

For distributions regarding:

- Required Minimum Distributions (RMDs) and distributions due to death, call 800/421-0180 to obtain the appropriate forms.
- Transfer to a new IRA custodian or trustee, obtain the appropriate form from the new custodian or trustee.

Submit a separate request form for each distribution type selected in Section 3.

1 Account owner information

Please type or print clearly. If your address is different from what is currently shown on your account, your signature must be guaranteed in Section 10.

A. _____ - -
 Account number Date of birth of IRA owner (mm/dd/yyyy)

 First name MI Last () Ext.
 Daytime phone

 Address City State ZIP

B. Citizenship: Specify one of the following: U.S. citizen U.S. resident alien Nonresident alien

C. Type of IRA: Traditional IRA Roth IRA SEP/SARSEP IRA SIMPLE IRA

2 Payment instructions

Select only A, B, C or D.

- A. Check.
- B. Direct deposit. (Available only for installment payments when Section 4-B is completed. Attach an unsigned, voided check or preprinted, blank savings account deposit slip to Section 9.)
- C. Repurchase shares in either a new or existing American Funds account. If a new account, an application must be completed and attached; if an existing account, enter the number here _____
- D. Direct rollover to a plan — see below for plan types. (Only taxable amounts distributed from an IRA are eligible to be rolled over to a plan. If you instruct us to liquidate your account, we will assume the entire amount is taxable, unless you provide a specific amount for the direct rollover in Section 4-A.) Select one of the two options below.

1. Direct rollover to purchase shares in an existing American Funds retirement account.

Enter the American Funds account number here _____

Existing American Funds account type:

- Qualified plan (MPP, 401(k) or PSP)
- Governmental 457(b)
- 403(b)

2. Direct rollover by check to another financial institution (provide name and address in Section 8) that is the custodian/trustee of my:

- Qualified plan (MPP, 401(k) or PSP)
- Governmental 457(b)
- 403(b)

My signature in Section 10 hereby certifies that the above-stated plan is an eligible retirement plan for purposes of receiving the direct rollover, and I have verified with the plan custodian/trustee that the receiving plan will accept rollovers.

3 Type of distribution

Submit a separate request form for each distribution type. Select A, B, C, D or E.

A. **Normal** (age 59½ or older) — Proceed to Section 4.

B. **Early**

I am under the age of 59½ and not taking substantially equal payments. I understand that I may be subject to a 10% penalty unless an IRC 72(t) exception applies or the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. For distributions from SIMPLE IRA plans, I understand that the penalty will increase to 25% if taken within the first two years of my participation in the plan.

For SIMPLE IRAs: What was the date of the first contribution to your SIMPLE IRA? / /
(mm/dd/yyyy)

Note: Exceptions to the penalty include catastrophic medical expenses, certain health insurance premiums if unemployed, higher education expenses and first-home purchases (up to \$10,000). Please consult a qualified tax adviser for more information. Proceed to Section 4.

C. **Early (exception applies)** — Select one of the three options below, provide the frequency and start date, then proceed to Section 5.

I am under the age of 59½, **and** substantially equal payments will be made at least annually for five years or until I reach the age of 59½, whichever is longer. I am using one of the three calculation methods listed below:

1. Annuitization*

2. Amortization*

*American Funds does not perform this calculation. Complete the information below.

Fund name or number	Dollar amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total annual amount \$ _____	

3. Life expectancy (installments in substantially equal payments)

• If you **do not** want Capital Bank and Trust Company (CB&T) to calculate this for you, complete the information below.

Equal payments of \$ _____

• If you **do** want CB&T to calculate your substantially equal periodic payments, please complete the following.

Select either a or b below.

a. Over my lifetime. My date of birth is / /
(mm/dd/yyyy)

You must specify one of the following life expectancy tables to be used:

Uniform Lifetime Table

Single Life Expectancy Table

b. Over my lifetime and the lifetime of my designated primary beneficiary.

