



- Use this form to request a one-time qualified charitable distribution (QCD) from a traditional, Roth, SIMPLE*, SEP/SARSEP* or inherited IRA.
- You must be at least 70½ or older on the date of distribution. If you are RMD age and the account is subject to a Required Minimum Distribution (RMD), the distribution counts toward your RMD for the current year.
- **The QCD will be tax reported on Form 1099-R as a normal distribution (or as a death distribution, if the account is an inherited IRA), as required by the IRS.** You'll need to report the distribution as a QCD on your tax return. For more information, refer to www.irs.gov or consult your tax advisor.
- As a QCD is not subject to tax withholding, it will not be applied to this request.

Footnote:

*A QCD cannot be made from an ongoing SIMPLE, SEP or SARSEP IRA. The account is generally considered to be ongoing if you make salary deferrals or receive employer contributions for the current year.

1 Account owner information

First name _____ MI _____ Last _____ Account number or plan ID _____

Address _____ City _____ State _____ ZIP _____

Email address† _____ () _____ Daytime phone _____

Citizenship: U.S. citizen U.S. resident alien Nonresident alien (Submit an IRS Form W-8BEN.)

Footnote:

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

2 Distribution instructions

Select one.

Note: The maximum exclusion from gross income per individual per tax year is \$111,000 for 2026 (indexed for inflation) or \$55,000 if taken as a one-time distribution to a split-interest entity (i.e., charitable remainder annuity trust, charitable remainder unitrust, or charitable gift annuity). If you made deductible IRA contributions after age 70½, the amount of a QCD that you can exclude from income may be reduced. You should consult with your tax advisor regarding applicable IRS rules based on your circumstances to ensure the distribution satisfies the QCD requirements.

To avoid delays in processing your request, be sure that the distribution will not reduce any fund balance below the established fund minimums that must be met and maintained. **The fund minimums are \$1,000 for the money market, interval and state-specific tax-exempt bond funds or \$250 each for all other funds.** For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

Fund name or number	Amount		Percentage
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %

3 Charitable organization information

Notes:

- The charity must be an organization that is eligible to receive tax-deductible contributions. Consult your financial professional or tax advisor to ensure the organization is eligible.
- The check will be made payable to the charitable organization. **A signature guarantee is required in Section 4.**
- Follow up with the charity for a receipt of your donation.

Name of charitable organization _____
Attention

Address _____
City _____
State _____
ZIP

Delivery instructions (select one):

Mail the check directly to the charitable organization. **OR** Mail the check to the address listed in Section 1.

Note: If no selection is made, the check will be mailed directly to the charitable organization.

