

Use this form only for disbursements involving hardship, required minimum distributions (RMDs), permissible withdrawals, in-service distributions, death and divorce.

- For separation from service events, such as termination of employment or retirement, use the Ready to make a move? forms booklet.
- For the return of excess or for mistake of fact, use the Return of Excess/Mistake of Fact form.
- For loans, use the Loan Request form.

lan name						
irst name of participant (print)	MI	Last		Plan ID i	number	
ddress of participant			City		State	ZIP
X X X - X X - SN (provide the last four digits)						
_						
Citizenship: U.S. citizen	U.S. reside	nt alien [Nonresident alien (S	ubmit an IRS Form	W-8BEN.)	
Disbursement requests If a participant has after-tax conto	NOT eligible	for rollov	rer es partial distributions, we			
Disbursement requests If a participant has after-tax contains	NOT eligible Pributions in the puble portion of the	for rollov	rer es partial distributions, we			
Disbursement requests If a participant has after-tax cont Section 72 to determine the taxa elect one of the following three o	NOT eligible Pributions in the puble portion of the	for rollov	rer es partial distributions, we			
Disbursement requests If a participant has after-tax cont Section 72 to determine the taxa select one of the following three o	NOT eligible tributions in the puble portion of the ptions:	for rollove plan and take e distribution	r er es partial distributions, we n.			
Disbursement requests If a participant has after-tax conduction 72 to determine the taxal elect one of the following three one. Hardship	NOT eligible tributions in the puble portion of the ptions:	for rollove plan and take e distribution.	r er es partial distributions, we n.	will follow the regula	tions under li	
Disbursement requests If a participant has after-tax continuous Section 72 to determine the taxa select one of the following three of th	NOT eligible tributions in the policy of the ptions:	for rollove plan and take e distribution.	r er es partial distributions, we n.	will follow the regula	tions under li	

Continued on next page



rst name of participant (print)	MI La	est	Plan ID number
Disbursement requests NO	OT eligible for	rollover	
(continued)			
Required minimum distributio			
Total RMD amount request			
Calculate RMD based on IF	RS Joint Life and L	_ast Survivor Expe	ctancy Table (if spousal beneficiary is more than 10 years younger).
Provide 12/31 prior year ad	count value inclu	ding any non-Ame	rican Funds assets and incoming rollovers (required):
\$			
Name of spousal beneficiary		_ SSN	Date of birth (mm/dd/yyyy)
	28 Uniform Lifetin		12/31 prior year account value including any non-American Funds
Calculate NWD based On II	(3 Offiloffit Effettif	ie labie. I lovide .	.2/31 phot year account value including any non-American runus
assets and incoming rollove	ers (required) \$ _		
NOTE: If you would like to est	ablish installmen	t payments for RN	IDs, provide the information below.
Installments (Payments wil	I continue until the	ere is no money le	ft in the account.)
Indicate frequency of paym	nent: Month	nly 🔲 Quarter	ly 🗌 Semi-annually 🔲 Annually
If other than monthly, indic	ate month(s) in w	hich disbursement	should be made:
☐ Jan ☐ Feb ☐ M	1ar 🗌 Apr 📗	May Jun	☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec
 Proceed to Section 5. 			
. Permissible withdrawal — For	use by automation	c enrollment plans	only. (Check all that apply.)
Return elective deferral:	☐ AII OR	\$	(without earnings)
Return Roth elective deferral:	All OR	\$	(without earnings)
Forfeit employer contribution:	☐ AII OR	\$	(without earnings)
Specify type of employer contri	bution		
First payroll date(mm/do	d/yyyy)	Last payroll date _	(mm/dd/yyyy)
Calculate earnings OR	Total earnii	ngs \$	
to be eligible for a permi- selected above for electiv	ssible withdrawal. ve deferral, the an	Employer contribution	lays of the date the first amounts were withheld from payroll in order utions applicable to the elective deferral must be forfeited. If "All" is ill automatically be adjusted for earnings/losses. If "All" is selected automatically be adjusted for earnings/losses.

