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 and SIMPLE) via a single distribution. For any other type of distribution, please call **(800) 421-4225** to obtain appropriate forms. Do not use this form for accounts for which Capital Bank and Trust CompanySM (CB&T) is not the custodian.

Account owner information Please type or print clearly.				
		Account nu	Account number	
		() .	Ext.
t name MI	Last	Daytin	ne phone	
Iress	City		State ZIP	
zenship: U.S. citizen U.S. reside	ent alien	en (Submit an IRS Form \	W-8BEN.)	
Instructions				
Select one of the two distribution options below.				
Total (Proceed to Section 3.)				
R				
Partial (Complete the information below.)				
To avoid delays in processing your request, be minimums that must be met and maintained. The second second				
other funds. For fund names and numbers, co		=		
other funds. For fund names and numbers, co Fund name or number		=		
other funds. For fund names and numbers, co Fund name or number	ontact your financial advisor or	visit our website at americ Amount	canfunds.com.	
Fund name or number	ontact your financial advisor or	visit our website at americ Amount OR	canfunds.com. Percentage	
Fund name or number	ontact your financial advisor or • \$\$	visit our website at americ Amount OR	canfunds.com. Percentage %	
Fund name or number	ontact your financial advisor or	visit our website at americ Amount OR OR OR	canfunds.com. Percentage % %	
Fund name or number	pontact your financial advisor or s s s s g be taxable; contact your tax advisor qual to 10% of the distribution u required (see Section 4). You n	visit our website at americ Amount OR OR OR OR OR for guidance.	canfunds.com. Percentage%%%%% e using the check bo withheld because in	sufficient
Fund name or number Federal income tax withholding Note: A portion of your Roth IRA distribution may be Federal law requires us to withhold income tax exist f we withhold federal tax, state tax may also be	pontact your financial advisor or s s s s g g g g g g g g g	Amount Amount OR OR OR OR OR OR OR And OR OR And OR	canfunds.com. Percentage%%%% e using the check boowithheld because in he total amount re	sufficient
Fund name or number Federal income tax withholding Note: A portion of your Roth IRA distribution may left Federal law requires us to withhold income tax equires us to withhold inc	pontact your financial advisor or s s s g g be taxable; contact your tax advisor qual to 10% of the distribution u required (see Section 4). You n may result in IRS penalties. Ta dence address is required to he	Amount Amount OR OR OR OR OR OR OR And OR OR And OR	canfunds.com. Percentage%%%% e using the check boowithheld because in he total amount re	sufficient

4 St	ate income tax withholding	
-	te requires withholding or if the amount below is less than the minimum for your state, C less of your election below. CB&T does not withhold state taxes for all states.	CB&T will withhold at least the minimum state
Do not	t withhold Withhold \$	
	eview the impacts of state withholding for your state of residence, visit americanfund peak with your tax consultant.	s.com and search for "state tax withholding,"
	ethod of payment (How do you want to receive the funds?) <pre>ect only one.</pre>	
	ctronically deposit my withdrawal into my bank account. (Payments will be delivered to he transaction date. Follow the instructions in Section 6.)	o your bank within three (3) business days
B. 🗌 Sei	nd a check. (Checks will be sent to the address provided in Section 1 unless alternate	information is provided below.)
	yee information — Complete if the check is to be made payable to someone other the dress other than the address of record. If completed, a signature guarantee is requ	
Nar	ne of payee (if applicable)	
Add	Iress City	State ZIP
O If ye	Ink information Du selected electronic deposit in Section 5, attach an unsigned, voided check below. The check you istration, routing number and account number. Please do not staple. Read the signature guaran	
Use th	e bank information that is already on file.	
Use th	e bank information that is provided below.	
Tape your check here.	John Doe DATE Bank account registration PAY TO THE S ORDER OF S Anytown Bank ← Bank name DOLLARS	
	Bank routing number Bank account number	

Important:

- The bank information you provide here will be kept on file. You will receive an acknowledgment as confirmation.
- You may cancel the ability to redeem shares via Automated Clearing House (ACH) at any time.
- If you do not want this information retained and available for future distribution requests, decline below:

DO NOT retain my bank information.

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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.

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.

	Х		/ /		
Name of account owner (print)	Signature of accou	unt owner	Date (mm/dd/yyyy)		
A signature guarantee is required if your redemption request is:		GUARANTOR: Stamp signature guarantee here.			
• greater than \$125,000					
 made payable to someone other than the IRA owner electronically deposited to a bank account with a registration that does not include the name of the IRA owner 					
 being mailed to the address of record and the changed in the last 10 calendar days 	e address has				

• being mailed to an address other than the address of record.

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.

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 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



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

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