CAPITAL | AMERICAN GROUP[®] | FUNDS[®]

Distribution Request for Excess Contributions From SEP/SARSEP IRAs

For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

Owner information			
Please type or print clearly.			
Name of SEP/SARSEP IRA owner (or employer, if applicable)		Account number	
ddress	City	<i>(</i>)	State ZIP
Email address*			
		Daytime phone	
Your privacy is important to us. For information on our priva	acy policies, visit www.capitalgroup.com	1.	
Instructions for removing excess	deferral contributions — re	equired	
The amount removed from your account will be adjust	sted to reflect gains or losses in accordan	ce with IRS guidelines.	
ou must select one of the two options below.			
I am delivering this request in time to remove my erequest is not received in sufficient time to correct removed after my tax-filing deadline. See the imp	my excess deferrals by April 15, the	-	
DR			
I am removing the excess after my tax-filing deadl	ine of April 15. (Extensions and post	marks do not apply.)	
Note: If excess deferrals are not removed from your a contribution limits. Any excess deferrals that ex tax advisor for information.			•
American Funds must receive your distribution request prio	r to 4 p.m. Eastern time on April 15 in ord	er to meet the tax-filing dead	ine.
Barrow Series States Complete A and B. An excess elective deferral may	•		A below.
A. Select one of the following four options:			
1. I have an excess deferral because my empl	oyer's SEP/SARSEP IRA plan has:		
failed to meet the 50% participation rule	e for OR [failed the ADP test for _	Тах уеаг (уууу)
2. I have exceeded the 415 limit for	(Excess will come from defe	arrale)	

Tax year (yyyy)

3. I have made an excess deferral that exceeds the maximum allowable limit under the IRC Section 402(g) limit for _____

Tax year (yyyy)

4. I am a sole proprietor or partner who did not have taxable income equal to or greater than the amount contributed.



Distribution Request for Excess Contributions From SEP/SARSEP IRAs

Excess elective deferral — requested by the SEP/SARSEP IRA owner

) (continued)

- B. Method of removal. Remove the following excess contributions from the account referenced in Section 1.
 - 1. Total amount of excess contribution(s) \$ _____
 - 2. Date of initial excess deferral investment required _____

(mm/dd/yyyy)

3. Capital Bank and Trust CompanySM (CB&T) will calculate the gains or losses attributable to the excess contribution being removed in accordance with the IRS guidelines. The amount removed from your account will be adjusted to reflect gains or losses. Provide instructions below for how you would like the adjusted amount to be removed.

Note: If no instructions are provided, any amounts removed will be removed in the same proportion as originally invested.

Fund name or number	Percentage
	%
	%
	%
	%

C. Reallocation/delivery instructions for amount removed

Select one of the four options below.

- 1. Keep \$ ______ in this IRA account as my current-year Traditional IRA contribution (not to exceed contribution limits).
- 2. Reinvest at net asset value, if applicable, the excess amount, plus any earnings, in my new or existing Traditional IRA account (not to exceed the contribution limits). If opening a new account, attach the appropriate application.

My existing Traditional IRA account number is _____

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

Note: If you choose to treat the excess as an IRA contribution, any amounts in excess of the current-year contribution limit will be returned to you by check. If reinvestment instructions are not provided above, the amount removed will be reinvested into the same fund(s) and share class.



Excess elective deferral — requested by the SEP/SARSEP IRA owner

(continued)

3. Reinvest at net asset value, if applicable, the excess amount, plus any earnings, in my new or existing non-retirement account. If opening a new account, attach the appropriate application.

My existing non-retirement account numb	er is		
Fund name or number	Percentage	Fund name or number	Percentage
	%		%
	%%		%
	%%		%

Note: If reinvestment instructions are not provided above, the amount removed will be reinvested into the same fund(s) and share class.

- 4. Issue a check and send it to the address provided in Section 1. If the address is different than what is currently shown on your account, your signature must be guaranteed in Section 5. (Electronic deposit to bank accounts via ACH is not available.)
- **Note:** The employer may request distribution of the excess amount attributable to elective deferrals, adjusted for earnings through the date of correction, to the affected SEP/SARSEP IRA owner by completing Section 4.

Important information for the SEP/SARSEP IRA owner

Reporting the distribution of an excess elective deferral

When excess elective deferrals are distributed by the April tax-filing deadline of the year following the year of the deferral, the excess deferral amount is taxable to you in the year in which the payroll was deferred, and the earnings are taxable in the year they are distributed.