My date of birth is / / My beneficiary's date of birth is / /
(mm/dd/yyyy) (mm/dd/yyyy)

Frequency: Select life expectancy payment frequency (all distributions will occur **annually** unless stated otherwise):

Monthly Quarterly Semi-annually

Start date: Make the first distribution on / / (you must specify a date of the month between the 6th and the 28th). Proceed to Section 5.
(mm/dd/yyyy)

3 Type of distribution *(continued)*

D. **Disability** — Provide the information below, then proceed to Section 4.

Date you first became disabled / /
(mm/dd/yyyy)

Provide a physician's statement that you are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or to be of long-continued and indefinite duration. If you are unable to obtain this statement from your physician, check "Early" as the type of distribution in this section.

E. **Court-ordered divorce payments**

Transfer _____% or \$_____ or _____ shares of the account balance in my American Funds IRA as a result of divorce or legal separation using the distribution method identified below:

- Repurchase shares in the awarded spouse's existing American Funds account, number _____
- Repurchase shares in a new American Funds IRA for the awarded spouse (attach application)
- By check to the awarded spouse's IRA trustee (see Section 8)

Any of these requests must be accompanied by

- a copy of the divorce decree or decree of separate maintenance
- a guaranteed signature of the IRA owner (see Section 10)
- a completed IRA application from the awarded spouse (if applicable)

Note: Proceed to Section 4-A.

4 Distribution options

Please complete either A or B. This section does not apply to Required Minimum Distributions (RMDs) or life expectancy payments.

A. **One-time distribution** (**Note:** Direct deposits are not available for a one-time distribution.)

Fund name or number	Percentage amount	OR	Dollar amount	OR	Number of shares
_____	_____ %	\$	_____	_____	_____
_____	_____ %	\$	_____	_____	_____
_____	_____ %	\$	_____	_____	_____
_____	_____ %	\$	_____	_____	_____

B. **Installment payments** (**Note:** Not available for court-ordered divorce payments.)

Fund name or number	Percentage amount	OR	Dollar amount	OR	Number of shares	No. of years until acct. closes
_____	_____ %	\$	_____	_____	_____	_____
_____	_____ %	\$	_____	_____	_____	_____
_____	_____ %	\$	_____	_____	_____	_____
_____	_____ %	\$	_____	_____	_____	_____

Frequency: Select installment payment frequency (all distributions will occur **annually** unless stated otherwise):

- Monthly Quarterly Semi-annually

Start date: Make the first distribution on / /
(mm/dd/yyyy)

Note: Any taxes requested to be withheld in the following sections will be withheld from the amount of the request.

5 Federal income tax election

This section does not apply to nonresident aliens. A portion of your Roth IRA distribution may be taxable. The withholding percentage elected or the default withholding percentage will be applied to the entire distribution amount.

Federal law requires us to withhold income tax equal to 10% of the distribution **unless** you elect otherwise. If we withhold federal tax, state tax may also be required (see Section 6). You may want more than 10% withheld because insufficient withholding or underpayment of estimated taxes may result in IRS penalties.

Check one box below to indicate your federal withholding election. If you take your distributions in periodic withdrawals, the election you make now will apply until you change it. **If no election is made, the custodian must withhold taxes at the required rate.**

DO NOT withhold federal taxes. Your U.S. residence address is required to honor this request (no P.O. boxes).

Residence address _____

City _____

State _____

ZIP _____

Withhold federal taxes from each payment in the amount of \$ _____ or at the rate of _____%

Any taxes withheld are withheld from the amount of the request.

6 State income tax withholding

- Complete this section **only** if federal withholding applies and you are a resident of one of the states below.
- A portion of your Roth IRA distribution may be taxable. The withholding percentage elected or the default withholding percentage will be applied to the entire distribution amount.
- This section does not apply to nonresident aliens.
- Please check the appropriate box below and indicate your withholding election, if applicable.

Residents of IA, MA, ME, MS¹ or VT will have state taxes withheld when federal withholding applies.

Residents of AR, CA², DE, GA³, KS, NC, OK or OR will have state taxes withheld when federal withholding applies unless otherwise elected. These residents may elect to have state withholding while electing out of federal withholding. **If no election is made, the custodian is required to withhold taxes at the applicable rate.**

DO NOT withhold state income tax.

