

- Use this form to request a transfer or rollover from an external IRA or employer-sponsored retirement plan into an American Funds IRA (Traditional, Roth, SIMPLE or SEP/SARSEP). To move money from a 529 college savings account to a Roth IRA, use the *Rollover from an External 529 Plan to an American Funds Roth IRA* form. To move money to a SIMPLE IRA Plus account, use the *SIMPLE IRA Plus Request for Transfer of Assets or Direct Rollover* form. To move money to a 403(b) account, use the *403(b)/Texas ORP Request for Exchange or Rollover* form.
- If you received a distribution from an IRA or qualified plan, and you are rolling the money back into an IRA or qualified plan, use the *Indirect Rollover Request*.
- **Before completing this form, contact the financial institution holding the assets and/or your previous employer (if requesting a direct rollover) to determine what additional paperwork and actions may be required to move your assets to American Funds.**

Send this completed form to American Funds.

1 Information about you

Note: If establishing a new American Funds IRA account, attach the appropriate account application.

First name _____ MI _____ Last _____ American Funds account number (if applicable) _____

Address _____ City _____ State _____ ZIP _____

Email address* _____ () _____ Daytime phone _____

*Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Contact information for current financial institution

Notes: • A mailing address for the current financial institution holding the assets is required to process your request. Please verify the address before submitting this form.

- This request will be forwarded to the current financial institution as instruction to transfer/roll over retirement assets. You may wish to check with your financial professional for options to expedite your request or to preserve your account value, particularly during times of market volatility.

Name of financial institution _____ Attn: _____

Address _____ City _____ State _____ ZIP _____

Check here if you would like us to fax this request, and you have confirmed that the current financial institution will accept a fax.

() _____
Current financial institution fax

3 Sending account information

Complete A and B.

Important: Include a copy of your account statement from the current financial institution.

A. Identify the sending account:

Traditional IRA Roth IRA SEP/SARSEP IRA

Qualified retirement plan*

SIMPLE IRA[†] _____
Name of employer/company on sending SIMPLE IRA Date of first contribution in sending SIMPLE account (mm/dd/yyyy)

B. Does the sending account contain mutual funds?

Yes No

*Any Roth assets must be rolled over to a Roth IRA.

[†]You may not request a rollover into another plan type until at least two years after the first SIMPLE IRA contribution. Before two years, you may only transfer to another SIMPLE IRA. If you take a distribution during the first two years of participation in a SIMPLE IRA plan, the early distribution penalty is 25%. (Exceptions may apply.) Your two-year period begins the first day a contribution is deposited into your SIMPLE IRA. If you are transferring assets from another SIMPLE IRA plan with a previous employer, the newest plan's start date will be used.

4 Liquidation/Transfer in kind instructions

If a dollar amount or percentage is not provided, "Full" will be the default response.

Note: Any applicable transfer/termination fees must be paid to the current financial institution prior to completing this request. In addition, you may be required to liquidate assets to cash. Contact the current financial institution for details.

Liquidate — Select this option for non-American Funds assets and American Funds Class R shares. Capital Bank and Trust Company (CB&T) cannot accept certificates or any other form of investment registered in the name of CB&T (for example, employer stock, limited partnerships, etc.).

Transfer in kind — Select this option for existing American Funds Class A, C or F shares. Assets will move to CB&T in the same funds and percentages.

Liquidate	Transfer in kind	Sending account/ contract number	Investment and share class	Ticker symbol	Full	Partial \$ <input type="checkbox"/> OR % <input type="checkbox"/>
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	OR _____
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	OR _____
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	OR _____
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	OR _____
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	OR _____
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	OR _____
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	OR _____

CDs (if applicable): Liquidate immediately* **OR** Liquidate at maturity[†] — Maturity date _____
(mm/dd/yyyy)

*Liquidations prior to maturity may result in an early withdrawal fee.

[†]To allow sufficient time for processing, submit this form at least **four weeks** before the CD matures.

5 Investment instructions

Complete **A**, **B** and **C**. Select **D** if applicable. For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.

A. Select the receiving American Funds account type

- Traditional IRA Roth IRA SIMPLE IRA* SEP/SARSEP IRA

* A SIMPLE IRA can only receive transfer or rollover assets from another plan type if at least two years have passed since the date of the first SIMPLE IRA contribution. Before two years, a SIMPLE IRA can only receive assets from another SIMPLE IRA.

Note: If assets are transferring in kind, proceed to **Section 6**.

B. Select a share class Class A Class C Class F-2[†]

[†]Class F-2 shares are available only for accounts sold through participating Investment Advisor Representatives or intermediaries.

C. Provide investment instructions

- New account. Invest according to the instructions on the attached application.

OR

- Existing account number _____

Provide investment selections below.

Fund name or number	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

D. NAV (no sales charge) for IRA rollovers — if applicable

- Attach a copy of your most recent retirement account statement. Future contributions will be assessed the appropriate sales charge.
- Class A share NAV pricing will apply to all assets being rolled over to an American Funds IRA from a PlanPremier® or RecordkeeperDirect® retirement plan.
- For a rollover from any other retirement plan, Class A share NAV pricing will apply only to those assets that were invested in American Funds within the retirement plan at the time of the rollover or distribution and deposited into an American Funds IRA.

6 Authorization

To the sending financial institution: I have established a retirement account with Capital Bank and Trust Company. Please accept this as your authorization to liquidate or transfer shares in kind as instructed in Section 4. For liquidations, make checks payable to **“Capital Bank and Trust Company.”** Include the name of the owner identified in Section 1 on the check.

I hereby certify that the information provided within this form is accurate. If I am requesting a rollover, I certify that the requested contribution is an eligible rollover distribution and does not contain any amounts from a Required Minimum Distribution (RMD). I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. I further understand that the current plan and/or sending institution of the rollover assets may have additional requirements to initiate the rollover to American Funds, and I am responsible for meeting these requirements.

Name (print)

X
Signature

Date (mm/dd/yyyy)

If required by the current financial institution, your signature must be guaranteed by a bank, savings association, credit union or 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.

Stamp signature or medallion guarantee here.

DID YOU?


- Contact the current financial institution and/or your previous employer (if applicable) regarding their requirements (e.g., additional forms or signature guarantees)?
- Pay any applicable transfer/termination fees and liquidate assets to cash, if required by the current financial institution?
- Attach your most recent account statement for the account being moved?

CUSTODIAL ACCEPTANCE

To the current financial institution: Capital Bank and Trust Company has agreed to serve as Trustee/Custodian for the above person's retirement plan and will accept the transfer or rollover. American Funds shares requested in kind in Section 4 are to be transferred to the name of **“Capital Bank and Trust Company.”** For all other assets, liquidate and disburse as instructed in Section 4. **Send the check payable to “Capital Bank and Trust Company” to the appropriate address listed below.** Include the name of the owner identified in Section 1 on the check.

**Authorized signer of
Capital Bank and Trust
Company**

Kevin Saks, President
Name


Signature (accepting signer)

Date (mm/dd/yyyy)

If the current financial institution requires an original copy, mail this form to 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

Fax (888) 421-4371

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