



**Check with your employer to discuss restrictions and determine eligibility before submitting this form. Your request cannot be processed until approved by your employer.**

Use this form only to request a coronavirus-related distribution. If you have questions about this form, call us at **(800) 421-4120**. For any other type of distribution, contact your employer for the appropriate form.

## 1 Plan and participant information

*Please type or print clearly.*

**Important:** Distribution requests are subject to a 10-day hold after an address change unless your signature is guaranteed in Section 7.

Plan name	Plan ID number											
First name of participant (print)      MI      Last	<table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td style="width: 20px;">X</td> <td style="width: 20px;">X</td> <td style="width: 20px;">X</td> <td style="width: 20px;">-</td> <td style="width: 20px;">X</td> <td style="width: 20px;">X</td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	X	X	X	-	X	X	-				
X	X	X	-	X	X	-						
	SSN (provide the last four digits)											

Address of participant	City	State	ZIP
(    )			
Daytime phone			

**Citizenship:**     U.S. citizen     U.S. resident alien     Nonresident alien (Submit an IRS Form W-8BEN.)

## 2 Amount of coronavirus-related distribution

*American Funds will waive the \$25 processing fee that normally applies. However, fees from your plan's Third-Party Administrator may apply. See your Participant Fee Disclosure document or employer for more information. Distribution amounts are taken proportionately from all investment options in applicable contribution types.*

Total vested account balance. (Up to a maximum amount of \$100,000.)

**OR**

Partial vested account balance. Total gross (pre-withholding) amount requested \$ \_\_\_\_\_ (Up to a maximum amount of \$100,000.)

**Note:** The maximum amount of coronavirus-related distributions from all plans and IRAs cannot exceed \$100,000.

## 3 Delivery instructions

*Select one of the options below. If no selection is made, a distribution check will be sent via regular mail.*

**A.**  Send the distribution electronically (via ACH) to the bank information provided in Section 4. (This option is not available for nonresident alien distributions.)

**Note:** Electronic payments are subject to a 10-day hold, unless your signature is guaranteed in Section 7.

Once processed, the distribution will be delivered to your bank within three business days following the transaction.

**B.**  Send a check to the address of record via regular mail. **Proceed to Section 5.**

**C.**  Send a check to the address of record and expedite delivery. Estimated delivery time is two business days from the date the request is processed. **Proceed to Section 5.** (A \$25 delivery fee will be deducted. Physical address is required — **no P.O. boxes.**)

\_\_\_\_\_  
First name of participant MI Last Plan ID number

## 4 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. Please **do not** staple.

The check must be preprinted with the bank name and registration, routing number and account number. The participant's name **MUST** be included in the bank registration. **If these requirements are not met, a physical check will be generated instead.**

Tape your check here.

John Doe

DATE \_\_\_\_\_

**Bank account registration**

PAY TO THE ORDER OF \_\_\_\_\_

\$ \_\_\_\_\_

DOLLARS

Anytown Bank

← **Bank name**

| : 999999999 | :

0000000000 | | :

**Bank routing number**

**Bank account number**

**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

## 5 Federal income tax withholding

**The taxable amount of this distribution, including earnings related to after-tax contributions, is subject to 10% federal withholding unless otherwise indicated below.** The distribution may be included in your gross income over three years. Discuss tax implications with your tax advisor.

**Note:** You may withhold more than 10%. Insufficient withholding or underpayment of estimated taxes may result in IRS penalties. Taxes are withheld from the total amount requested. A portion of your Roth distribution may be taxable.

**DO NOT withhold.** Your U.S. residence address is required to honor this request (**no P.O. boxes**).

\_\_\_\_\_  
Residence address City State ZIP

**Withhold at the rate of** \_\_\_\_\_ % (Must be 10% or greater).



First name of participant \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Plan ID number \_\_\_\_\_

**Section 8 is to be completed by the TPA — required**

**8 Vested percentage**  
*The information provided will apply to this distribution request only.*

Select one of the two options below.

Participant is 100% vested in all contribution types

OR

Variable vesting (see below)

Match \_\_\_\_\_% Profit-sharing \_\_\_\_\_% Other \_\_\_\_\_%  
Specify contribution type

Distribution amounts are taken proportionately from all applicable contribution types (except money purchase plan contributions) per plan information on file unless alternate instructions are provided below.

The information above is correct.

Name of firm \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Daytime phone

Name of Third-Party Administrator (print) \_\_\_\_\_ **X** \_\_\_\_\_ / / \_\_\_\_\_  
Signature of Third-Party Administrator Date (mm/dd/yyyy)

**Section 9 is to be completed by your employer — required**

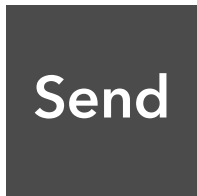
**9 Employer authorization**  
*Before signing, ensure the vested percentage information has been completed in Section 8.*

As plan trustee or authorized signer, I certify that **1)** I have read, understand and agree to all pages of this *Coronavirus-Related Distribution Request*; **2)** the plan permits and/or will be amended retroactively to permit coronavirus-related distributions; **3)** any notice requirements applicable to this request have been provided to the participant as required by law; **4)** spousal consent, if applicable, has been obtained; **5)** the information provided in Section 8 is correct; **6)** I understand that once a payment has been requested, it cannot be changed or reversed; and **7)** the recordkeeper is entitled to rely on my authorization and is hereby indemnified from all liability arising from following the instructions provided on this form.

Check this box if the request is to be honored because the appropriate participant's consent and certification that they satisfy the conditions for a coronavirus-related distribution have been obtained on a separate form, and the participant has been notified of potential delays due to an address change and/or an electronic payment.

Name of plan trustee or authorized signer (print) \_\_\_\_\_ **X** \_\_\_\_\_ / / \_\_\_\_\_  
Signature of plan trustee or authorized signer Date (mm/dd/yyyy)

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



If a participant signature guarantee is required, mail this form to one of the addresses below. Otherwise, you may send it by fax or email.

**American Funds RecordkeeperDirect**  
c/o Retirement Plan Services

<b>Regular mail</b>	<b>Overnight mail</b>	<b>Fax</b>	<b>Email</b>
P.O. Box 6040	12711 N. Meridian St.	(855) 521-9952	RKDirect@capitalgroup.com
Indianapolis, IN 46206-6040	Carmel, IN 46032-9181		