



For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

1 Owner information

Please type or print clearly.

Name of SEP/SARSEP IRA owner (or employer, if applicable)

Account number

Address

City

State

ZIP

()

Email address*

Daytime phone

* Your privacy is important to us. For information on our privacy policies, visit www.capitalgroup.com.

2 Instructions for removing excess deferral contributions — required

The amount removed from your account will be adjusted to reflect gains or losses in accordance with IRS guidelines.

You must select one of the two options below.

- ☐ I am delivering this request in time to remove my excess deferrals prior to my tax-filing deadline of **April 15**.* I understand that if my request is not received in sufficient time to correct my excess deferrals by April 15, the correction will be reported as an excess removed after my tax-filing deadline. **See the important information on page 3.**

OR

- ☐ I am removing the excess after my tax-filing deadline of April 15. (Extensions and postmarks do not apply.)

Note: If excess deferrals are not removed from your account, they are considered your Traditional IRA contributions and are subject to IRA contribution limits. Any excess deferrals that exceed your IRA contribution limits may be subject to a 6% excise tax. Please consult a tax advisor for information.

* American Funds must receive your distribution request prior to 4 p.m. Eastern time on April 15 in order to meet the tax-filing deadline.

3 Excess elective deferral — requested by the SEP/SARSEP IRA owner

Complete **A** and **B**. An excess elective deferral may be removed by the custodian if it meets any one of the four options in **A** below.

A. Select one of the following four options:

1. ☐ I have an excess deferral because my employer's SEP/SARSEP IRA plan has:

☐ failed to meet the 50% participation rule for _____
Tax year (yyyy)

OR

☐ failed the ADP test for _____
Tax year (yyyy)
2. ☐ I have exceeded the 415 limit for _____ (Excess will come from deferrals.)
Tax year (yyyy)
3. ☐ I have made an excess deferral that exceeds the maximum allowable limit under the IRC Section 402(g) limit for _____
Tax year (yyyy)
4. ☐ I am a sole proprietor or partner who did not have taxable income equal to or greater than the amount contributed.



3 Excess elective deferral — requested by the SEP/SARSEP IRA owner

(continued)

B. Method of removal. Remove the following excess contributions from the account referenced in Section 1.

1. Total amount of excess contribution(s) \$ _____
2. Date of initial excess deferral investment — **required** _____
(mm/dd/yyyy)
3. Capital Bank and Trust CompanySM (CB&T) will calculate the gains or losses attributable to the excess contribution being removed in accordance with the IRS guidelines. The amount removed from your account will be adjusted to reflect gains or losses. Provide instructions below for how you would like the adjusted amount to be removed.

Note: If no instructions are provided, any amounts removed will be removed in the same proportion as originally invested.

Fund name or number	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

C. Reallocation/delivery instructions for amount removed

Select one of the four options below.

1. ☐ Keep \$ _____ in this IRA account as my current-year Traditional IRA contribution (not to exceed contribution limits).
2. ☐ Reinvest at net asset value, if applicable, the excess amount, plus any earnings, in my new or existing Traditional IRA account (not to exceed the contribution limits). If opening a new account, attach the appropriate application.

My existing Traditional IRA account number is _____

Fund name or number	Percentage	Fund name or number	Percentage
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Note: If you choose to treat the excess as an IRA contribution, any amounts in excess of the current-year contribution limit will be returned to you by check. If reinvestment instructions are not provided above, the amount removed will be reinvested into the same fund(s) and share class.



3 Excess elective deferral — requested by the SEP/SARSEP IRA owner

(continued)

3. ☐ Reinvest at net asset value, if applicable, the excess amount, plus any earnings, in my new or existing non-retirement account. If opening a new account, attach the appropriate application.

My existing non-retirement account number is _____

Fund name or number	Percentage	Fund name or number	Percentage
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Note: If reinvestment instructions are not provided above, the amount removed will be reinvested into the same fund(s) and share class.

4. ☐ Issue a check and send it to the address provided in Section 1. If the address is different than what is currently shown on your account, your signature must be guaranteed in Section 5. (Electronic deposit to bank accounts via ACH is not available.)

Note: The employer may request distribution of the excess amount attributable to elective deferrals, adjusted for earnings through the date of correction, to the affected SEP/SARSEP IRA owner by completing Section 4.

Important information for the SEP/SARSEP IRA owner

Reporting the distribution of an excess elective deferral

When excess elective deferrals are distributed by the April tax-filing deadline of the year following the year of the deferral, the excess deferral amount is taxable to you in the year in which the payroll was deferred, and the earnings are taxable in the year they are distributed.

