

- Notes:**
- If you have an outstanding loan balance that you wish to repay, please call your former employer to learn how to pay it off prior to submitting any forms. If you don't pay off your loan balance, the outstanding balance of the loan will be offset and a Form 1099-R will be generated.
 - If rolling into your new employer's retirement plan, make sure that the new plan will accept rollovers prior to completing this form.
 - **For the plan name and ID, refer to your most recent statement, contact your former employer's benefits representative or call the American Funds IRA Rollover Center at (800) 421-9923.**

Plan name _____

Plan ID number _____

1 Information about you

Please type or print clearly.

XX XX - XX - 3 4 1 7
SSN (provide the last four digits)

First name (print) Ciprianna MI M Last Dudding
Address of participant 960 Farnam St. #113 City Omaha State NE ZIP 68102

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

2 Distribution instructions

Please read the attached 402(f) Notice of Special Tax Rules on Distributions before completing this section. The IRS requires that 20% of any eligible rollover cash distribution be withheld for federal income tax. If you are taking a distribution prior to age 59½, you may also be subject to a 10% penalty tax. American Funds deducts a \$25 processing fee from all distributions.

- Notes:**
- Rollovers invested in Class A shares are generally subject to applicable sales charges. Assets rolled over from your retirement plan to an American Funds IRA with CB&T as custodian will be invested without a sales charge.
 - The amount paid to you will be reduced first by applicable distribution fees, then by applicable taxes. If distribution fees exceed your available account balance at the time the distribution is processed, you will not receive a distribution check.

A. Effective date of your separation from service (including retirement) _____ If this distribution is a result of plan termination, no date is required.
(mm/dd/yyyy)

B. Instructions (Select one of the three options listed below.)

1. ☐ **Cash distribution** (Select one of the following two options, then proceed to Section 6.)

☐ Entire account balance ☐ Partial* gross (pre-withholding amount) distribution of \$ _____

2. ☒ **Rollover to an existing IRA or another retirement plan** (Select one of the following two options, then proceed to Section 3 or 4.)

☒ Entire account balance ☐ Partial* rollover of \$ _____

3. ☐ **Combination of cash distribution and rollover** (Select one of the following two options, then proceed to Section 3.)

☐ Gross (pre-withholding amount) distribution of \$ _____ The remainder will be rolled over.

☐ Roll over \$ _____ The remainder balance will be paid in a cash distribution.

*If your account contains both pre-tax and after-tax assets and you are electing a partial cash distribution, assets will be taken pro rata from all contribution types (unless plan rules dictate otherwise). When Roth assets are rolled over or distributed, both contributions and earnings will be included.

For current information and month-end investment results, ask your plan's financial professional or your former employer, or visit us on the Web using the address on your statement.

3 Rollover instructions — Direct rollover to an existing American Funds IRA

A. Select receiving account type:

☐ Traditional IRA ☐ Roth IRA Existing account number _____

NOTE: At the time of the rollover to an American Funds IRA, your retirement plan assets will automatically be converted to Class A shares at Net Asset Value (NAV) (no sales charge).

B. Investment instructions

For a quick guide to fund names, numbers, minimums and share class restrictions, go to www.americanfunds.com/fundguide. If a fund is not selected, this investment will be placed in the American Funds Money Market Fund by default.

☐ Roll over my retirement account to the same American Funds and percentages as my current retirement plan account is invested.

Note: This option is **NOT** available if you currently hold any non-American Funds investments.

OR

☐ Roll over my retirement account to the following funds:

Full fund name or number	Amount	Percentage
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
_____	\$ _____	OR _____%
Total rollover \$ _____		OR _____%

4 Rollover instructions — Direct rollover to a non-American Funds IRA or retirement plan

NOTE: You must have an existing IRA with your new trustee for your rollover assets to be deposited. If you are rolling over to your new employer's retirement plan, make sure it will accept the rollover before submitting the request.

Select receiving account type:

☐ Traditional IRA ☒ Roth IRA ☐ Retirement plan

5 Participants over 70½ — Required Minimum Distributions (RMDs)

If you are 70½ or over this year and are requesting a rollover, select one of the two options below.

NOTE: RMDs cannot be converted to a Roth account.

- ☐ I have already taken my RMD for the year.
- ☐ Calculate and remove my RMD. (The calculation will be based on the IRS Uniform Lifetime Table and the December 31 prior year account value of assets held on the American Funds recordkeeping system.)