When excess elective deferrals are corrected after the April tax-filing deadline of the year following the year of the deferral, the excess deferral amount is taxable to you and may be included in your gross income in both the year of the deferral and the year of the distribution. Earnings are taxable in the year distributed.

The distribution is reported on IRS Form 1099-R for the year of distribution with respect to each SEP/SARSEP IRA owner receiving the distribution. In addition, the distribution of an excess amount is not eligible for rollover.



Excess elective deferral or excess employer contribution — requested by the employer

Complete both **A** and **B** in this section.

Important information for the employer

SEP/SARSEP excess employer contribution

The Employee Plans Compliance Resolution System (EPCRS) indicates that an employer (Plan Sponsor) may request distribution of the employer excess amount, adjusted for earnings through the date of correction, back to the employer. To request an excess corrective distribution pursuant to this correction method, complete this section.

If the excess employer contribution is the result of a 415 failure, the excess amount, if retained in the account, is not deductible by the employer and must be allocated to the participant's account in the following year.

SEP/SARSEP excess elective deferral

The Employee Plans Compliance Resolution System (EPCRS) indicates that an employer (Plan Sponsor) may request distribution of the excess amount attributable to elective deferrals, adjusted for earnings through the date of correction, to the affected SEP/SARSEP IRA owner.

If the distribution of an excess amount attributable to elective deferrals is requested by the employer, the employer must inform the SEP/SARSEP IRA owner that the distribution of an excess amount is not eligible for favorable tax treatment accorded to distributions from a SEP/SARSEP IRA plan (and, specifically, is not eligible for tax-free rollover).

Reminders:

- Consult your tax advisor: We suggest you consult your tax advisor for guidance in reviewing your specific situation, determining the employer excess amount and requesting a return of the excess contribution.
- Reporting the distribution: The amount returned to the employer is not includable in the gross income of the affected SEP/SARSEP IRA
 owner. The employer is not entitled to a deduction for the employer excess amount. IRS Form 1099-R, which is issued to the SEP/SARSEP
 IRA owner the year following the distribution, will indicate the taxable amount as zero. The distribution is reported to the IRS for the year in
 which the excess amount plus earnings was returned to the employer.

A. Complete this section to authorize removal of an elective deferral or an excess employer contribution.

Pursuant to the correction method outlined in the EPCRS, I authorize and request that the distribution of the excess contribution amount, adjusted for earnings through the date of correction, be made payable to the following:

The SEP/SARSEP IRA owner identified in Section 1

- who has made deferrals in excess of the SEP/SARSEP IRA plan or 402(g) limit or
- whose plan has failed to meet the 50% participation rule for ______ Tax year (yyyy)
- whose plan has failed the ADP test for _____

Tax year (yyyy)

OR

The employer because excess employer contributions have been made to the SEP/SARSEP IRA account

- B. Method of removal. Remove the following excess contributions from the account referenced in Section 1.
 - 1. Total amount of excess contribution(s) \$ _____ Date of initial excess contribution(s) _____

(mm/dd/yyyy)

2. Provide instructions below for how you would like us to process the withdrawal. If no instructions are provided, any amount removed will be removed in the same proportion as originally invested.

Fund name or number	Percentage
	%
	%



Authorization and signature guarantee

I direct CB&T to make distributions from the account in the manner indicated. I certify that the information within this request form is accurate and that this request is being made in accordance with IRS procedures.

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.

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

If the distribution of an excess deferral is being authorized by the SEP/SARSEP IRA owner, sign here:

	X		1	/
Name of SEP/SARSEP IRA owner (print)	Signature of SEP/SARSEP IRA owner		(mm/dd/y	ууу)
If the distribution of an excess deferral or excess	employer contribution is being authorized b	y the employe	r, sign here:	
	X		1	1
Name of employer (print)	Signature of employer		(mm/dd/y	ууу)
a signature guarantee.				
a signature guarantee.				
	City		State	ZIP
Name of company			State	ZIP

• being mailed to the address of record and the address has changed in the last 10 calendar days

OR

• being mailed to an address other than the address of record.

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.

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) 421-4371.

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Please mail or	Indiana Service Center	Virginia Service Center
fax this form to the appropriate service center. (If you live outside the U.S., mail the form to the Indiana Service Center.)	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
	Fax (888) 421-4371	Fax (888) 421-4371

If you have questions or require more information, contact your financial professional or call American Funds Service Company at (800) 421-4225.