if applicable) Account number

Address City State ZIP



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 | :

Bank routing number

0000000000 | : | :

Bank account number

VOID

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) _____

☐ Checking **OR** ☐ 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 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	_____
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)

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.



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.