Clear and reset form

American Funds®

Recordkeeper Direct® Payment Instructions

Use this form only for disbursements involving hardship, required minimum distributions (RMDs), permissible withdrawals, in-service distributions, death and divorce.

- For separation from service events, such as termination of employment, retirement or disability, use the *Ready to make a move?* forms booklet.
- For the return of excess or for mistake of fact, use the *Return of Excess/Mistake of Fact* form.
- For loans, use the *Loan Request* form.

1 Plan and participant information

Please type or print clearly.

Plan name

First name of participant (print) | MI | Last | Plan ID number

Address of participant | City | State | ZIP

SSN (provide the last four digits) | Date of birth (mm/dd/yyyy)

Citizenship: ☐ U.S. citizen ☐ U.S. resident alien ☐ Nonresident alien (Submit an IRS Form W-8BEN.)

2 Disbursement requests not eligible for rollover — Select one below.

*If a participant has **after-tax contributions** in the plan and takes partial distributions, we will follow the regulations under Internal Revenue Code Section 72 to determine the taxable portion of the distribution.*

A. ☐ **Hardship**

Total amount requested $ _____

Amount of pre-1988 earnings available for hardship withdrawal $ _____

Will participant incur a suspension? ☐ Yes ☐ No

- **Hardships** will come only from elective deferrals unless instructions are provided here (In no event can hardship withdrawals come from QNECs, QMACs or safe harbor contributions.):

- **Proceed to Section 5.**

B. ☐ **Required minimum distribution (RMD)** (check one):

☐ Total RMD amount requested in a single payment $ _____

☐ Calculate RMD based on IRS Joint Life and Last Survivor Expectancy Table (if spousal beneficiary is more than 10 years younger). Provide 12/31 prior year account value including any non-American Funds assets and incoming rollovers (required) $_____

Spousal beneficiary _____ Name SSN Date of birth (mm/dd/yyyy)

☐ Calculate RMD based on IRS Uniform Lifetime Table. Provide 12/31 prior year account value including any non-American Funds assets and incoming rollovers (required) $_____

NOTE: If you would like to establish installment payments for RMDs, provide the information below.

☐ Installments (Payments will continue until there is no money left in the account.)

Indicate frequency of payment: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

If other than monthly, indicate month(s) in which disbursement should be made:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

- **Proceed to Section 5.**

Continued on next page

First name of participant (print) _____ MI ____ Last _____ Plan ID number _____

2 Disbursement requests not eligible for rollover — Select one below.
(continued)

C. ☐ Permissible withdrawal (for use by automatic enrollment plans only — check all that apply)

Return elective deferral: ☐ All **or** ☐ $ _____ (without earnings)

Return Roth elective deferral: ☐ All **or** ☐ $ _____ (without earnings)

Forfeit employer contribution: ☐ All **or** ☐ $ _____ (without earnings)

Specify type of employer contribution _____

First payroll date _____ (mm/dd/yyyy) Last payroll date _____ (mm/dd/yyyy)

☐ Calculate earnings **OR** ☐ Total earnings $ _____

Note: The employer must be notified by the participant within 90 days of the date the first amounts were withheld from payroll in order to be eligible for a permissible withdrawal. Employer contributions applicable to the elective deferral must be forfeited. If "All" is selected above for elective deferral, the amount requested will automatically be adjusted for earnings/losses. If "All" is selected above for employer contribution, the amount requested will automatically be adjusted for earnings/losses.

- **Proceed to Section 5.**

3 Disbursement requests eligible for rollover — Select one below.

A. ☐ In-service distribution — Select one of the two boxes below, then provide the total amount requested.

☐ Retirement-eligible in-service distribution — Participant has met the normal retirement age and is eligible to take a distribution. Participant remains active in the plan.

☐ Other in-service distribution

- **In-service distributions** prior to age 59½ will come from company contributions unless instructions are provided here (Elective deferrals, QNEC, QMAC and safe harbor contributions cannot be distributed to participants who have not yet attained age 59½.):

_____

Total amount requested $ _____

- **Proceed to Section 4.**

Continued on next page

First name of participant (print) | MI | Last | Plan ID number

3 Disbursement requests eligible for rollover — Select one below.
(continued)

B. ☐ **Death/Qualified Domestic Relations Order (QDRO) — A signature guarantee is required in order to process a death or QDRO distribution — see Section 9. Check one:**

☐ Death — Unless we are otherwise instructed, any outstanding loan balances will be offset at the time of a death distribution.

☐ QDRO — The plan sponsor has the responsibility of determining whether the domestic relations order is qualified as well as the amount to be distributed to the alternate payee. American Funds does not require a copy of the domestic relations order.