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• Proceed to Section 5.



name of participant (print)	MI	Last	Plan ID n	number
Disbursement requests	eligible for roll	over		
ct either A or B.				
_	ect one of the two	ontions below the	n provide the total amount reques	ted)
1. Retirement-eligible in Participant remains		on — Participant n	as met the normal retirement age	and is eligible to take a distribution.
2. Other in-service dist	ribution			
				tructions are provided here (Elective who have not yet attained age $59\frac{1}{2}$.):
Total amount requested \$				
• Proceed to Section 4.				
Death/Qualified Domestic	Relations Order (G	QDRO) (Select one	of the two options below.)	
NOTE: A signature guarant	ee is required in o	order to process a	death or QDRO distribution — se	ee Section 9.
1. Death — Unless we	are otherwise inst	ructed, any outstar	ding loan balances will be offset	at the time of a death distribution.
2. QDRO — The plan s	ponsor has the res	sponsibility of deter	mining whether the domestic rela	tions order is qualified as well as by of the domestic relations order.
Total amount requested:	All OR	\$		
If the decedent is over age being processed?		ficiary is rolling ove es, complete Section		to be completed prior to the rollover
Is the beneficiary or alterna	te payee a spouse	or former spouse?	Yes No	
Is the beneficiary or alterna	te payee a U.S. cit	izen or resident alie	en? Yes No (Subm	nit an IRS Form W-8BEN.)
If a payment is to a benefic provide the following inform	-		ne name and address below. (If the finstruction.)	nere are multiple beneficiaries,
Name of beneficiary/Alternate paye	e			
Address		City		State ZIP
SSN	-	Date of birth (mm/dd/yyyy)	
 Proceed to Section 4. 				



First name of participant (print)	MI Last	Plan ID number
4 Payment instructions for rollo has been completed.	ver-eligible disburse	ments — Complete this section ONLY if Section 3
Select one of the three distribution option	ns below:	
1. Pay the requested amount in a sing	gle "lump-sum" cash dist	ibution.
2. Roll over the requested amount to	the IRA or the employer's	plan indicated in Step 3 below.
3. Split the requested amount as follows:	WS:	
Cash distribution \$	AND	Direct rollover \$
If requesting a rollover, specify instruction	ns by contribution type.	
Step 1: Identify below each appropriate co	ontribution type that this	account holds. (Select all that apply.)
Pre-tax Roth Af	ter-tax non-Roth	
Step 2: Identify how Roth or after-tax non	-Roth contributions and e	earnings are to be disbursed at the time of the rollover (if applicable).
☐ Include both Roth/after-tax no	on-Roth contributions and	earnings in the rollover.
Do not include Roth/after-tax	non-Roth contributions a	nd earnings in the rollover.
Step 3: Select one of the two options belo	ow:	
A. Direct rollover to an Americ	can Funds IRA (Identify w	hether the account already exists or will be new.)
		(Assets will be invested ercentages as the retirement plan account is currently invested.)
New American Funds a	account (Attach an IRA a	pplication to this form.)
B. Direct rollover to another:		
☐ Traditional IRA OR	Roth IRA OR	Retirement plan (Provide payee information below.)
Name of financial institution/Trust	ee	Account number

• Proceed to Section 5 to provide delivery instructions for the rollover assets.



