

IRA Single Distribution Request

This form should be used only for an event that is reportable to the IRS, such as the removal of funds from an IRA (Traditional, SEP, SARSEP, Roth or SIMPLE) via a single distribution. For any other type of distribution, please call **(800) 421-4225** to obtain appropriate forms. Only use this form for accounts for which Capital Bank and Trust CompanySM (CB&T) is the custodian.

In lieu of submitting this form, you may request a distribution of less than \$125,000 at www.americanfunds.com, or by calling us at (800) 421-4225. The funds can be sent electronically to a bank account on file, or via check to the address of record.

1 Account owner information

Please type or print clearly.

First name	MI	Last	Account number	()	Ext.
			Daytime phone		
Address		City	State	ZIP	
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien <input type="checkbox"/> Nonresident alien (Submit an IRS Form W-8BEN.)					

2 Instructions

Select one of the two distribution options below.

Total (Proceed to Section 3.)

OR

Partial (Complete the information below.)

To avoid delays in processing your request, 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 the money market fund or \$250 each for all other funds.** For fund names and numbers, review your statement or access your account at www.americanfunds.com.

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

3 Federal income tax withholding

Note: A portion of your Roth IRA distribution may be taxable; contact your tax advisor for guidance.

Federal law requires us to withhold income tax equal to 10% of the distribution **unless** you elect otherwise using the check boxes below. If we withhold federal tax, state tax may also be required (see Section 4). You may want more than 10% withheld because insufficient withholding or underpayment of estimated taxes may result in IRS penalties. **Taxes are withheld from the total amount requested.**

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 _____% (Must be 10% or greater)

4 State income tax withholding

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

Do not withhold
 Withhold \$ _____

Note: To review the impacts of state withholding for your state of residence, visit www.americanfunds.com and search for “state tax withholding,” or speak with your tax consultant.

5 Method of payment (How do you want to receive the funds?)

Select only one.

- A. Electronically deposit my withdrawal into my bank account. **A signature guarantee may be required in Section 7.** (Payments will be delivered to your bank within three (3) business days of the transaction date. Follow the instructions in Section 6.)
- B. Send a check. (Checks will be sent to the address provided in Section 1 unless alternate information is provided below.)

Payee information — Complete if the check is to be made payable to someone other than the IRA owner or will be mailed to an address other than the address of record. **If completed, a signature guarantee is required in Section 7.**

 Name of payee (if applicable)

 Address

 City

 State

 ZIP

6 Bank information

If you selected electronic deposit in Section 5, attach an unsigned, voided check below. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple. Read the signature guarantee requirements in Section 7.**

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 online at www.americanfunds.com or 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

| : 999999999 | :

0000000000 | | :

Bank routing number

Bank account number

VOID

Note: In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number and account number. The letter must be on the bank’s letterhead.

7 Authorization and signature guarantee

I direct CB&T to make distributions from my account in the manner I have indicated, and I assume sole responsibility for the tax consequences of the withholding election. I certify that the above information and attached documentation are accurate and that 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)** redeem 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 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. In addition, if direct deposit payments are requested, I understand that this option may be terminated by me at any time by telephone or written notification to CB&T. The termination request will be effective as soon as CB&T has had reasonable time to act upon it.

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

A signature guarantee is required unless the redemption request is less than \$125,000 and will be:

- mailed to the address of record, as long as the address has not changed in the last 10 calendar days

OR

- sent via ACH to a bank account on file, and there has not been a change to the bank information in the last 10 calendar days.

The bank information must be associated with a redemption option on the account.

GUARANTOR:
Stamp signature guarantee or medallion guarantee here.

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.

Note: A medallion guarantee is acceptable in place of a signature guarantee.

If a signature guarantee is NOT required, you may fax this completed form to (888) 421-4371; otherwise, mail it to the appropriate service center for your state using the maps below.

Please mail or fax this form to the appropriate service center.
(If you live outside the U.S., mail the form to the Indiana Service Center.)



Indiana Service Center
American Funds Service Company
P.O. Box 6164
Indianapolis, IN 46206-6164
Overnight mail address
12711 N. Meridian St.
Carmel, IN 46032-9181
Fax (888) 421-4371



Virginia Service Center
American Funds Service Company
P.O. Box 2560
Norfolk, VA 23501-2560
Overnight mail address
5300 Robin Hood Rd.
Norfolk, VA 23513-2430
Fax (888) 421-4371

If you have questions or require more information, contact your financial advisor or call American Funds Service Company at (800) 421-4225.