



- Use this form to move assets from an American Funds IRA (traditional, Roth, SIMPLE, SIMPLE Plus or SEP/SARSEP) to another financial institution or to another American Funds account.
- To move external assets to an American Funds IRA, use the *Request for Transfer of Assets or Direct Rollover* form or *SIMPLE IRA Plus Request for Transfer of Assets or Direct Rollover* form.

1 Account owner information

First name	MI	Last	Account number ¹ or plan ID ²
Address		City	State ZIP
()			Daytime phone
Email address ³			

2 Sending and receiving account types

Select the sending and receiving account types.

FROM	TO	TAX TREATMENT
<input type="checkbox"/> Traditional IRA (including SEP/SARSEP)	<input type="checkbox"/> Pre-tax SIMPLE IRA (including SIMPLE IRA Plus) ⁴	Transfer. No 1099-R will be generated.
	<input type="checkbox"/> Qualified retirement plan	Rollover. You will receive a 1099-R.
	<input type="checkbox"/> Traditional IRA (including SEP/SARSEP)	Transfer. No 1099-R will be generated.
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth IRA	Transfer. No 1099-R will be generated.
	<input type="checkbox"/> Roth SIMPLE IRA (including SIMPLE IRA Plus) ^{4, 5}	Transfer. No 1099-R will be generated.
<input type="checkbox"/> Pre-tax SIMPLE IRA (including SIMPLE IRA Plus)	<input type="checkbox"/> Pre-tax SIMPLE IRA (including SIMPLE IRA Plus) ⁶	Transfer. No 1099-R will be generated.
	<input type="checkbox"/> Qualified retirement plan ⁷	Rollover. You will receive a 1099-R.
	<input type="checkbox"/> Traditional IRA (including SEP/SARSEP) ⁷	Transfer. No 1099-R will be generated.
<input type="checkbox"/> Roth SIMPLE IRA (including SIMPLE IRA Plus)	<input type="checkbox"/> Roth IRA ⁷	Transfer. No 1099-R will be generated.
	<input type="checkbox"/> Roth SIMPLE IRA (including SIMPLE IRA Plus) ^{5, 6}	Transfer. No 1099-R will be generated.

Footnotes:

¹ **SIMPLE IRA participants with pre-tax and Roth assets:** Review your account statement. If separate account numbers are assigned for pre-tax and Roth assets, ensure the correct account is listed. If applicable, a separate request must be submitted for each account.

² If you have both pre-tax and Roth assets, write "pre-tax" or "Roth" next to the plan ID. If applicable, a separate request must be submitted for each contribution type.

³ Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

⁴ You may not request a transfer into a SIMPLE IRA until at least two years after the first SIMPLE IRA contribution.

⁵ Ensure the plan offers Roth contributions prior to submitting this request. Otherwise, the transfer cannot be accepted.

⁶ If you take a distribution during the first two years of participation in a SIMPLE IRA plan, the early distribution penalty is 25%. (Exceptions may apply.) Your two-year period begins the first day a contribution is deposited into your SIMPLE IRA. If you are transferring assets from another SIMPLE IRA plan with a previous employer, the **newest plan's** start date will be used.

⁷ SIMPLE IRAs may be transferred or rolled over to another plan type only after two years from the date of the first SIMPLE IRA contribution. Before two years, you may only transfer to another SIMPLE IRA.



3 Instructions

Step 1: Determine how assets will be removed from your account. Complete **A** or **B**.

A. Account statement includes account number (If the account statement includes a plan ID, proceed to **B**.)

Total (Proceed to Step 2.)

OR

Partial (Complete the information below.)

To avoid processing delays, 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 money market and interval 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 _____ %

B. Account statement includes a plan ID that begins with 754 (SIMPLE IRA Plus) or 2

Total (Proceed to Step 2.)

OR

Partial \$ _____ Amount _____

Note: The rollover or transfer will be processed proportionally from all funds in applicable contribution types.

Step 2: Specify where the assets will be sent.

