

#### RecordkeeperDirect<sup>®</sup> Coronavirus-Related Distribution Request

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.

#### 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			
				XX	X-X	X -	
First name of participant (print)	MI La	ast		SSN (prov	ide the last fo	ur digits)	
Address of participant			City			State	ZIP
( )							
Daytime phone							
Citizenship: U.S. citizen	U.S. resident	alien 🗌 Non	resident alien (Submit	an IRS Fo	rm W-8BEN	1.)	
Amount of coronavirus	s-related di	stribution					
American Funds will waive the \$25 Participant Fee Disclosure docume applicable contribution types.				•	-		
Total vested account balance. (Up	to a maximum a	mount of \$100,0	00.)				
OR							
Partial vested account balance. To of \$100,000.)	tal gross (pre-wi	ithholding) amou	nt requested \$		(U	lp to a maxin	num amount
Note: The maximum amount of corona	virus-related dis	tributions from al	I plans and IRAs canno	ot exceed \$	5100,000.		
<b>O</b> Delivery instructions							
Select one of the options below. If i	no selection is ma	de, a distribution c	heck will be sent via regu	ılar mail.			
A. Send the distribution electronic alien distributions.)	ally (via ACH) to	o the bank inform	ation provided in Sect	ion 4. (This	s option is n	ot available	for nonresident
Note: Electronic payments are Once processed, the dist	•	•				ne transaction	n.
B. Send a check to the address of	record via regu	lar mail. Procee	d 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.)

# CAPITAL AMERICAN GROUP® FUNDS®

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First name of participant

Last

Plan ID number

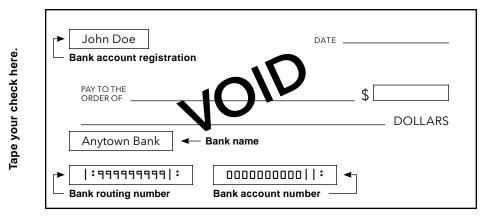
#### Bank information — Complete only if requesting electronic deposit

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

MI

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.



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

## **F**ederal 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).



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First name of participant	MI Last	Plan ID number	
6 State income tax	withholding		
	-	the minimum for your state, Capital Banl on below. CB&T does not withhold state	
DO NOT withhold	Withhold \$	_	
tax consultant. For reside	ents of MI, to opt out of state taxes or NC, to opt out or to request additional	idence, visit <b>www.americanfunds.com</b> to request a reduced withholding rate, a withholding, a state-specific 4P form is	Form MI W-4P is required.
<b>7</b> Participant signat	ture		
have provided is true and corre	ct; and 3) I am a Qualified Individual*	of this Coronavirus-Related Distribution and I therefore satisfy the conditions re as a "coronavirus-related distribution."	
Centers for Disease Control and Pre experiences adverse financial cons disease, being unable to work due t	evention; <b>2)</b> whose spouse or dependent (a equences as a result of being quarantined,	S-CoV-2 or with coronavirus disease 2019 (Cd as defined in Code section 152) is diagnosed v , being furloughed or laid off or having work ho ease, closing or reducing hours of a business of the Treasury.	with such virus or disease; or <b>3)</b> who burs reduced due to such virus or
	X	rticipant	_ / / / Date (mm/dd/yyyy)
Name of participant (print) This document may not be sig	Signature of pa gned using Adobe Acrobat Reader's		Date (mm/dd/yyyy)
A signature guarantee is requestion and: • your address has changed in	uired if requesting an immediate the last 10 calendar days	Stamp signature guarantee or medallion guara	
OR			
proceeds will be sent electron	nically to a bank account.		
The request is subject to a 10-c	lay hold if a signature guarantee		

**If required**, a signature guarantee must be performed by a bank, savings association, credit union, member firm 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 or handwritten guarantee that is accompanied by a raised corporate seal.

Note: A medallion guarantee is acceptable in place of a signature guarantee.

# Return this completed form to your employer for authorization. If this form includes a signature guarantee or medallion guarantee, the original document is required. **DO NOT** return this form directly to American Funds, as this will delay the processing of your request.

is required but not provided.



### RecordkeeperDirect Coronavirus-Related Distribution Request

First name of participar	t	MI Last	 Plan ID nu	mber	
	Sect	ion 8 is to be complete	d bv the TPA — requi	red	
The information     Select one of the t     Participant is 10     OR     Variable vesting     Match Distribution amount	ercentage on provided will apply to wo options below. 00% vested in all cont (see below) % Profit-sharin s are taken proportior	this distribution request only. ribution types g% Other nately from all applicable contribu- ctions are provided below.	Specify contribution type		% tributions) per plan
The information a	bove is correct.		(	)	Ext.
Name of firm				aytime phone	
		X Signature of Third-P			/ /
Name of Third-Party Ac	Iministrator (print)	Signature of Third-P	arty Administrator	Date	(mm/dd/yyyy)
	Section	9 is to be completed by	y your employer — re	quired	
Before signing As plan trustee or a Request; 2) the plan applicable to this re b) the information p reversed; and 7) the he instructions pro-	uthorized signer, I ce n permits and/or will k quest have been prov rovided in Section 8 i e recordkeeper is enti vided on this form.	centage information has been comp rtify that <b>1)</b> I have read, understa be amended retroactively to pern <i>i</i> ded to the participant as require s correct; <b>6)</b> I understand that or tled to rely on my authorization a	and and agree to all pages of the nit coronavirus-related distribu ed by law; <b>4)</b> spousal consent, note a payment has been reque and is hereby indemnified from	tions; <b>3)</b> any n if applicable, ested, it canno all liability ari	otice requirements has been obtained; t be changed or sing from following
conditions for a	coronavirus-related	honored because the appropriat distribution have been obtained o d/or an electronic payment.			
	authorized signer (print)	<b>X</b>	stee or authorized signer	Date	/ / (mm/dd/yyyy)
		Signature of plan tru: g Adobe Acrobat Reader's "fill		Date	(mm/aa/yyyy)
Send	send it by fax or e	RecordkeeperDirect	nail this form to one of the add	dresses below	v. Otherwise, you may

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