

Do not complete sections in **red** if requesting a payment due to separation from service. For use with Recordkeeper Direct plans only. This form is to be completed by the plan trustee(s) or authorized signer(s) acting on the account.

1 Plan information

Please type or print clearly.

Plan name	Plan ID number
Trustee or authorized signer ()	Trustee or authorized signer ()
Phone of trustee or authorized signer	Phone of trustee or authorized signer

2 Participant information

First name	MI	Last
Address	City	State ZIP
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SSN	Date of birth (mm/dd/yyyy)	
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien <input type="checkbox"/> Nonresident alien (See Section 9.)		

3 Vested percentage

To be completed by the third-party administrator. Please confirm this information for our records.

Note: All forfeited amounts will automatically be transferred to the plan's forfeiture account.

Match _____ % Profit-sharing _____ % Other _____ %
(Please specify type of contribution.)

The vested percentage reflected above is correct.

Name (print)	Name of firm	()	Ext.
X Signature of third-party administrator		/ /	Date (mm/dd/yyyy)

4 Separation from service distribution (Complete this section for any separation from service distribution request and then proceed to Section 6.)

Select one of the following:

- Retirement Termination Disability

Retirement/Termination date ____/____/____
(mm/dd/yyyy)

- Check here if there are outstanding loans.

Will any outstanding loan balances be offset? No Yes *(If yes, a separate 1099 will be created.)*

5 Other distribution events (Do not use this section for separation from service distribution requests.)

Please select the appropriate distribution event and provide the necessary information. Only one distribution event per form should be selected.

A. In-service distribution (check one):

- Hardship — Total amount requested \$ _____
 Amount of pre-1988 earnings available for hardship withdrawal \$ _____
 Will distribution come from elective deferrals only? Yes No If no, indicate money types _____
 Will participant incur a suspension? Yes No
 Premature (before age 59½ — does not apply to elective deferrals)
 After age 59½
 After-tax

B. Required Minimum Distribution (RMD) (check one):

- RMD amount requested \$ _____
 Calculate RMD based on IRS *Joint Life and Last Survivor Table* (if spousal beneficiary is more than 10 years younger).
 Spousal beneficiary name _____ Spouse's date of birth / /
(mm/dd/yyyy)
 Calculate RMD based on IRS *Uniform Lifetime Table*.

C. Death/Qualified Domestic Relations Order (QDRO) (check one):

- Death QDRO

Note: The plan sponsor has the responsibility of determining whether the Domestic Relations Order is qualified and determining the amount to be distributed to the alternate payee. American Funds Retirement Resources does not require a copy of the Domestic Relations Order. A signature guarantee is required in order to process a death or QDRO distribution (see Section 13).

Is the beneficiary or alternate payee a spouse? Yes No

Is the beneficiary or alternate payee a U.S. citizen or resident alien? Yes No (If no, see Section 9.)

If a payment is to a beneficiary **OR** an alternate payee, provide the name and address in Section 11 and complete the following: (If there are multiple beneficiaries, please provide the following information in a letter of instruction along with the name and address.)

--
SSN

--
Date of birth (mm/dd/yyyy)

D. Loan (maximum is three (3) loans per participant)

- Loan amount \$ _____ Interest rate _____ % Number of payments _____
 First loan payment due / / Duration _____ Anticipated payment amount \$ _____
(mm/dd/yyyy) (months)
 Frequency of payments: Weekly Bi-weekly Semi-monthly Monthly Quarterly

E. Excess return (refund of excess) NOTE: Earnings will be calculated at the time the excess is removed.

Identify applicable plan year-end _____

Select appropriate item(s) below:

- Annual additions [415]** Amount of excess requested \$ _____ (without earnings)
 Please select one of the following. If both boxes are left blank, we will calculate the earnings on excess amount.
 Total earnings including gap period earnings \$ _____ (if applicable) **OR** Calculate earnings on excess amount.
- Excess deferrals [402(g)]** Amount of excess requested \$ _____ (without earnings)
 Please select one of the following. If both boxes are left blank, we will calculate the earnings on excess amount.
 Total earnings including gap period earnings \$ _____ (if applicable) **OR** Calculate earnings on excess amount.
- ADP test** Amount of excess requested \$ _____ (without earnings)
 Please select one of the following. If both boxes are left blank, we will calculate the earnings on excess amount.
 Total earnings including gap period earnings \$ _____ (if applicable) **OR** Calculate earnings on excess amount.
- ACP test** Amount of excess requested \$ _____ (without earnings)
 Please select one of the following. If both boxes are left blank, we will calculate the earnings on excess amount.
 Total earnings including gap period earnings \$ _____ (if applicable) **OR** Calculate earnings on excess amount.

