



- Use this form if you are initiating the division of assets pursuant to a Qualified Domestic Relations Order (QDRO). This form should be submitted with the *Alternate Payee Distribution Request* (completed by the alternate payee/awarded spouse).
- The participant must sign and have the signature guaranteed in Section 4.
- The employer's information and signature are required in Section 5. Read the requirements in that section to avoid delays.

1 Participant information

Name of participant		Account number or plan ID	
Address	City	State	ZIP
Email address*		() Daytime phone	
Plan type:			
<input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Qualified plan (profit-sharing or money purchase)		<input type="checkbox"/> Texas ORP	

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

2 Court-ordered divorce payments

A. What percentage, dollar amount (valuation) or shares should be re-registered in the plan on behalf of the alternate payee?

Re-register _____% **OR** \$ _____ **OR** _____ shares

B. What is the "division" date used in the QDRO to determine the valuation? _____
(mm/dd/yyyy)

From the date of valuation, are earnings and losses to be included? ☐ Yes ☐ No

C. What is the name of the alternate payee/awarded spouse? _____

Notes: • If not requesting a TOTAL re-registration, you must provide instructions in Section 3 for what percentage or amount to remove from each fund.

- A request for court-ordered divorce payments must be accompanied by the following documents:

To be provided by the participant:

- A copy of the certified QDRO. The certification should have been made by a court clerk.

To be provided by the alternate payee/awarded spouse:

- Completed beneficiary designation form for the appropriate plan if any assets are to remain in the account (If requesting a distribution, submit a completed *Alternate Payee Distribution Request*.)
- To avoid potential delays, all divorce and alternate payee/awarded spouse documentation should be submitted together.
- The employer's signature is required in Section 5.



3 One-time re-registration instructions

Complete this section ONLY if the request is for less than 100% of the account.

Fund name or number	Percentage	Amount	Number of shares
_____	_____ % OR	\$ _____ OR	_____
_____	_____ % OR	\$ _____ OR	_____
_____	_____ % OR	\$ _____ OR	_____
_____	_____ % OR	\$ _____ OR	_____
_____	_____ % OR	\$ _____ OR	_____
_____	_____ % OR	\$ _____ OR	_____

4 Authorization and signature guarantee — required

I direct Capital Bank and Trust Company (CB&T) to make a re-registration from my account in the manner I have indicated. I certify that the above information and attached documentation (if applicable) are accurate.

In consideration of CB&T acting on such instructions and processing such transactions, 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	_____/_____/_____ Date (mm/dd/yyyy)
Name of participant (print)	Signature of participant	

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

A signature guarantee is required and must be performed by an eligible guarantor institution, such as a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulatory Authority. **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 signature or medallion guarantee here.

Proceed to Section 5 for employer signature.



5 Employer information and signature — required

403(b)s: Employer confirmation is not required if the participant separated from service prior to January 1, 2009.

A. Employer information

		Name of participant	
		()	Ext.
Name of company/organization	Employer contact	Daytime phone of contact	
Company/organization address		City	State ZIP

B. Employer acknowledgment or authorization — required

If the requester is a participant of a 403(b) plan:

- By signing below, you are **acknowledging** that the re-registration request is being made, that the participant has obtained a copy of a certified QDRO and that it is attached.

If the requester is a participant of a Texas ORP, 457(b), money purchase or profit-sharing plan:

- By signing below, you are **authorizing** the re-registration of plan assets. You are also acknowledging that all parties have been notified and have been provided with the appropriate documentation and that the participant has obtained a copy of a certified QDRO and that it is attached.

Note: Distributions require employer acknowledgment or authorization.

- For 403(b) plans: A 403(b) *Basic Contact Information* form is required. (If you've already provided this form and the authorized signer below is on that list, you do not need to resubmit the form.)
- For 457(b), money purchase or profit-sharing plans: A signature guarantee in this section is required.

Name of authorized signer (print)	Title
X	
Authorized signature	Date / / (mm/dd/yyyy)

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

If using a signature guarantee as identification of employer status, the signature guarantee must be performed by a bank, savings association, credit union, member 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 guarantee that is accompanied by a raised corporate seal.

Stamp signature or medallion guarantee here.

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.