

## Distribution Request for Excess Contributions From Money Purchase Plans/Profit-Sharing Plans (MPPs/PSPs)

#### Important information for completing this form:

- Please obtain legal advice to determine the reason for your contribution correction and the appropriate method for removing it. If you do not meet the regulatory requirements, you may jeopardize the qualified status of your plan.
- Please review the *Defined Contribution Plan and Trust Basic Plan Document* to determine the type of contribution correction and the circumstances under which it can be returned or carried over to the succeeding plan year.
- When we receive your completed form, we will review it to determine if we can correct your contribution. If a correction is made, you will receive account statements.

### Participant information

		Account n	umber or p	lan ID	
lame of MPP/PSP participant	Name of company				
ompany address	City			State	ZIP
		(	)	E	kt.
mail address*		Davti	me phone		

## Type of contribution correction

#### Complete A or B.

Upon review of the facts concerning the erroneous contribution made to the plan, and upon consultation with my legal advisor, as appropriate, I have determined the correction I am requesting is consistent with current law and IRS procedures.

I request that Capital Bank and Trust Company (CB&T):

A. Return the excess contribution of \$

1. Choose one of the following:

The contribution was due to a mistake of fact. The IRS has issued limited guidance with respect to the circumstances under which a contribution is determined to be made as a mistake of fact, and the limited guidance provides a very narrow definition of "mistake of fact." If this request is found not to meet the IRS standard for mistake of fact, the contribution returned may potentially jeopardize the plan's qualification status, which can result in adverse tax consequences to the plan sponsor and plan participants. If an erroneous contribution is found to be made on account of a mistake of fact, it may be returned to the employer within one year of the mistaken contribution.

OR

- The IRS disallowed the contribution deductibility. (If the IRS disallows the deduction, a copy of the IRS notification is required and must be attached to this request.)
- 2. Method of removal. Please specify the fund name or number, amount to remove from each fund and the date the contribution was invested.

Note: If instructions are not provided below, any amount removed will be removed in the same percentage as originally invested.

Fund name or number	\$ Amount	
Fund name or number	\$ Amount	Date invested (mm/dd/yyyy)
Fund name or number	\$ Amount	Date invested (mm/dd/yyyy)



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2	Type of contribution correction
2	(continued)
в. 🗌	] Carry over the excess contribution of \$ to the next tax year.
	Choose one of the following:
	The contributions to a single participant's account exceed the lesser of the annual indexed dollar limit or 100% of compensation or the "Maximum Permissible Amount."
	Specify the fund name or number, amount to remove and carry over from each fund and the date the contribution was invested.

Fund name or number	9	Amount	Date invested (mm/dd/yyyy)
Fund name or number	9	Amount	Date invested (mm/dd/yyyy)
Fund name or number	9	Amount	Date invested (mm/dd/yyyy)

## OR

The contributions to the plan exceed 25% of the aggregate compensation of all participants. My records will show the excess amount being carried over to the next tax year. No adjustments are necessary to the American Funds account records.



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# **3** Authorization and signature guarantee

I am authorized to act on behalf of the plan. I certify that the above information is accurate and I direct CB&T to correct the excess contribution from the aforementioned account in the manner I have indicated.

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.

his document may not be signed using Adobe Acrobat Reader's "fill and sign" feature. a signature guarantee is required if the distribution request a greater than \$125,000. Frequired, signatures must be guaranteed by a bank, savings ssociation, credit union, member firm of a domestic stock exchange r the Financial Industry Regulatory Authority, that is an eligible uarantor institution. A notary public is NOT an acceptable uarantor. The guarantee must be in the form of a stamp or a ypewritten or handwritten guarantee that is accompanied by a		X			/ /
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s greater than \$125,000. required, signatures must be guaranteed by a bank, savings ssociation, credit union, member firm of a domestic stock exchange the Financial Industry Regulatory Authority, that is an eligible uarantor. The guarantee must be in the form of a stamp or a spewritten or handwritten guarantee that is accompanied by a aised corporate seal. If a signature guarantee is required, this form must be mailed. If a signature guarantee is required, this form must be mailed. If a signature guarantee is required, this form must be mailed. Marcian Funds Service Company PO, Box 6164 Indianapolis, IN 46206-6164 Corregit mail address 1211 N. Meridian St. Carrnel, IN 46202-913 Investor uptad www.capitalgroup.com/upload Investor uptad www.capitalgroup.com/upload For more information, contact your financial professional upload www.capitalgroup.com or call us at (800) 421-4225.	This document may not be s	igned using Adobe Acrobat Reader's	"fill and sign" feature.		
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If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.         Image: Service Company P.O. Box 6164 Indianapolis, IN 46206-6164         Overnight mail address 12711 N. Meridian St. Carmel, IN 46032-9181         Investor upload www.capitalgroup.com/submit         Financial professional upload www.capitalgroup.com or call us at (800) 421-4225.	association, credit union, mem or the Financial Industry Regu guarantor institution. <b>A notary</b> guarantor. The guarantee mu	ber firm of a domestic stock exchange ulatory Authority, that is an eligible <b>y public is NOT an acceptable</b> ust be in the form of a stamp or a			
American Funds Service Company       P.O. Box 6164       American Funds Service Company       P.O. Box 6164       P.O. Box 6164       P.O. Box 2560       Norfolk, VA 23501-2560         Overnight mail address       12711 N. Meridian St.       Carmel, IN 46032-9181       Overnight mail address       S300 Robin Hood Rd.         Investor upload www.capitalgroup.com/submit       Financial professional upload www.capitalgroup.com or call us at (880) 421-4371         For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.		If a signature guarantee is rec	quired, this form must be m	nailed.	
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