

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.

1 Account owner information

Please type or print clearly.

Account number _____
 () Ext. _____
 Daytime phone _____

First name _____ MI _____ Last _____

Address _____ City _____ State _____ ZIP _____

Citizenship: U.S. citizen U.S. resident alien 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, contact your financial advisor or visit our website at 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 in the amount of \$ _____ **OR** at the rate of _____%