Will matching contributions be forfeited? No Yes If yes, match amount to be forfeited \$ _____ (including earnings)

5 Other distribution events (Do not use this section for separation from service distribution requests.)

(continued)

F. Mistake of fact (as defined in Revenue Rulings 77-200 and 91-4)

Amount requested \$ _____ Payroll date **of mistake of fact** ____/____/____ Money type _____
(mm/dd/yyyy)
 Payment will be made payable to the plan sponsor.

Note: The contribution amount cannot be increased for earnings and must be decreased by losses, if any. By checking the box above, you are certifying that this request meets the IRS standard for mistake of fact and the contribution refund request is being made within one year of the date of deposit into the trust.

G. Trustee-to-trustee transfer (Check this box when assets will remain within the plan but will be maintained by a different recordkeeper.)

Transfer \$ _____ **OR** _____ %

Note: Please be sure to complete Section 11.

6 Amount of withdrawal

Select how the participant is to be paid. Select either A or B. A signature guarantee is required if the redemption request is greater than \$100,000.

A. Single payment of \$ _____ **OR** _____ % **OR** All

B. Installments (Payments will continue until there is no money left in the account.)

(Please indicate frequency of payment): Monthly Quarterly Semi-annually Annually

If other than monthly, indicate month(s) in which distribution should be made:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Mode of payment

Life expectancy *(Select one of the following):* Single **OR** Joint

Fixed amount \$ _____

Note: Distribution will be processed proportionately from all funds.

7 Federal income tax election

This does not apply to nonresident aliens.

A. Eligible rollover distributions

Note: If participants do not request a direct rollover, the distribution is subject to a 20% mandatory federal income tax withholding.

Participant is requesting a direct rollover; therefore, withholding does not apply.

B. Other distributions

This distribution is **not** eligible to be rolled over because it represents a required minimum distribution, a distribution to a non-spouse beneficiary, a financial hardship distribution or a periodic distribution paid over life or joint life expectancy or over a period of at least 10 years. **If the distribution is not eligible for rollover, the taxable amount will be subject to 10% withholding unless otherwise indicated.**

This distribution represents the refund of excess contributions. If an ADP test, ACP test or Annual Additions [415] excess is processed within 2½ months after the plan year-end, then the excess is not subject to withholding. If an ADP test, ACP test or Annual Additions [415] excess is processed beyond 2½ months after the plan year-end, then 10% withholding will apply unless otherwise indicated below. Excess deferrals [402(g)] are not subject to withholding.

This distribution is less than \$200, so federal income tax withholding does not apply.

No withholding (This option requires the participant's U.S. residence address — no P.O. boxes.)

Residence address _____ City _____ State _____ ZIP _____

Withhold federal taxes at the rate of _____% **OR** dollar amount of \$ _____

For accounts with after-tax contributions (if participant is not rolling over earnings from an after-tax source)

Gross amount of contributions made before 1/1/87 \$ _____

Gross amount of contributions made on or after 1/1/87 \$ _____

8 State income tax election

This does not apply to nonresident aliens.

If participant is a resident of one of the states listed below, please check the appropriate box and the withholding election, if applicable.

- Residents of AR, DE, IA, KS, MA, MD, ME, MS¹, NE, OK, VA or VT will have state taxes withheld when federal withholding applies.
 - Residents of CA², GA³, NC⁴ 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 trustee, or recordkeeper, if authorized, is required to withhold taxes at the applicable rate.**
- DO NOT** withhold state income tax.

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

¹MS state withholding will be mandatory when federal withholding is applied to early distributions and returns of excess contribution.

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

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

⁴NC residents are subject to mandatory state withholding on all eligible rollover distributions.

9 Nonresident alien tax withholding

Individuals who are not citizens or resident aliens of the U.S. may be able to claim the tax treaty rate for their country of residence by attaching a completed 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 or call American Funds Service Company at 800/421-6019. (From outside the United States, call 714/671-7000.)

10 Pay-order instructions

Select either A, B or C. If appropriate, complete Section 11.

- A. Direct rollover to an American Funds IRA
- Existing American Funds account number _____
 - New American Funds account (**Please attach an IRA application to this form.**)
- B. Direct rollover to another IRA **OR** Retirement plan (Provide payee information below.)

