

RecordkeeperDirect® Required Minimum Distribution Request

Important: Be sure you understand the Required Minimum Distribution (RMD) rules. Your employer or financial professional can provide more information.

1	Plan and participant information Please type or print clearly.	
Plan n	name	Plan ID number
		\times \times \times - \times -
First n	name of participant (print) MI Last	SSN (provide the last four digits)
Addre	ess of participant City	State ZIP
Citiz	zenship: U.S. citizen U.S. resident alien Nonresident alien (S	ubmit an IRS Form W-8BEN.)
-	Required Minimum Distribution If you wish to withdraw more than your RMD, you must complete a separate withdrawal re distribution form. Distribution amounts are taken proportionately from all investment option u elect a one-time payment, you must submit a withdrawal form each year for your to you automatically and you will not receive an appual reminder from American Fig.	ns in applicable contribution types. required minimum distribution. No payments will be
	to you automatically and you will not receive an annual reminder from American Forcet either A or B:	unas.
Δ [American Funds to calculate RMD	
	Select option 1 or 2 below.	
	1. One-time payment	
	Calculation method: IRS Uniform Lifetime Table	
	IRS Joint Life and Last Survivor Expectancy	y Table (Select only if your spouse is your sole
	beneficiary and is more than 10 years young	ger.)
	Note: American Funds calculates your RMD using the prior year's December system. If plan assets were held outside of our recordkeeping system.	· -
	\$	
	2. Automated RMD payments (Payments continue until no money is left in an your employer to verify if your plan allows this payment method. The automand future years.)	
	Start date: The first payment should be processed(mm/dd/yyyy)	
	Frequency: Monthly Quarterly Semiannually	Annually
	Calculation method: IRS Uniform Lifetime Table	
	IRS Joint Life and Last Survivor Expectancy	y Table (Select only if your spouse is your sole
	beneficiary and is more than 10 years young	ger.)
в. 🗌	Calculate your own RMD (One-time payment)	
	Total gross (pre-withholding) RMD amount requested in a single payment: \$	

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From Capital Group

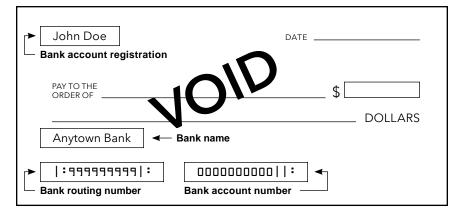
First name of participant		MI Last	Plan ID number					
3		assets, proceed to Section 4.	If applicable, indicate how you wish to have the RMD amount taken from your ds, the RMD will be processed proportionately across your entire account balance.					
I have	funds in a Roth money source and	wish to deplete my:						
Ro	Roth funds first OR Non-Roth funds first							
1	Delivery instructions							
4	Select either A or B. If no selection is made, a distribution check will be sent via regular mail.							
Α. 🗌	Send the distribution electronically to your bank within three (3) busine		rmation provided in Section 5. (Distribution payments will be delivered saction.)					
в. 🗌	Mail a check directly to me at the a	address of record.						

Bank information — Complete only if requesting electronic deposit

Electronic distributions can only be made to a U.S. bank checking account.

Attach an unsigned, voided check below. The check you attach must be preprinted with the bank name and registration, routing number and account number. Please **do not** staple.

Note: The participant's name **MUST** be included in the bank registration to process the request electronically. If the participant's name is not included, a physical check will be generated instead.



Note: In lieu of a voided check, you may submit a letter from your bank on the bank's letterhead providing the:

- · bank account registration
- · routing number
- · account number
- signature of an authorized signer for the bank

Tape your check here.



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First name of participant	i MI	Last		Plan ID number			
6 Federal in	ncome tax withhold	ling					
	ot eligible to be rolled over	•			ıg earn	ings app	olicable
-	hold more than 10%. Insuf	_			ult in IR	S penalti	es. Taxes are
A. DO NOT with	nhold federal income tax. Y	our U.S. residence	address is required to	honor this request (no I	P.O. bo	xes).	
Residence addr	ress		City	Sta	ate	ZIP	
B. Withhold fed	eral income tax at the rate of	of% (M	ust be 10% or greater)				
7 State inco	ome tax withholdin	g					
-	withholding or if the amour the minimum state tax reg		-	•			
Do not withhold	Withhold \$						
tax consultant For residents provided to yo	impacts of state withholdin t. For residents of MI, to op of NC, to opt out or to requ our employer. nt signature	t out of state taxes	or to request a reduce	ed withholding rate, a Fe	orm MI	W-4P is	required.
	e that I have read, understage provided is true and corr	_	pages of this Required	d Minimum Distribution	Reque	st and aff	irm that all
Name of plan participan	t (print)	Signature of	f plan participant		Date	/ (mm/dd/y	/ /yyy)
	1. You will need to prov	ide the completec	d and signed form to y	 your employer for auth	 norizati	on.	
2. Verify with your employer what additional paperwork or documentation may be required, such as a spousal consent form.						a	
steps	3. Your employer will work with the Third-Party Administrator (TPA) to review the request and authorize the distribution of assets.						
	4. Once the withdrawal is authorized and all appropriate signatures collected, the form will be sent by your employer or the plan's TPA to American Funds for processing.						
	DO NOT mail or fax this collected because this r	-			l signat	ures have	e been



First name of participant MI La		II Last	Plan	Plan ID number		
	:	Section 9 is to	be completed by the TPA	•		
	ercentage the following information	for our records.				
Select one of the to	wo options below.					
Participant is 10	0% vested in all contrib	oution types				
OR						
Variable vesting	(see below)					
Match% Profit-sharing			OtherSpecify contribu	tion type		%
			ble contribution types (per plan inforn instructions will apply to this distribut			s indicated in Section 3)
The information re	flected above is corre	ect.				
				()	Ext.
Name of firm				Daytime	phone	
		X				/ /
Name of Third-Party Ad	ministrator (print)	Signat	ure of Third-Party Administrator		Date	(mm/dd/yyyy)
	Section 10 is t	o be complet	ed by the employer spons	oring th	e plan	
10 Employ	er authorization	ı				
applicable to this rec applicable, spousal assets held outside	quest have been provid consent for married par the recordkeeping syst	ed to the participal rticipants have bee em are disclosed a	oution is in accordance with the terms of as required by law; 3) any required on properly obtained; 4) the informations appropriate on this form (if applicate liability arising from following my instead	participan on provided ole); and 6)	t election I in Secti	ns, consent and, if on 9 is correct; 5) any
	the request is to be hor rm, or the participant's s		articipant's signature because the part uired.	ticipant's au	uthorizati	on has been obtained
		X				/ /
Name of plan trustee or	authorized signer (print)		re of plan trustee or authorized signer		Date	(mm/dd/yyyy)
C 1	If you have any ques to (855) 521-9952 ; c		rm, call American Funds at (800) 42 o the address below.	1-6019 . Yo	ou may fa	ax this completed form
Send	American Funds Rec	•				
	Regular mail P.O. Box 6040 Indianapolis, IN 462	1:	vernight mail 2711 N. Meridian St. armel, IN 46032-9181			