

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.
If requesting 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 _____

First name of participant (print) _____ MI _____ Last _____

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

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

- Send the distribution electronically (via ACH) to the bank information provided in Section 4. (Not available for nonresident alien distributions.)
ACH requests 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.
- Send a check to the address of record via regular mail. Proceed to Section 5.
- Check this box to expedite delivery. (A \$25 delivery fee will be deducted.)
Estimated delivery time is two business days from the date the request is processed.
Physical address is required — **no P.O. boxes**. Proceed to Section 5.

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, including earnings applicable to after-tax contributions, is subject to 10% withholding, unless otherwise indicated below. The distribution may be included in gross income over three years. Please discuss the tax implications of the distribution with your tax adviser.

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 _____% (must be 10% or greater)

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. CB&T does not withhold state taxes for all states.

DO NOT withhold **Withhold \$** _____

For state withholding impacts for your state of residence, visit www.americanfunds.com/retire or speak with your tax adviser. For residents of MI, to opt out or request less withholding, Form MI W-4P is required. For residents of CT and NC, to opt out or request more withholding, a state-specific 4P form is required. These forms must be completed and provided to the employer.

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

Section 8 is to be completed by the TPA

8 Vested percentage

Please supply the following information. 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 (per plan information on file), except money purchase plan contributions, unless alternate instructions are provided below.

The information reflected 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

9 Employer authorization

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, 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 these instructions.

Check this box if the request is to be honored without the participant's signature in Section 7 because the appropriate participant consent and certification that they satisfy the conditions for a coronavirus-related distribution have been obtained on a separate form and they have been notified of potential delays due to an address change and/or an ACH 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 **NOT** required, you may fax this completed form to **(855) 521-9952**; otherwise, email it to **RKDirect@capitalgroup.com** or mail it to the address below.

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