First name of participant (print)	MI La	ast	Plan ID	number	
Delivery instruction	S				
A signature guarantee may	be required; see Section 9 f	or more information.			
A. Mail the cash distributi	ion directly to (checks will	be sent to the address of i	record):		
Participant OR	Plan sponsor O	R Third-party admi	nistrator		
	he information requested b A signature guarantee is i				
Payee					
Address		City		State	
B. Mail the rollover check Participant OR	directly to:	R Third-party admi	nistrator OR	Other financ	cial institution
Payee/Trustee/Custodiar	1				
Address		City		State	
Delivery service • Proceed to Section 6.	Name	on account	Account	number	
6 Federal income tax	withholding				
A. Eligible rollover distributio mandatory federal income Participant is requestin	tax withholding. To withho		ed to option 2 below.		on is subject to 20%
B. Other distributions					
distribution (for use by	automatic enrollment plan	cause it represents a finance is only). If the distribution ill be subject to 10% withle	is not eligible for rolle	over, the taxa	ble amount, including
This distribution repres in option 2 below.	sents a rollover of pre-tax a	assets to a Roth IRA. No w	rithholding will be take	n, unless an e	election is indicated
This distribution repres 20% withholding, unle		nspouse beneficiary. Nonsp	ouse beneficiary distri	outions will be	e subject to mandatory
	sents a total annual aggreing" election is indicated i	egate distribution of less t in option 1 below.	han \$200. Federal in	come tax with	nholding will apply,
1. DO NOT withho	old federal income tax. You	ur U.S. residence address i	s required to honor th	s request (no	P.O. boxes).
Residence address		City		State	
2. Withhold federa	al income tax at the rate of	f %	OR		



First name of participant (print)	MI	Last	i	Plan ID number	r	
7 State income tax withh	olding					
You may specify a percentage or do a minimum percentage or flat dolla You may instruct us not to withhold	r amount. We w	II withhold at least the	state-required minimum	amount wh	nen such a mi	
Withhold % of the	distribution amo	ount				
OR						
Withhold \$						
OR						
DO NOT withhold state income	e tax					
Note: To review the impacts of sta withholding," or speak with completed and provided to t	our tax consulta	nt. For MI residents to		-		
Vested percentage This section must be completed	by the third-party	administrator. Please co	nfirm this information for ou	ır records.		
Note: All forfeited amounts will aut	tomatically be tra	ansferred to the plan's	forfeiture account.			
Select one of the two options belo	w:					
Participant is 100% vested in a	all contribution ty	/pes				
OR						
Variable vesting (see below)						
Match % Profit	-sharing	% Other	Specify contribution ty	pe.		%
The vested percentage reflected ab	ove is correct.					
				())	Ext.
Name of third-party administrator (print)		Name of firm		Daytime p	hone	
X					/	/
Signature of third-party administrator					Date (mm/	/ /dd/yyyy)



First name of participant (print)	MI Last		Plan ID number
Authorization and signa	ature guarantee		
If a signature guarantee is requi		with original signatures.	
olan administrator has provided th amounts to an eligible retirement p with any other notice requirements	e participant with a written blan and mandating 20% wi s to the participant that are	explanation of the rules permitting of thholding on distributions that are n applicable to this distribution, (3) th	cordance with the terms of the plan, (2) the direct rollover of eligible rollover distribution ot directly rolled over and has also complied e vested percentage in Section 8 is provided ability arising from following our instructions.
	X		1
Name of plan trustee or authorized signer (p	orint) Signatur	re of plan trustee or authorized signer	Date (mm/dd/yyyy)
	V		
Name of plan trustee or authorized signer (p	orint) A Signatur	re of plan trustee or authorized signer	Date (mm/dd/yyyy)
f Section 3-B has been completed	l, a signature guarantee is i	required.	
GUARANTOR: Stamp signature guarantee here.		GUARANTOR: Stamp signature guarar	ntee here.
you? 2. Collect the red 3. Verify the rem Mailing address	e distribution type in Section quired signatures in Sections nainder of the form for accur	s 8 and 9? (pages 6–7) racy?	
		s at 800/421-6019 between 8 a.m	·
Mail this completed form to the ac	_	guarantee is required, this form ma	by be taxed to 855/521-9952 .
	American Func c/o Retirement	ds Recordkeeper Direct : Plan Services	
	Regular mail:	P.O. Box 6040 Indianapolis, IN 46206-6040	
		111dianapolis, 114 10200 00 10	