



- This form is to be completed and signed by the plan trustee(s) or authorized signer(s) acting on the account.
- The plan sponsor is responsible for any tax reporting of plan distributions.
- Additional documents may be required if the plan trustee(s) or authorized signer(s) acting on the account is not listed in the account registration.
- This form should NOT be used for distributions from Capital Bank and Trust Company (CB&T) SIMPLE, SEP, SARSEP, MPP/PSP or 403(b) accounts. For these account types, complete the appropriate CB&T distribution form.
- For plan terminations, call us at (800) 421-4225, ext. 43.

For American Funds internal use only: Not to be used for TRAC accounts.

## 1 Plan and participant information

Account registration		Account number	
Address	City	State	ZIP
		( )	Ext.
Name of plan contact		Daytime phone	
Name of participant (if not listed in the registration)			

## 2 Withdrawal instructions

**Notes:**

- American Funds does not track vesting information for plan participants. The plan sponsor is responsible for providing current and correct withdrawal amounts.
- A signature guarantee may be required if the withdrawal amount is greater than \$250,000 and is not being rolled over to an American Funds IRA (see Section 6).

Fund name or number	Amount		Number of shares		Percentage
	\$	OR		OR	%
	\$	OR		OR	%
	\$	OR		OR	%
	\$	OR		OR	%
	\$	OR		OR	%
	\$	OR		OR	%
Total	\$				



### 3 Pay-order instructions

Select one of the options below.

- A. ☐ Issue a check payable to the plan for the benefit of the participant and send it to the plan address.

**Note:** Because American Funds Service Company® (AFS) is unable to withhold income tax required by the IRS on certain plan distributions, AFS will not make checks payable to plan participants or mail checks directly to plan participants.

- B. ☐ Electronically deposit the assets into the plan's bank account. (Provide bank information in Section 5.)

- C. ☐ Direct rollover to an American Funds traditional or Roth IRA.

1. Provide account information.

☐ Existing American Funds account number \_\_\_\_\_

☐ New American Funds account (**Attach a Traditional/Roth IRA Application.**)

2. Provide investment instructions.

☐ Reinvest shares in kind in the existing or new account. (Shares will be moved from this account to the receiving account within the same fund(s) and share class.)

☐ I have attached a separate letter of instruction that specifies how shares should be invested in the receiving account.

**Note:** If no instructions are provided, shares will be reinvested in kind.

- D. ☐ Transfer the assets to an existing American Funds forfeiture account \_\_\_\_\_  
Account number

- E. ☐ Direct rollover to a non-American Funds account (Complete Section 4. A signature guarantee may be required in Section 6.)

☐ IRA **OR** ☐ Retirement plan Specify plan type \_\_\_\_\_

- F. ☐ Issue a check to a third-party administrator, asset allocator or advisory service for the plan. (Complete Section 4. A signature guarantee is required in Section 6.)

### 4 Payee information

If the check is payable to anyone other than the plan, provide the information requested below.

**Note:** A signature guarantee may be required if this section is completed.

\_\_\_\_\_  
Name of financial institution      Attn: Recipient or department (if applicable)      Account number

\_\_\_\_\_  
Address      City      State      ZIP



## 5 Bank information

Complete this section if you wish to electronically deposit assets into the plan's bank account. Select one option below.

☐ Automated Clearing House (ACH) — Attach a voided, preprinted check.

Tape your check here.

VOID

Acme Incorporated

DATE \_\_\_\_\_

Bank account registration

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Anytown Bank ← Bank name

Bank routing number: | : 99999999 | :

Bank account number: 0000000000 | | :

**Note:** In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number, account number and account type (checking or savings). The letter must be on the bank's letterhead.

☐ Wire transfer (minimum \$1,000) — Provide wire instructions below. A signature guarantee is required in Section 6.

Bank name

Bank routing number

Bank account number

Bank account registration (the name preprinted on the check)

☐ Checking **OR** ☐ Savings



## 6 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 withdrawal amounts provided in Section 2 are correct and **3)** American Funds is hereby indemnified from all liability arising from following our instructions.

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

_____ Name of plan trustee or authorized signer	<b>X</b> _____ Signature of plan trustee or authorized signer	_____ Date (mm/dd/yyyy)
_____ Name of plan trustee or authorized signer	<b>X</b> _____ Signature of plan trustee or authorized signer	_____ Date (mm/dd/yyyy)

**A signature guarantee is required if any of the following apply:**

- The check is mailed to the address of record and the address has changed in the last 10 calendar days.
- The check is payable or mailed to a third party, with the exception of a rollover or transfer to another financial institution when accompanied by their Letter of Acceptance.
- The proceeds are deposited into a bank account not currently established on a withdrawal option for at least 10 calendar days.
- The distribution amount is more than \$250,000.

**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.

Stamp signature or medallion guarantee here.

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 6007  
Indianapolis, IN 46206-6007

**Overnight mail address**  
12711 N. Meridian St.  
Carmel, IN 46032-9181



**American Funds Service Company**  
P.O. Box 2280  
Norfolk, VA 23501-2280

**Overnight mail address**  
5300 Robin Hood Rd.  
Norfolk, VA 23513-2430

**Financial professional upload** [www.capitalgroup.com/upload](http://www.capitalgroup.com/upload)

**Fax** (888) 421-4351

**For more information, contact your financial professional, visit [www.capitalgroup.com](http://www.capitalgroup.com) or call us at (800) 421-4225.**