Name of financial institution/trustee

Account number

- C. Make check payable to:
- Participant
 - Alternate payee/beneficiaries (If you've completed Section 5-C, please provide the name and address below in Section 11.)

11 Payment mailing instructions

A signature guarantee may be required. Please see Section 13 for the rules.

- Mail payment directly to (checks are sent to the address of record):
- Participant Plan sponsor **OR** Third-party administrator

Select one of the following and provide the requested information below:

- Other financial company **OR** Alternate address (A signature guarantee is required. See Section 13.)

Payee/trustee/custodian

Account number (if applicable)

Address

City

State ZIP

- Please expedite delivery to the above recipient by using the delivery service and account listed:

Delivery service

Name on account

Account number

12 Distribution sequence provisions

*Do not complete this section if your request is a result of separation from service (Section 4). **Note:** These distribution sequence provisions may change when final regulations on Roth distributions are released.*

The plan document defines the rules under which distributions are to be made. The following distributions are standardized according to IRS rules:

- **Loans** will be processed pro rata from each contribution type unless alternate instructions are provided here _____

- **Hardships** will come first from elective deferrals, then from company-matching contributions, then from other company contributions unless alternate instructions are provided here (In no event can hardship withdrawals come from QNECs, QMACs or safe harbor contributions.)

- **All partial distributions after separation from service** will be taken pro rata from each contribution type unless alternate instructions are provided here _____
- **ADP refunds** will come from elective deferrals. Please inform us when it is appropriate to forfeit an employer-matching contribution as a result of an ADP refund.
- **ACP refunds** will come first from employee after-tax contributions, then from the company-matching contributions.
- **A 415 excess** will come first from employee after-tax contributions, then from elective deferrals.
- **A refund of excess deferrals** will be made from the elective deferral source/money type.
- If a participant has **after-tax contributions** in the plan after separation from service and takes partial distributions, we will follow the regulations under Internal Revenue Code Section 72 to determine the taxable portion of the distribution.

13 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 plan administrator has provided the participant with a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% withholding on distributions that are not directly rolled over and has also complied with any other notice requirements to the participant that are applicable to this distribution, (3) the vested percentage in Section 3 is correct and (4) the recordkeeper is entitled to rely on our authorization and is hereby indemnified from all liability arising from following our instructions.

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

If the redemption request is greater than \$100,000 and/or made payable to someone other than the participant or to a successor trustee for the participant's benefit, a signature guarantee **is required**.

If a signature guarantee is required, the guarantee must be performed by a bank, savings association, credit union, member firm of a domestic stock exchange or the National Association of Securities Dealers, Inc., 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.

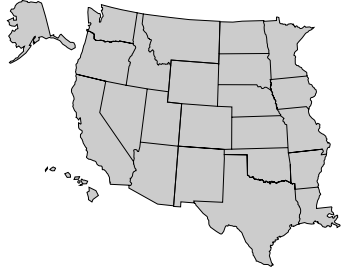
GUARANTOR:
Stamp signature guarantee here.

GUARANTOR:
Stamp signature guarantee here.

Service centers

If you have any questions about this form, please call American Funds Retirement Resources at 800/421-6019 between 9 a.m. and 8 p.m. Eastern time.

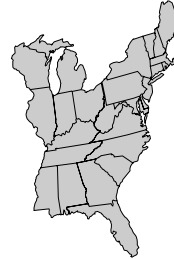
Please return this form to the appropriate regional address shown below. If a signature guarantee is required, the form must be mailed with original signatures. If no signature guarantee is required, this form may be faxed.

**Regular mail**

WESTERN SERVICE CENTER
CAPITAL BANK AND TRUST COMPANY
c/o American Funds Retirement Resources
P.O. Box 2222
Brea, CA 92822-2222

Overnight mail

CAPITAL BANK AND TRUST COMPANY
c/o American Funds Retirement Resources
135 South State College Blvd.
Brea, CA 92821-5804
Fax: 714/672-1636

**Regular mail**

EASTERN SERVICE CENTER
CAPITAL BANK AND TRUST COMPANY
c/o American Funds Retirement Resources
P.O. Box 6040
Indianapolis, IN 46206-6040

Overnight mail

CAPITAL BANK AND TRUST COMPANY
c/o American Funds Retirement Resources
8332 Woodfield Crossing Blvd.
Indianapolis, IN 46240-4319
Fax: 317/735-6784

Visit our website at americanfunds.com/retiresponsor.

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American Funds

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