RMD income tax withholding

Federal law requires us to withhold income tax equal to 10% of your gross RMD amount **unless** you elect otherwise using the check boxes below. If we withhold federal income tax, state tax withholding may also be applicable depending on your state of residence. Contact your tax accountant for rules for your state of residence. Insufficient withholding or underpayment of estimated taxes may result in IRS penalties. If you are a nonresident alien, please provide an IRS Form W-8BEN with an original signature as documentation of your foreign tax status.

- ☐ **DO NOT** withhold federal or state income taxes. Your U.S. residence address is required to honor this request (**no P.O. boxes**).

Residence address _____ City _____ State _____ ZIP _____

- ☐ Withhold federal and state income taxes as indicated below*:

Federal income tax withholding _____% **OR** \$ _____

State income tax withholding _____% **OR** \$ _____

***Note:** This option may not be available for your state. To review the impacts of state withholding for your state of residence, visit www.americanfunds.com/retire, or speak with your tax consultant. For residents of MI, to opt out of state taxes or to request a reduced withholding rate, a Form MI W-4P is required. For residents of NC, to opt out or to request additional withholding, a Form NC-4P is required. These forms must be completed and provided to the plan administrator.

6 Delivery instructions — For cash distribution or rollover to a non-American Funds IRA or retirement plan

A. Make the check payable to:

- ☐ Participant ☐ Plan sponsor ☐ TPA ☐ Other financial institution (provide information below)

Name of recipient

B. Mail the distribution directly to:

- ☐ Participant ☐ Plan sponsor ☐ TPA ☒ Other financial institution (provide information below)

Name of recipient

Account number or, if applicable, plan ID number

Address

City

State

ZIP

C. Expedite delivery by using the delivery service and account listed (optional):

Delivery service

Name on account

Account number

5 Participants over 70½ — Required Minimum Distributions (RMDs)

If you are 70½ or over this year and are requesting a rollover, select one of the two options below.

NOTE: RMDs cannot be converted to a Roth account.

- ☐ I have already taken my RMD for the year.
- ☐ Calculate and remove my RMD. (The calculation will be based on the IRS Uniform Lifetime Table and the December 31 prior year account value of assets held on the American Funds recordkeeping system.)

RMD income tax withholding

Federal law requires us to withhold income tax equal to 10% of your gross RMD amount **unless** you elect otherwise using the check boxes below. If we withhold federal income tax, state tax withholding may also be applicable depending on your state of residence. Contact your tax accountant for rules for your state of residence. Insufficient withholding or underpayment of estimated taxes may result in IRS penalties. If you are a nonresident alien, please provide an IRS Form W-8BEN with an original signature as documentation of your foreign tax status.

- ☐ DO NOT withhold federal or state income taxes. Your U.S. residence address is required to honor this request (no P.O. boxes).

Residence address _____ City _____ State _____ ZIP _____

- ☐ Withhold federal and state income taxes as indicated below*:

Federal income tax withholding _____% OR \$ _____

State income tax withholding _____% OR \$ _____

*Note: This option may not be available for your state. To review the impacts of state withholding for your state of residence, visit www.americanfunds.com/retire, or speak with your tax consultant. For residents of MI, to opt out of state taxes or to request a reduced withholding rate, a Form MI W-4P is required. For residents of NC, to opt out or to request additional withholding, a Form NC-4P is required. These forms must be completed and provided to the plan administrator.

6 Delivery instructions — For cash distribution or rollover to a non-American Funds IRA or retirement plan

A. Make the check payable to:

- ☐ Participant ☐ Plan sponsor ☐ TPA ☐ Other financial institution (provide information below)

Name of recipient

B. Mail the distribution directly to:

- ☐ Participant ☐ Plan sponsor ☐ TPA ☒ Other financial institution (provide information below)

Name of recipient

Account number or, if applicable, plan ID number

Address

City

State

ZIP

C. Expedite delivery by using the delivery service and account listed (optional):

Delivery service

Name on account

Account number

7 Tax withholding elections

A. Federal income tax withholding for eligible rollover distributions

Note: Any distribution that is an eligible rollover distribution and is paid to you rather than directly rolled over to an IRA or into an employer's plan is subject to 20% withholding. If you are under 59½, you may be subject to an additional 10% penalty tax.

