

Distribution Request for Excess Contributions From Traditional and Roth IRAs

Reporting your distribution on your tax return

Your distribution will be reported to the IRS on Form 1099-R for the year in which you take the distribution. When you receive your IRS Form 1099-R the following year, it will reflect the return of your excess contribution and the distribution type. The distribution will be reported depending on your selection in Section 2. The amount of any excess contributions to be distributed must be identified in Section 3.

Owner information						
First name of IRA owner	MI Last		Account nu	ımber		
Address		City			State	ZIP
			()		
Email address* * Your privacy is important to us. For informati	ion on our privacy policies, v	visit www.capitalgroup.con	•	ne phone		
Instructions for removing	ng excess contribu	ıtions				
Please consult a tax advisor for inform	_					
I am delivering this request prior to m the excess by October 15. * I unders request is not received in sufficient ti will be reported as an excess remove	tand that I may need to a me to correct my excess ed after my tax-filing dea	amend my taxes if I have a contributions by my tax-fi dline, including extension	already filed my r ling deadline, inc s.	eturn. I als	so understa ensions, th	and that if my e correction
Note: A return of an excess contri plus extensions, an excess IR. with the excess amount are als and any earnings removed are	A contribution is reported so removed and reported	d as a corrective distributi d as part of the corrective	on, regardless of distribution. Earr	f your age.	Earnings	associated
OR I am removing the excess after the ta	ax-filing deadline, plus ar	ny applicable extensions.				
Notes: • A normal distribution — attained age 59½. Earning	=		are reported as	normal dis	stributions	if you have
 An early distribution — age 59½, and the distribu 			•	-	-	ou are under
*American Funds must receive your distribution	on request prior to 4 p.m. Ea	astern time on October 15 in	order to meet the ta	ax-filing dea	adline.	
Tax year and method of	removal					
If instructions are not provided below,	any amount removed will b	e removed in the same perce	entage as originally	invested.		
Complete the following information:						
A. Total amount of excess contributions	to be distributed \$		-			
B. Tax year to which the excess contribu	ution was applied(yyy	y)				
C. Capital Bank and Trust Company (CB accordance with IRS guidelines. The a below for how you would like the adju	amount removed from yo	ur account will be adjusted			_	
Fund name or number	Percentage	Fund na	me or number		Percen	tage
	9					

_%



Distribution Request for Excess Contributions From Traditional and Roth IRAs

4

How do you want the excess contribution being removed to be distributed?

Before making your selection and providing instructions below, be sure to consult a tax advisor about the implications of your choice.

IMPORTANT INFORMATION:

- Movement of assets from a Traditional IRA to a Roth IRA or from a Roth IRA to a Traditional IRA for the same tax year is a recharacterization, not an excess. If your request is for a recharacterization, obtain a recharacterization form.
- If instructions are not provided below, we will issue a check. If you select a reinvest option and do not provide allocation instructions, the amount removed will be reinvested in the same fund(s), percentage(s) and share class.

Selec	t one option below.		
Α	-	at net asset value, if applicable, in my new or exthe current-year contribution limit. Any amounts in excess of the current specify a different distribution method.	•
		and your current-year contribution will only allow for an additional \$400 a different distribution method for the remaining \$100. If opening a new	_
		Fund name or number	Percentage
	Existing Traditional or Roth IRA account number		%
			%
			%
			%
			%
	Note: Any earnings removed will be reinvested	as indicated above, not to exceed the current-year contribution limit.	
в. 🗌	Reinvest at net asset value, if applicable, the elf opening a new account, attach the appropria	xcess amount, plus any earnings, in my new or existing non-retiremente application.	nt account.
		Fund name or number	Percentage
	Existing non-retirement account number		%
	·		%
			%
			%
			%
c [lesue a check (Electronic denosit to bank acco	ounts via Automated Clearing House (ACH) is not available)	

Distribution Request for Excess Contributions From Traditional and Roth IRAs

5

Authorization and signature guarantee

I direct CB&T to distribute the excess contributions from my account in the manner I have indicated in Section 4. I certify that the above information and attached documentation (if applicable) are accurate and that I am entitled to receive the payments for which I have applied.

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.

	X		1 1
Name of IRA owner (print)	Signature of IRA owner	Date	(mm/dd/yyyy)

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

A signature guarantee is required if the distribution request is:



Stamp signature or medallion guarantee here.



greater than \$125,000

OR

 being mailed to the address of record and the address has changed in the last 10 calendar days.

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.

If a signature guarantee is required, this form must be mailed.

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

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Financial professional upload www.capitalgroup.com/upload

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