



- Use this form to request an exchange from the same plan or rollover from an external qualified plan or IRA into an American Funds 403(b) or Texas ORP.
- If you are still employed with the organization sponsoring the plan and you wish to move your plan assets from another provider to American Funds, this is a non-reportable exchange. **Contact your employer to verify that American Funds is an approved provider before you complete this form.**
- If requesting a rollover, contact your employer to verify that the plan accepts rollovers.
- If you received a distribution from an IRA or qualified plan and you are rolling the money back into an IRA or qualified plan, use the *Indirect Rollover Request*.
- **Before completing this form, contact the financial institution holding the assets and/or your employer to determine what additional paperwork and actions may be required to move your assets to American Funds.**

1 Information about you

Note: If establishing a new American Funds 403(b) or Texas ORP account, attach the appropriate enrollment form. Contact your employer to verify American Funds is an approved provider for your plan before establishing an account.

First name (print) _____ MI _____ Last _____ American Funds account number or plan ID _____

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 Contact information for current financial institution

Notes: • A mailing address for the current financial institution holding the assets is required to process your request. Please verify the address before submitting this form.

- This request will be forwarded to the current financial institution as instruction to exchange/roll over retirement assets. You may wish to check with your financial professional for options to expedite your request or to preserve your account value, particularly during times of market volatility.

Name of financial institution _____ Attn: _____

Address _____ City _____ State _____ ZIP _____

☐ Check here if you would like us to fax this request, and you have confirmed that the current financial institution will accept a fax.

() _____
Current financial institution fax



3 Sending account information

Complete A and B.

Important: Include a copy of your account statement from the current financial institution.

A. Identify the sending account:

☐ Qualified retirement plan* ☐ Traditional IRA ☐ SEP/SARSEP IRA ☐ SIMPLE IRA†

☐ 403(b)* _____
Name of employer/organization on sending 403(b)

☐ Texas ORP _____
Name of employer/organization on sending Texas ORP

B. Does the sending account contain mutual funds?

☐ Yes ☐ No

*Any Roth assets must be rolled over to a Roth IRA.

†SIMPLE IRAs may be transferred or rolled over to another plan type only if at least two years have passed from the date of the first SIMPLE IRA contribution. Before two years, you may only transfer to another SIMPLE IRA.

4 Liquidation/Transfer in kind instructions

If a dollar amount or percentage is not provided, "Full" will be the default response.

Note: Any applicable transfer/termination fees must be paid to the current financial institution prior to completing this request. In addition, you may be required to liquidate assets to cash. Contact the current financial institution for details.

Liquidate — Select this option for non-American Funds assets and American Funds Class R or F shares. Capital Bank and Trust Company (CB&T) cannot accept certificates or any other form of investment registered in the name of CB&T (for example, employer stock, limited partnerships, etc.).

Transfer in kind — Select this option for existing American Funds Class A or C shares. Assets will move to CB&T in the same funds and percentages.

Liquidate	Transfer in kind	Sending account/ contract number	Investment and share class	Ticker symbol	Full	Partial
						\$ <input type="checkbox"/> OR % <input type="checkbox"/>
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> OR _____	
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> OR _____	
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> OR _____	
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> OR _____	
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> OR _____	
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> OR _____	
<input type="checkbox"/>	OR <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> OR _____	

CDs (if applicable): ☐ Liquidate immediately* **OR** ☐ Liquidate at maturity† — Maturity date _____
(mm/dd/yyyy)

*Liquidations prior to maturity may result in an early withdrawal fee.

†To allow sufficient time for processing, submit this form at least **four weeks** before the CD matures.

Note to sending financial institution: To determine whether this move is an exchange or rollover, review the receiving account information in **Section 5-A**.



5 Investment instructions

Complete **A**, **B** and **C**. For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.capitalgroup.com/fundguide.

A. Select the receiving American Funds account type ☐ 403(b) **OR** ☐ Texas ORP

Name of employer/organization on receiving American Funds 403(b) or Texas ORP account _____

Note: If assets are transferring in kind, proceed to **Section 6**.

B. Select a share class ☐ Class A **OR** ☐ Class C

C. Provide investment instructions

☐ New account. Invest according to the instructions on the attached enrollment form.

OR

☐ Existing account number or plan ID _____

Provide investment selections below.

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

**Return this completed form to American Funds.
Participant and employer signatures are required on the next page.**

If the current financial institution requires an original copy, mail this form to one of the addresses below. Otherwise, you may fax it to **(888) 421-4371**.

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



American Funds Service Company
P.O. Box 6164
Indianapolis, IN 46206-6164

Overnight mail address
12711 N. Meridian St.
Carmel, IN 46032-9181



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

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

For more information, contact your financial professional, visit www.capitalgroup.com or call us at **(800) 421-4225**.



6 Authorization

To the sending financial institution: I have established a retirement account with Capital Bank and Trust Company. Please accept this as your authorization to liquidate or transfer shares in kind as instructed in Section 4. I hereby certify that the information provided within this form is accurate. If I am requesting a rollover, I certify that the requested contribution is an eligible rollover distribution and does not contain any amounts from a Required Minimum Distribution (RMD). I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. I further understand that the current plan and/or sending institution of the rollover assets may have additional requirements to initiate the rollover to American Funds, and I am responsible for meeting these requirements.

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

Note: For rollovers, the employer of the American Funds plan must sign this request.

Employer authorization: If the participant is requesting a rollover, as authorized signer, I confirm the plan accepts rollovers and that the requested rollover meets the requirements of Section 403(b) of the IRS Code. I acknowledge that CB&T does not separately account for rollover contributions and is unable to assist in determining amounts available for in-service distributions.

_____	_____
Name of employer/organization on receiving account	Name of authorized person (print)
X	____/____/____
Authorized signature	Date (mm/dd/yyyy)

If required by the current financial institution, signatures must be guaranteed by a bank, savings association, credit union or 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.

Stamp **participant** signature or medallion guarantee here. Stamp **employer** signature or medallion guarantee here.

DID YOU?


1. Contact the current financial institution and/or your previous employer (if applicable) regarding their requirements (e.g., additional forms or signature guarantees)?
2. Pay any applicable transfer/termination fees and liquidate assets to cash, if required by the current financial institution?
3. Attach your most recent account statement for the account being moved?

CUSTODIAL ACCEPTANCE

To the current financial institution: Capital Bank and Trust Company has agreed to serve as Trustee/Custodian for the above person's retirement plan and will accept the exchange or rollover. American Funds shares requested in kind in Section 4 are to be transferred to the name of "Capital Bank and Trust Company." For all other assets, liquidate and disburse as instructed in Section 4. **Send the check payable to "Capital Bank and Trust Company" to the appropriate address listed on page 3.** Include the name of the participant identified in Section 1 on the check. To determine whether this move is an exchange or rollover, review the receiving account information in Section 5-A.

**Authorized signer of
Capital Bank and Trust
Company**

Kevin Saks, President
Name


Signature (accepting signer)

____/____/____
Date (mm/dd/yyyy)

American Funds Information Sharing Agreement policy: It is the policy of CB&T/American Funds to share information related to this 403(b) custodial account with any Plan Sponsor that requests it.