In addition to the standard state withholding amount, withhold \$ _____ (do not indicate a percentage).

¹MS residents are subject to mandatory state withholding when federal withholding is applied to early distributions.

²CA state withholding is based on a percentage of the federal withholding amount, not a percentage of the gross distribution.

³GA state withholding policy applies to installment payments. If requesting a one-time distribution, you may elect GA state withholding by providing a dollar amount.

7 Nonresident alien tax withholding

I am a nonresident alien.

You may claim the tax treaty rate for your country of residence by attaching a completed IRS Form W-8BEN with an original signature. Without this form, Capital Bank and Trust Company (CB&T) is required to withhold taxes at the maximum rate of 30%. You can download a Form W-8BEN from the IRS website at www.irs.gov, from americanfunds.com, or call American Funds Service Company at 800/421-0180. (From outside the United States, call 949/975-5000.)

8 Special pay order of check

IMPORTANT INFORMATION: If this section is completed, a signature guarantee is required in Section 10.

Complete this section if the check is to be made payable to someone other than the registered IRA owner or will be mailed to an address other than the address of record. If this check is a result of a transfer due to divorce, the check must be made payable to the trustee or custodian of the awarded spouse's IRA.

First name of trustee or custodian (if applicable)	MI	Last
Address	City	State ZIP
Account number (if applicable)	FBO (if applicable)	

9 Bank information

Be sure that the unsigned, voided check or preprinted, blank savings account deposit slip you tape below provides all the designated data. Do not provide bank information for one-time distributions. **Please do not staple.**

Bank Account Registration

John Doe

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

:999999999:

000000000|:

Bank Routing Number

Bank Account Number

Attach your document here.

VOID

10 Authorization and signature guarantee

I direct Capital Bank and Trust Company (CB&T) to make distributions from my account in the manner I have indicated, and I assume sole responsibility for the tax consequences of the withholding election. I certify that the above information and attached documentation are accurate and that I am entitled to receive the payments for which I have applied.

In consideration of CB&T acting on such instructions and processing such transactions, or should I not be entitled to all or any part of the payments for which I have applied, I agree to hold harmless and indemnify CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors, trustees, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of CB&T acting on such instructions. In addition, if direct deposit payments are requested, I understand that this payment may be terminated by me at any time by telephone or written notification to CB&T. The termination request will be effective as soon as CB&T has had reasonable time to act upon it.

Name of IRA owner (print)

X

IRA owner's signature





_____/_____/_____
Date (mm/dd/yyyy)

A signature guarantee is required if the address of record has changed in the last 10 calendar days or if your redemption request meets one of the following criteria:

- a distribution greater than \$75,000
- made payable to someone other than the IRA owner
- directly deposited to a bank account that is not titled identically to the name of the IRA account owner or
- being mailed to an address other than the address of record.

GUARANTOR:
Stamp signature guarantee here.

If required, a signature guarantee must be performed 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.

	Western Service Center	West Central Service Center	East Central Service Center	Eastern Service Center
<p>Please mail this form to the appropriate service center. <i>(If you live outside the U.S., mail the form to the Western Service Center.)</i></p>				
	<p>American Funds Service Company P.O. Box 25067 Santa Ana, CA 92799-5067</p>	<p>American Funds Service Company P.O. Box 659521 San Antonio, TX 78265-9521</p>	<p>American Funds Service Company P.O. Box 6164 Indianapolis, IN 46206-6164</p>	<p>American Funds Service Company P.O. Box 2560 Norfolk, VA 23501-2560</p>
<p>Overnight mail addresses</p>	<p>American Funds/CB&T 8332 Woodfield Crossing Blvd. Indianapolis, IN 46240-2482</p>	<p>American Funds/CB&T 3500 Wiseman Blvd. San Antonio, TX 78251-4321</p>	<p>American Funds/CB&T 8332 Woodfield Crossing Blvd. Indianapolis, IN 46240-2482</p>	<p>American Funds/CB&T 5300 Robin Hood Rd. Norfolk, VA 23513-2407</p>

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