Total amount requested: ☐ $ _____ **OR** ☐ All

1. If the decedent is over age 70½ and the beneficiary is rolling over the assets, does a required minimum distribution need to be completed prior to the rollover being processed? ☐ No ☐ Yes (If yes, complete Section 2-B.)
2. Is the beneficiary or alternate payee a spouse or former spouse? ☐ Yes ☐ No
3. Is the beneficiary or alternate payee a U.S. citizen or resident alien? ☐ Yes ☐ No (If no, see Section 8.)
4. If a payment is to a beneficiary **OR** an alternate payee, provide the name and address below. *(If there are multiple beneficiaries, provide the following information for each beneficiary in a letter of instruction.)*

Name of beneficiary/alternate payee

Address | City | State | ZIP

SSN ☐☐☐–☐☐–☐☐☐☐ | Date of birth (mm/dd/yyyy) ☐☐–☐☐–☐☐☐☐

- **Proceed to Section 4.**

4 Payment instructions for rollover-eligible disbursements — Complete this section ONLY if Section 3 has been completed.

Indicate one of the three distribution options below:

☐ **Pay** the requested amount in a single "lump-sum" cash distribution.

☐ **Roll over** the requested amount to the IRA or the employer's plan indicated in Step 3 on the next page.

☐ **Split** the requested amount as follows: Cash distribution $ _____ **AND** Direct rollover $ _____

If requesting a rollover, specify instructions by contribution type:

Step 1 — Identify below each appropriate contribution type that this account holds. (Select all that apply.)

☐ Pre-tax ☐ Roth ☐ After-tax non-Roth

Step 2 — Identify how Roth or after-tax non-Roth contributions and earnings are to be disbursed at the time of the rollover (if applicable).

☐ Include both Roth/after-tax non-Roth contributions and earnings in the rollover.

☐ Do not include Roth/after-tax non-Roth contributions and earnings in the rollover.

Continued on next page

First name of participant (print) | MI | Last | Plan ID number

4 Payment instructions for rollover-eligible disbursements — Complete this section ONLY if Section 3 has been completed. *(continued)*

Step 3 — Select one of the two options below.

A. ☐ Direct rollover to an American Funds IRA (Identify if the account already exists or will be new, then provide any additional information requested.)

☐ Existing American Funds account number _____ (Select one of the boxes below for investment instructions.)

☐ Invest assets from this rollover in the same American Funds and in the same percentages as the retirement plan account is currently invested.

☐ Invest assets using the same investment instructions currently in place for the receiving account.

☐ New American Funds account ***(Attach an IRA application to this form.)***

B. ☐ Direct rollover to another: ☐ Traditional IRA **OR** ☐ Roth IRA **OR** ☐ Retirement plan (Provide payee information below.)

Name of financial institution/trustee | Account number

- **Proceed to Section 5 to provide delivery instructions for the rollover assets.**

5 Delivery instructions

A signature guarantee may be required; see Section 9 for more information.

A. ☐ Mail **cash** distribution directly to (checks are sent to the address of record):

☐ Participant **OR** ☐ Plan sponsor **OR** ☐ Third-party administrator

If applicable, provide the information requested below:

☐ Alternate address **(A signature guarantee is required; see Section 9.)**

Payee

Address | City | State | ZIP

B. ☐ Mail **rollover** check directly to:

☐ Participant **OR** ☐ Plan sponsor **OR** ☐ Third-party administrator **OR** ☐ Other financial institution:

Payee/Trustee/Custodian

Address | City | State | ZIP

☐ Expedite delivery by using the delivery service and account listed: (optional)

Delivery service | Name on account | Account number

- **Proceed to Section 6.**

First name of participant (print) | MI | Last | Plan ID number

6 Federal income tax election

Nonresident aliens should proceed to Section 8.

A. Eligible rollover distributions — If participants do not request a direct rollover, the taxable portion of the distribution is subject to 20% mandatory federal income tax withholding. To withhold more than 20%, proceed to option 2 below.

☐ Participant is requesting a direct rollover; therefore, withholding does not apply. Proceed to Section 9.

B. Other distributions

☐ This distribution is **not** eligible to be rolled over because it represents a financial hardship distribution, a required minimum distribution or a permissible withdrawal distribution (for use by automatic enrollment plans only). **If the distribution is not eligible for rollover, the taxable amount, including earnings applicable to after-tax contributions, will be subject to 10% withholding, unless otherwise indicated in option 1 or 2 below.**

☐ This distribution represents a rollover of pre-tax assets to a Roth IRA. No withholding will be taken unless an election is indicated in option 2 below.

☐ This distribution represents a distribution to a nonspouse beneficiary. Nonspouse beneficiary distributions will be subject to mandatory 20% withholding unless rolled over.