Move assets to the following existing account with American Funds _____ Account number or plan ID

Notes:

- All assets will be transferred or rolled over into the same fund(s), share class(es) and percentage(s) as currently invested. However, if assets are being transferred or rolled into an American Funds RecordkeeperDirect® or SIMPLE IRA Plus plan, the assets will be invested according to the instructions on file for future allocations.
- Assets moving from a SIMPLE IRA Plus plan will be invested in Class A shares at Net Asset Value (no sales charge) in the same fund(s) and percentage(s) as currently invested.

Send a check to another financial institution. (Provide the information below. **A signature guarantee may be required in Section 5.**)

Name of financial institution _____

Address _____

City _____

State _____

ZIP _____

Account number or plan ID _____

FBO _____



4 Required minimum distribution (RMD) — if applicable

This section applies if you are requesting a rollover and are age 73 or older this year.

Notes:

- RMDs cannot be rolled over. You must take the total aggregated RMD for **all** your traditional IRAs (including SIMPLE and SEP/SARSEP) prior to the rollover.
- If you have an automatic distribution plan for CB&T IRA RMD payments, and need to stop any remaining payments for the current year, call us at **(800) 421-4225**.

Select one:

The total RMD for **all** my IRAs has been satisfied. **Proceed to Section 5.**

OR

I would like to withdraw the remaining amount of my total IRA RMD from the account specified in Section 1.

A. Total gross (pre-withholding) RMD amount: \$ _____ — required

Notes:

- The distribution will be taken proportionately from each fund in the account.
- A check will be sent to the mailing address listed in Section 1.
- If you need help calculating RMDs for your American Funds account(s), call us at **(800) 421-4225**.

B. Federal income tax withholding

Federal law requires us to withhold income tax equal to 10% of the gross RMD amount **unless** you elect otherwise using the check boxes below. Refer to IRS Form W-4R for additional information. Insufficient withholding or underpayment of estimated taxes may result in IRS penalties. If you are a nonresident alien (NRA), submit an IRS Form W-8BEN as documentation of your foreign tax status; 30% NRA withholding may apply to the distribution.

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

Residence address (physical address required — **no P.O. boxes**)

City

State

ZIP

Withhold federal taxes from the total distribution at the rate of _____% (Whole % only).* If you are withholding less than 10%, you must enter a U.S. residence address above (**no P.O. boxes**).

Footnote:

*Rates that include decimals will be rounded to the nearest whole number.

C. State income tax withholding

If your state requires withholding or if the amount you enter below is less than the minimum for your state, CB&T will withhold at least the minimum state tax. CB&T does not withhold taxes for all states.

DO NOT withhold Withhold _____% **OR** \$ _____

Note: To review the impacts of withholding for your state of residence, visit www.capitalgroup.com/statetax or speak with your tax advisor.



5 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. If I am requesting an RMD, I have reviewed IRS Form W-4R and assume sole responsibility for the tax consequences of the withholding election. I certify that the above information is 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.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. A copy of this document will be made available to me as required.

Name of account owner (print) _____ **X** _____ Signature of account owner _____ / / _____ Date _____ (mm/dd/yyyy)

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

A signature guarantee is required unless:

- the assets are moved to an existing American Funds account.

OR

- you have attached a Letter of Acceptance from the receiving financial institution **AND** the distribution amount is \$250,000 or less.

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.

Stamp signature or medallion guarantee here.  

If a signature guarantee is required, this form must be mailed.

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



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

Investor upload www.capitalgroup.com/submit

Financial professional upload www.capitalgroup.com/upload

Fax (888) 421-4371

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.

Give Form W-4R to the payer of your retirement payments.

1a First name and middle initial

Last name

1b Social security number

Address

City or town, state, and ZIP code

**DO NOT COMPLETE OR RETURN.
THIS FORM IS FOR REFERENCE ONLY.**

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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**Sign
Here**

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic

payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%

*If married filing separately, use \$400,450 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding.

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.