



Check with your employer to discuss restrictions and determine eligibility before submitting this form. Your request cannot be processed until approved by your employer.

Use this form only to request a coronavirus-related distribution. If you have questions about this form, call us at **(800) 421-4120**. For any other type of distribution, contact your employer for the appropriate form.

1 Plan and participant information

Please type or print clearly.

Important: Distribution requests are subject to a 10-day hold after an address change unless your signature is guaranteed in Section 7.

Plan name	Plan ID number														
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">First name of participant (print)</td> <td style="width: 5%;">MI</td> <td style="width: 35%;">Last</td> </tr> </table>	First name of participant (print)	MI	Last	<table border="0" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> </tr> </table>	X	X	X	-	X	X	-	□	□	□	□
First name of participant (print)	MI	Last													
X	X	X	-	X	X	-	□	□	□	□					
	SSN (provide the last four digits)														

Address of participant	City	State	ZIP
()			
Daytime phone			

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

2 Amount of coronavirus-related distribution

American Funds will waive the \$25 processing fee that normally applies. However, fees from your plan's Third-Party Administrator may apply. See your Participant Fee Disclosure document or employer for more information. Distribution amounts are taken proportionately from all investment options in applicable contribution types.

Total vested account balance. (Up to a maximum amount of \$100,000.)

OR

Partial vested account balance. Total gross (pre-withholding) amount requested \$ _____ (Up to a maximum amount of \$100,000.)

Note: The maximum amount of coronavirus-related distributions from all plans and IRAs cannot exceed \$100,000.

3 Delivery instructions

Select one of the options below. If no selection is made, a distribution check will be sent via regular mail.

A. Send the distribution electronically (via ACH) to the bank information provided in Section 4. (This option is not available for nonresident alien distributions.)

Note: Electronic payments are subject to a 10-day hold, unless your signature is guaranteed in Section 7.

Once processed, the distribution will be delivered to your bank within three business days following the transaction.

B. Send a check to the address of record via regular mail. **Proceed to Section 5.**

C. Send a check to the address of record and expedite delivery. Estimated delivery time is two business days from the date the request is processed. **Proceed to Section 5.** (A \$25 delivery fee will be deducted. Physical address is required — **no P.O. boxes.**)



First name of participant _____ MI _____ Last _____ Plan ID number _____

4 Bank information — Complete only if requesting electronic deposit

Electronic distributions can only be made to a U.S. bank checking account.

Attach an unsigned, voided check below. Please **do not** staple.

The check must be preprinted with the bank name and registration, routing number and account number. The participant's name **MUST** be included in the bank registration. **If these requirements are not met, a physical check will be generated instead.**

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 on the bank's letterhead providing the:

- bank account registration
- routing number
- account number

5 Federal income tax withholding

The taxable amount of this distribution, including earnings related to after-tax contributions, is subject to 10% federal withholding unless otherwise indicated below. The distribution may be included in your gross income over three years. Discuss tax implications with your tax advisor.

Note: You may withhold more than 10%. Insufficient withholding or underpayment of estimated taxes may result in IRS penalties. Taxes are withheld from the total amount requested. A portion of your Roth distribution may be taxable.

DO NOT withhold. Your U.S. residence address is required to honor this request (no P.O. boxes).

Residence address _____ City _____ State _____ ZIP _____

Withhold at the rate of _____% (Must be 10% or greater).

First name of participant _____ MI _____ Last _____ Plan ID number _____

6 State income tax withholding

If your state requires withholding or if the amount below is less than the minimum for your state, Capital Bank and Trust CompanySM (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/retire or speak with your tax consultant. For residents of MI, to opt out of state taxes or to request a reduced withholding rate, a Form MI W-4P is required. For residents of CT and NC, to opt out or to request additional withholding, a state-specific 4P form is required. These forms must be completed and provided to the employer.

7 Participant signature

I hereby certify that **1)** I have read, understand and agree to all pages of this *Coronavirus-Related Distribution Request*; **2)** all information that I have provided is true and correct; and **3)** I am a Qualified Individual* and I therefore satisfy the conditions required in the Coronavirus Aid, Relief and Economic Security (CARES) Act to treat this distribution as a “coronavirus-related distribution.”

* A Qualified Individual is an individual: **1)** who was diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); **2)** whose spouse or dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or **3)** who has experienced adverse financial consequences because: (i) the individual, the individual's spouse, or a member of the individual's household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19; (ii) the individual, the individual's spouse, or a member of the individual's household was unable to work due to lack of childcare due to COVID-19; (iii) a business owned or operated by the individual, the individual's spouse, or a member of the individual's household closed or reduced hours due to COVID-19; or (iv) the individual, the individual's spouse, or a member of the individual's household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

_____ **X** _____ / /
Name of participant (print) Signature of participant Date (mm/dd/yyyy)

A signature guarantee is required if requesting an immediate distribution and:

- your address has changed in the last 10 calendar days

OR

- proceeds will be sent electronically to a bank account.

The request is subject to a 10-day hold if a signature guarantee is required but not provided.

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.

Return this completed form to your employer for authorization. If this form includes a signature guarantee or medallion guarantee, the original document is required. DO NOT return this form directly to American Funds, as this will delay the processing of your request.

First name of participant _____ MI _____ Last _____ Plan ID number _____

Section 8 is to be completed by the TPA — required

8 Vested percentage
The information provided will apply to this distribution request only.

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

Distribution amounts are taken proportionately from all applicable contribution types (except money purchase plan contributions) per plan information on file unless alternate instructions are provided below.

The information above is correct.

Name of firm _____ () _____ Ext. _____
Daytime phone

Name of Third-Party Administrator (print) _____ **X** _____ / / _____
Signature of Third-Party Administrator Date (mm/dd/yyyy)

Section 9 is to be completed by your employer — required

9 Employer authorization
Before signing, ensure the vested percentage information has been completed in Section 8.

As plan trustee or authorized signer, I certify that **1)** I have read, understand and agree to all pages of this *Coronavirus-Related Distribution Request*; **2)** the plan permits and/or will be amended retroactively to permit coronavirus-related distributions; **3)** any notice requirements applicable to this request have been provided to the participant as required by law; **4)** spousal consent, if applicable, has been obtained; **5)** the information provided in Section 8 is correct; **6)** I understand that once a payment has been requested, it cannot be changed or reversed; and **7)** the recordkeeper is entitled to rely on my authorization and is hereby indemnified from all liability arising from following the instructions provided on this form.

Check this box if the request is to be honored because the appropriate participant's consent and certification that they satisfy the conditions for a coronavirus-related distribution have been obtained on a separate form, and the participant has been notified of potential delays due to an address change and/or an electronic payment.

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



If a participant signature guarantee is required, mail this form to one of the addresses below. Otherwise, you may send it by fax or email.

American Funds RecordkeeperDirect
c/o Retirement Plan Services

- | | | | |
|---|---|------------------------------|---|
| Regular mail
P.O. Box 6040
Indianapolis, IN 46206-6040 | Overnight mail
12711 N. Meridian St.
Carmel, IN 46032-9181 | Fax
(855) 521-9952 | Email
RKDirect@capitalgroup.com |
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