☐ For accounts with after-tax non-Roth contributions, provide the following (if participant is not rolling over earnings from an after-tax non-Roth source):

Gross amount of contributions made before 1/1/87 $ _____

Gross amount of contributions made on or after 1/1/87 $ _____

☐ **This distribution represents a total annual aggregate distribution of less than $200. Federal income tax withholding will apply unless a "no withholding" election is indicated in option 1 below.**

1. ☐ **No** withholding (This option requires the participant's U.S. residence address — **no P.O. boxes**.)

Residence address | City | State | ZIP

2. ☐ Withhold federal taxes at the rate of ☐ _____% **OR** dollar amount of ☐ $ _____

7 State income tax election

Nonresident aliens should proceed to Section 8.

If the participant is a resident of one of the states listed below, check the appropriate box and the withholding election, if applicable.

☐ Residents of IA, MA, MD, ME, MS[1], NE, VA or VT will have state taxes withheld when federal withholding applies.

☐ Residents of AR[4], CA[2], DE[4], GA[3], KS[4], NC[4], OK[4] or OR will have state taxes withheld when federal withholding applies, unless otherwise elected. These residents may elect to have state withholding while electing out of federal withholding.

If no election is made, the trustee, or recordkeeper, if authorized, is required to withhold taxes at the applicable rate.

☐ **DO NOT** withhold state income tax.

In addition to the standard state tax withholding amount, withhold an additional $ _____ (Do not indicate a percentage.)

[1]**MS** state withholding will be mandatory when federal withholding is applied to early distributions and returns of excess contribution.

[2]**CA** state withholding is based on a percentage of the federal withholding amount and not a percentage of the gross distribution.

[3]**GA** state withholding applies to installment payments. If requesting a one-time distribution, you may elect GA state withholding by providing a dollar amount. If withholding is taken, it must be equal to or greater than the amount provided for in the GA wage table.

[4]**AR, DE, KS, NC and OK** residents are subject to mandatory state withholding on all eligible rollover distributions.

First name of participant (print) | MI | Last | Plan ID number

8 Information for nonresident alien shareholders only

Provide a Form W-8BEN with an original signature as documentation of your foreign tax status. Without valid tax documentation, Capital Bank and Trust Company℠ is required to withhold taxes at the maximum nonresident alien (NRA) withholding rate of 30%. You may obtain a Form W-8BEN by downloading the form from the IRS website at **www.irs.gov** or from **americanfunds.com** or by calling American Funds Service Company at 800/421-0180 (from outside the United States, you may call us at 949/975-5000).

9 Authorization and signature guarantee

If a signature guarantee is required, the form must be mailed with original signatures.

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 plan administrator has provided the participant with a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% withholding on distributions that are not directly rolled over and has also complied with any other notice requirements to the participant that are applicable to this distribution, (3) the vested percentage in Section 10 is provided and (4) the recordkeeper is entitled to rely on our authorization and is hereby indemnified from all liability arising from following our instructions.

Name of plan trustee or authorized signer (print) | X Signature of trustee or authorized signer | Date (mm/dd/yyyy) / /

Name of plan trustee or authorized signer (print) | X Signature of trustee or authorized signer | Date (mm/dd/yyyy) / /

If Section 3-B has been completed, **a signature guarantee is required**.

If required, the 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.

GUARANTOR: Stamp signature guarantee here.	GUARANTOR: Stamp signature guarantee here.

First name of participant (print) | MI | Last | Plan ID number

10 Vested percentage

This section must be completed by the third-party administrator. Please confirm this information for our records.

Note: All forfeited amounts will automatically be transferred to the plan's forfeiture account.

Select one of the two options below.

☐ Participant is 100% vested in all contribution types

OR

☐ Variable vesting (see below)

Match _____ % Profit-sharing _____ % Other _____ _____ %
Specify contribution type

The vested percentage reflected above is correct.

Name (print) | Name of firm | Phone

X _____ Date ____/____/____ (mm/dd/yyyy)
Signature of third-party administrator

Mailing address

If you have any questions about this form, call American Funds at **800/421-6019** between 8 a.m. and 8 p.m. Eastern time.

Mail this completed form to the address below. If no signature guarantee is required, this form may be faxed to **317/706-5784**.

American Funds Recordkeeper Direct
c/o Capital Bank and Trust Company
Regular mail: P.O. Box 6040
Indianapolis, IN 46206-6040

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

Did you?

1. Select only **one** distribution type in Section 2 or 3? (pages 1–3)
2. Collect the required signatures in Sections 9 and 10? (pages 6–7)
3. Verify the remainder of the form for accuracy?

Visit our website at **americanfunds.com/retiresponsor**.

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