



In lieu of submitting this form, you may request a distribution by calling us at (800) 421-4225.

## 1 Account information

Account number	Name of authorized representative	Name of account owner
Address		City
		State
		ZIP
Email address*		( ) Daytime phone

\*Your privacy is important to us. For information on our privacy policies, visit [www.capitalgroup.com](http://www.capitalgroup.com).

## 2 Request for distribution

Complete **A** or **B**. To avoid delays in processing your request, be sure to specify fund names or numbers when providing distribution instructions. For fund names and numbers, review your statement or access your account at [www.capitalgroup.com](http://www.capitalgroup.com).

A. ☐ I am requesting a one-time distribution from the above-referenced ABLEAmerica account.

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

B. ☐ I am requesting automatic payments.

Fund name or number	Amount (\$50 min. per fund)
	\$
	\$
	\$
	\$
	\$

Distribution frequency — **required**: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date — **required**: Make the first distribution on \_\_\_\_\_  
(mm/dd/yyyy)

Stop date (optional): Transactions should stop on the following date \_\_\_\_\_  
(mm/dd/yyyy)



### 3 Payment instructions

Select one of the three options listed below. **A signature guarantee may be required in Section 6.**

- A. ☐ Electronically deposit the distribution into the bank account of the authorized representative or account owner. (Payments will be delivered to the bank within three (3) business days of the transaction date. Attach an unsigned, voided check in Section 5.)
- B. ☐ Check — Unless you provide special pay-order instructions in Section 4, any check will be sent to the address of record.
- C. ☐ Transfer to a non-American Funds ABLE account. This requires a total liquidation. (Section 4 must be completed.)

### 4 Special pay order

Complete this section if the distribution is to be made payable to someone other than the authorized representative or account owner or will be mailed to an address other than the address of record. **If this section is completed, a signature guarantee may be required. See Section 6 for more information.**

Name of payee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Special pay order account number or ID number (if applicable) \_\_\_\_\_

FBO (if applicable) — generally, the account owner \_\_\_\_\_

### 5 Bank information

This information should be provided **only** if you wish to have the distribution sent electronically to the bank. Attach an unsigned, voided check here. The document you attach **must** be preprinted with the bank name and registration, routing number and account number. **Please do not staple.** Read the signature guarantee requirements in Section 6.

#### Important:

- The bank information you provide here will be kept on file for future ACH requests. You will receive an acknowledgment as confirmation. If you do not want this information retained and available for future ACH distribution requests, decline here. ☐
- You may cancel the ACH option at any time by calling us at **(800) 421-4225**.

Tape your check here.

John Doe

DATE \_\_\_\_\_

Bank account registration

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

\_\_\_\_\_ DOLLARS

Anytown Bank ← Bank name

← Bank routing number | : 999999999 | :

Bank account number 0000000000 | : | :

**VOID**

**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 document must be on the bank's letterhead.



## 6 Authorization and signature guarantee

I direct American Funds Service Company® (AFS) to make distributions from the ABLEAmerica account in the manner I have indicated, and I assume sole responsibility for the tax consequences of the above election. I certify that the above information and attached documentation (if applicable) are accurate, and I am entitled to receive the payments for which I have applied.

If I have agreed to allow American Funds to retain bank information for future ACH requests, I authorize AFS, upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to **1)** withdraw fund shares from this account and deposit the proceeds into the bank account identified on this document; and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness.

In consideration of AFS 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 Commonwealth Savers; AFS; any of their 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 AFS acting on such instructions. In addition, if direct deposit payments are requested, I understand that this payment may be terminated by me at any time by telephone or written notification to AFS. The termination request will be effective as soon as AFS has had reasonable time to act upon it.

_____	<b>X</b>	_____ / ____ / ____
Name of authorized representative or account owner (if authorized to act)	Signature of authorized representative or 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 if any of the following apply:**

Stamp signature or medallion guarantee here.

- The check is mailed to your 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 to another financial institution when accompanied by their Letter of Acceptance.
- The proceeds are deposited into a bank account, unless the authorized representative or account owner is included in the bank account registration and the request is received at least 10 calendar days prior to the first payment **OR** the bank account is already associated with a withdrawal option that has been on the account 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.

**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 6273  
Indianapolis, IN 46206-6273

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



**American Funds Service Company**  
P.O. Box 2713  
Norfolk, VA 23501-2713

**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.**