When excess elective deferrals are corrected after the April tax-filing deadline of the year following the year of the deferral, the excess deferral amount is taxable to you and may be included in your gross income in both the year of the deferral and the year of the distribution. Earnings are taxable in the year distributed.

The distribution is reported on IRS Form 1099-R for the year of distribution with respect to each SEP/SARSEP IRA owner receiving the distribution. In addition, the distribution of an excess amount is not eligible for rollover.

4 Excess elective deferral or excess employer contribution — requested by the employer

Complete both **A** and **B** in this section.

Important information for the employer

SEP/SARSEP excess employer contribution

The Employee Plans Compliance Resolution System (EPCRS) indicates that an employer (Plan Sponsor) may request distribution of the employer excess amount, adjusted for earnings through the date of correction, back to the employer. To request an excess corrective distribution pursuant to this correction method, complete this section.

If the excess employer contribution is the result of a 415 failure, the excess amount, if retained in the account, is not deductible by the employer and must be allocated to the participant's account in the following year.

SEP/SARSEP excess elective deferral

The Employee Plans Compliance Resolution System (EPCRS) indicates that an employer (Plan Sponsor) may request distribution of the excess amount attributable to elective deferrals, adjusted for earnings through the date of correction, to the affected SEP/SARSEP IRA owner.

If the distribution of an excess amount attributable to elective deferrals is requested by the employer, the employer must inform the SEP/SARSEP IRA owner that the distribution of an excess amount is not eligible for favorable tax treatment accorded to distributions from a SEP/SARSEP IRA plan (and, specifically, is not eligible for tax-free rollover).

Reminders:

- **Consult your tax advisor:** We suggest you consult your tax advisor for guidance in reviewing your specific situation, determining the employer excess amount and requesting a return of the excess contribution.
- **Reporting the distribution:** The amount returned to the employer is not includable in the gross income of the affected SEP/SARSEP IRA owner. The employer is not entitled to a deduction for the employer excess amount. IRS Form 1099-R, which is issued to the SEP/SARSEP IRA owner the year following the distribution, will indicate the taxable amount as zero. The distribution is reported to the IRS for the year in which the excess amount plus earnings was returned to the employer.

A. Complete this section to authorize removal of an elective deferral or an excess employer contribution.

Pursuant to the correction method outlined in the EPCRS, I authorize and request that the distribution of the excess contribution amount, adjusted for earnings through the date of correction, be made payable to the following:

- ☐ **The SEP/SARSEP IRA owner** identified in Section 1
- who has made deferrals in excess of the SEP/SARSEP IRA plan or 402(g) limit or
 - whose plan has failed to meet the 50% participation rule for _____ or
Tax year (yyyy)
 - whose plan has failed the ADP test for _____
Tax year (yyyy)

OR

- ☐ **The employer** because excess employer contributions have been made to the SEP/SARSEP IRA account

B. Method of removal. Remove the following excess contributions from the account referenced in Section 1.

1. Total amount of excess contribution(s) \$ _____ Date of initial excess contribution(s) _____
(mm/dd/yyyy)

2. Provide instructions below for how you would like us to process the withdrawal. If no instructions are provided, any amount removed will be removed in the same proportion as originally invested.

Fund name or number	Percentage
_____	_____ %
_____	_____ %



Distribution Request for Excess Contributions From SEP/SARSEP IRAs

I direct CB&T to make distributions from the account in the manner indicated. I certify that the information within this request form is accurate and that this request is being made in accordance with IRS procedures.

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.

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

If the distribution of an excess deferral is being authorized by the SEP/SARSEP IRA owner, sign here:

Name of SEP/SARSEP IRA owner (print)	X	Date (mm/dd/yyyy)
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If the distribution of an excess deferral or excess employer contribution is being authorized by the employer, sign here:

Name of employer (print)

Signature of employer

Date (mm/dd/yyyy)

NOTE: If an employer contribution is being returned, provide the mailing address below. The employer's signature must include a signature guarantee.

Name of company

Address	City	State	ZIP
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A signature guarantee is required if the distribution request is:

- greater than \$125,000
- being mailed to the address of record and the address has changed in the last 10 calendar days

OR

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

If required, signatures must be guaranteed 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.

GUARANTOR:

Stamp signature guarantee or medallion guarantee here.

If a signature guarantee is required, mail this completed form to the service center for your state using the maps below. Otherwise, you may fax it to (888) 421-4371.

Please mail or fax this form to the appropriate service center.

(If you live outside the U.S., mail the form to the 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

Fax (888) 421-4371



American Funds Service Company
P.O. Box 2560
Norfolk, VA 23501-2560

Overnight mail address
5300 Robin Hood Rd.
Norfolk, VA 23513-2430

Fax (888) 421-4371

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