



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

1 Owner information

Name of SIMPLE IRA owner	MI	Last	Account number(s)* or plan ID
Address	City	State	ZIP
		()	
Email address†			
Daytime phone			

*Participants with pre-tax and Roth assets: if separate account numbers are assigned for pre-tax and Roth assets, ensure the correct account(s) is/are listed.

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

2 Requester

Select A or B.

- A. I am the SIMPLE IRA owner identified in Section 1 requesting a return of excess elective deferrals.* **Proceed to Section 3.**
- B. I am the employer requesting a return of excess elective deferrals* and/or employer contributions on behalf of the SIMPLE IRA owner identified in Section 1. **Proceed to Section 4.**

*Capital Group must receive your distribution request prior to 4 p.m. Eastern time on April 15 in the year following the year of the deferral in order to meet the tax-filing deadline. For additional tax reporting information, including how the correction will be reported if it's removed after the tax-filing deadline, review the information at the bottom of page 2.

3 Excess elective deferral — requested by the SIMPLE IRA owner

Complete A and B.

A. **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 Company (CB&T) will calculate the gains or losses attributable to the excess contribution being removed in accordance with 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
_____	%
_____	%
_____	%
_____	%
_____	%

Continued on next page



3 Excess elective deferral — requested by the SIMPLE IRA owner

(continued)

B. Reallocation/delivery instructions for amount removed (Select one option below.)

1. Reinvest as a current-year contribution \$ _____ at net asset value, if applicable, in my new or existing traditional or Roth IRA. This contribution must not exceed the current-year contribution limit. Any amounts in excess of the current-year contribution limit will be returned to you by check. If opening a new account, attach the appropriate application.

	Fund name or number	Percentage
Existing traditional or Roth IRA account number	_____	%
	_____	%
	_____	%
	_____	%

Note: Any earnings removed will be reinvested as indicated above, not to exceed the current-year contribution limit. If reinvestment instructions are not provided above, the amount removed will be reinvested into the same fund(s) and share class.

2. 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.

	Fund name or number	Percentage
Existing non-retirement account number	_____	%
	_____	%
	_____	%
	_____	%

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

3. 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 a bank account via ACH is not available.)

Important information for the SIMPLE IRA owner

Reporting the distribution of an excess elective deferral

When excess pre-tax 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. When it's corrected after the April tax-filing deadline, 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.

When excess Roth elective deferrals are distributed, the excess deferral amount is not taxed again because it was already included in taxable income at the time of contribution.

The earnings on excess elective deferrals (whether pre-tax or Roth) are taxable in the year they are distributed.

The distribution is reported on IRS Form 1099-R for the year of distribution. In addition, the distribution of an excess amount is not eligible for rollover. We encourage you to consult your tax advisor or financial professional regarding the consequences of this transaction.

- Proceed to Section 5.



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

Important information for the employer

SIMPLE excess employer contribution

The Employer 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. A check will be mailed to the employer at the address provided in Section 5. Complete **A** and **C** below.

SIMPLE 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 SIMPLE IRA owner. A check will be mailed to the SIMPLE IRA owner identified in Section 1. Complete **B** and **C** below.

If the distribution of an excess amount attributable to elective deferrals is requested by the employer, the employer must inform the SIMPLE IRA owner that the distribution of an excess amount is not eligible for favorable tax treatment (e.g., 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 excess amount and requesting a return of the excess contribution.
- Excess employer contribution reporting:** The amount returned to the employer is not includable in the gross income of the affected SIMPLE IRA owner. The employer is not entitled to a deduction for the employer excess amount. IRS Form 1099-R, which is issued to the SIMPLE 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.
- Excess elective deferral reporting:** The excess deferral amount and earnings are reported to the IRS for the year in which the excess amount plus earnings was returned to the SIMPLE IRA owner.

Method of removal. Remove the following excess contributions from the account(s) referenced in Section 1.

A. Total amount of excess **employer** contribution(s) \$ _____

Date of initial excess employer contribution(s) — **required** _____
(mm/dd/yyyy)

B. Total amount of excess **deferral** contribution(s) \$ _____

Date of initial excess deferral contribution(s) — **required** _____
(mm/dd/yyyy)

Excess deferral contribution type: Pre-tax **OR** Roth

C. CB&T will calculate the gains or losses attributable to the excess contribution being removed in accordance with IRS guidelines. The amount removed 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 below, any amounts removed will be removed in the same proportion as originally invested.

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



5 Authorization and signature guarantee

I direct CB&T to make distributions from the account in the manner I have indicated and certify that the information I have provided on this form is true and correct.

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 SIMPLE IRA owner, sign here:

<input checked="" type="checkbox"/>	Signature of SIMPLE IRA owner	/ / Date (mm/dd/yyyy)
-------------------------------------	-------------------------------	--------------------------

Name of SIMPLE IRA owner (print)

If the distribution of an excess deferral and/or excess employer contribution is being authorized by the employer, sign here:

<input checked="" type="checkbox"/>	Signature of employer	/ / Date (mm/dd/yyyy)
-------------------------------------	-----------------------	--------------------------

Name of employer (print)

NOTE: If an employer contribution is being returned, provide the mailing address below. The employer's signature must include a signature guarantee.

Name of company

Address	City	State ZIP
---------	------	-----------

A signature guarantee is required if the distribution request is:

- greater than \$125,000
- 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.

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.