

# RecordkeeperDirect® Hardship Withdrawal Request

The terms and availability of hardship distributions are contained in your plan document.

Please check with your employer to discuss restrictions and determine eligibility before submitting this form. You must also provide supporting documentation to your employer for review and approval. Additional paperwork may be required. Your hardship withdrawal cannot be processed until approved by your employer.

If you	have questions about this form, c	all us at <b>(800) 421-4120</b> .					
1	Plan and participant inf	ormation					
Impo	rtant: Distribution requests are su	bject to a 10-day hold after a	an address change ur	nless your signature is gu	aranteed in Section 7.		
Plan n	ame			Plan ID number			
First na	ame of participant (print)	MI Last		SSN (provide the last fo	our digits)		
Addres	s		City		State ZIP		
•	enship: U.S. citizen  Amount of withdrawal  Check with your employer to confirm  Additional fees from your plan's Third	the amount available for your had- d-Party Administrator may apply	ardship withdrawal. <b>We</b> v. See your Participant F	ee Disclosure document or e	ng fee for this distribution.		
Total	Distribution amounts are taken property gross (pre-withholding) amount re		ptions in applicable cont	ribution types.			
3	Delivery instructions Select one of the three options below	v. If no selection is made, a distr	ribution check will be ser	nt via regular mail.			
Α	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 distribution will be delive	subject to a 10-day hold, unled to your bank within three		=	Once processed, the		
в. 🗌	Send a check to the address of	record via regular mail. Proc	ceed to Section 5.				
<b>c</b> .	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 — <b>no P.O. boxes</b> .)						



#### RecordkeeperDirect Hardship Withdrawal Request

First name of participant	MI	Last	Plan ID number

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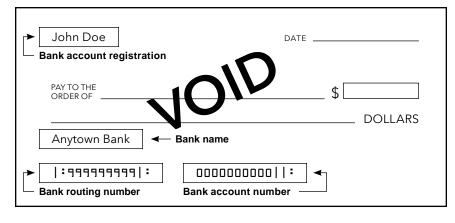
#### Bank information — Complete only if requesting electronic deposit

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.



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

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### Federal income tax withholding

This distribution is **not** eligible to be rolled over because it represents a financial hardship distribution. **The taxable amount, including earnings applicable to after-tax contributions, will be subject to 10% withholding unless otherwise indicated below.** 

**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 federal income tax. The participant's U.S. residence address is required to honor this request (no P.O. boxes).						
Residence address	City	State	ZIP			
Withhold federal income tax at the rate of	% (Must be 10% or greater)					



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First name of participant	MI Last	Plan ID number			
6 State income tax	withholding				
	-	e minimum for your state, Capital Bank and Trust Company <sup>sм</sup> (CB&T) on below. CB&T does not withhold state taxes for all states.			
DO NOT withhold	Withhold \$	_			
tax consultant. For resid	dents of MI, to opt out of state taxes or I NC, to opt out or to request additional	sidence, visit <b>www.americanfunds.com/retire</b> or speak with your to request a reduced withholding rate, a Form MI W-4P is required. I withholding, a state-specific 4P form is required. These forms must			
<b>7</b> Participant signa	ture				
provided is true and correct; 3) any amounts necessary to pay	the withdrawal requested does not ex	s of this Hardship Withdrawal Request; 2) all information that I have sceed the amount of my immediate and heavy financial need (including es or penalties reasonably anticipated to result from the withdrawal); ancial need.			
	X Signature of par				
Name of participant (print)  This document may not be significant.	Signature of par gned using Adobe Acrobat Reader's	·			
	uired if requesting an immediate	a.u.u.g.			
distribution and:		GUARANTOR:			
• your address has changed in	n the last 10 calendar days	Stamp signature guarantee or medallion guarantee here.			
OR					
• proceeds will be sent electron	onically to a bank account.				
If your request meets the criter is <b>NOT</b> provided, the distribution	ia above and a signature guarantee on is subject to a 10-day hold.				
savings association, credit unic guarantor institution. A notary p		schange or the Financial Industry Regulatory Authority that is an eligible The guarantee must be in the form of a stamp or a typewritten or al.			
Note: A medallion guarantee i	is acceptable in place of a signature gu	arantee.			
Return this comp	leted form to your employer	for authorization. If this form includes a signature			
guarantee o	r medallion guarantee, the or	riginal document is required. DO NOT return			

this form directly to American Funds, as this will delay the processing of your request.



## RecordkeeperDirect Hardship Withdrawal Request

First name of participant MI La		Last	Plan ID number			
	Se	ction 8 is	to be completed by the TPA –	- required		
8	Vesting/Contribution The information provided will apply					
Veste	ed percentage					
Indica	ate the participant's vesting in ea	ch applicable	contribution type.			
□ Q	ACA safe harbor match Vester	d percentage:	%			
□ Q	ACA safe harbor non-elective	Vested perce	ntage:%			
Шм	atch Vested percentage:	%				
☐ Pr	rofit-sharing Vested percentag	e:	_%			
□ o	therSpecify contribu	tion type	%			
	ship withdrawals will be taken proctions are provided below.	oportionately	from all applicable contribution types (per	plan information on file) unless alterna	ite	
The in	nformation above is correct.					
				( ) Ext.		
Name	of firm			Daytime phone		
	(TILLE		X	1 1		
Name	of Third-Party Administrator (print)		Signature of Third-Party Administrator	Date (mm/dd/yyyy)		

#### RecordkeeperDirect Hardship Withdrawal Request

First na	ame of participant	MI	Last	Plan ID number				
	Section 9 is to be completed by your employer — required							
0	<b>Employer authorizati</b>	on						
7	Before signing, ensure vesting/contribution type verification has been completed in Section 8. Supporting documentation should be retained and kept with your records.							
As plan trustee or authorized signer, I certify that 1) I have read, understand and agree to all pages of this <i>Hardship Withdrawal Request</i> ; 2) this distribution is in accordance with the terms of the plan and Internal Revenue Code; 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 in this form.								
Check this box if the request is to be honored because the appropriate participant's consent and waivers 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.								
			X			/	1	
Name	of plan trustee or authorized signer (p	rint)	Signa	ture of plan trustee or authorized signer	ate	(mm/dd/y	уууу)	
This	This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.							



If a participant signature guarantee is **NOT** required, you may fax or email this completed form; otherwise, mail it to the address below.

#### American Funds RecordkeeperDirect

c/o Retirement Plan Services

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