1. ☒ This is a rollover request, for which withholding does not apply.
2. ☐ This distribution includes pre-tax assets being paid out as cash and is therefore subject to the mandatory 20% withholding. To request a different withholding amount, select one of the two options immediately below:

Withhold federal income taxes at the ☐ total rate of _____% **OR** ☐ dollar amount of \$ _____

3. ☐ This distribution represents a rollover of pre-tax assets to a Roth IRA. No withholding will be taken unless an election is indicated in one of the two options immediately below.

Withhold federal income taxes at the ☐ total rate of _____% **OR** ☐ dollar amount of \$ _____

4. ☐ This distribution represents a total annual aggregate distribution of less than \$200 and is therefore subject to 20% withholding unless otherwise elected here. ☐ **DO NOT** withhold federal income tax.

B. State income tax withholding

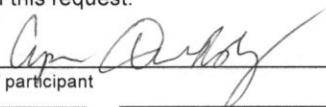
If your state requires withholding or if the amount below is less than the minimum for your state, CB&T will withhold at least the minimum state tax regardless of your election below. CB&T does not withhold state taxes for all states.

☒ **DO NOT** withhold ☐ Withhold \$ _____

***Note:** This option may not be available for your state. To review the impacts of state withholding for your state of residence, visit www.americanfunds.com/retire, or speak with your tax consultant. For residents of MI, to opt out of state taxes or to request a reduced withholding rate, a Form MI W-4P is required. For residents of NC, to opt out or to request additional withholding, a Form NC-4P is required. These forms must be completed and provided to the plan administrator.

8 Your consent and signature

I hereby acknowledge that the employer has informed me of the options available under the plan, that I have received and read the 402(f) Notice of Special Tax Rules on Distributions and that I understand I have 30 days to decide whether to elect a direct rollover or have my benefits paid to me. I waive the 30-day waiting period by making this irrevocable election indicated in Section 2, and I understand that by making such election, if my retirement plan includes a Qualified Joint and Survivor Annuity option (QJSA), I irrevocably waive such QJSA. I understand that, if I am married, my spouse must consent to the waiver, and I further understand that my benefits may not be distributed to me for at least seven (7) days after I sign this request.

X 
Signature of participant

02/16/2016
Date (mm/dd/yyyy)

What's next?

1. You will need to provide the completed and signed form to your former employer for authorization.
2. Contact your former employer for any spousal consent form that may be needed for the QJSA waiver (see Section 8 above).
3. Your former employer will authorize the distribution of assets and work with the TPA to verify the vesting.
4. Once the application is authorized and all appropriate signatures collected, the form will be sent by your former employer or the plan's TPA to American Funds for processing.

DO NOT mail or fax this form directly to American Funds unless all authorizations and signatures have been collected because this may delay the processing of your request.

If you have questions or require more information, please contact your financial professional or call the American Funds IRA Rollover Center at (800) 421-9923 to speak with a Rollover Specialist.

First name (print) _____ MI _____ Last _____ Plan ID number _____

Section 9 is to be completed by the TPA.

9 Vested percentage verification

Please confirm the following information for our records. Select one of the following options.

☐ Participant is 100% vested in all contribution types. **OR** ☐ Variable vesting (see below):

Match _____% Profit-sharing _____% Other _____%
Specify contribution type.

Note: All forfeited amounts will automatically be transferred to the plan's forfeiture account.

The vested percentage reflected above is correct.

Name of TPA (print) _____ Name of firm _____ () _____ Ext. _____
Daytime phone

X _____ / /
Signature of TPA Date (mm/dd/yyyy)

Section 10 is to be completed by your former employer.

10 Employer authorization

Be sure to review the boxes below and select all that apply.

I/We, as plan trustee(s) or authorized signer(s) of the plan, certify that: **1)** this distribution is in accordance with the terms of the plan; **2)** the plan administrator has provided the participant with a *402(f) Notice of Special Tax Rules on Distributions* and has complied with any Internal Revenue Service and Department of Labor or other notice requirements that are applicable to this distribution; **3)** the appropriate participant's consent and waivers, including spousal consent if applicable, have been obtained; **4)** the vested percentage in Section 9 is provided; and **5)** the recordkeeper is directed to rely on my/our authorization.

☐ Check this box if the request is to be honored because the participant's signature has been obtained on a separate form or the participant's signature is not required per plan rules.

Important: If this form is being submitted as part of the employer's termination of services with RecordkeeperDirect, check this box. ☐

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

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

Send

Mailing and fax information for the former employer or TPA

You may fax this completed form to (855) 521-9952 or mail it to the address below.

American Funds RecordkeeperDirect
c/o Retirement Plan Services

Regular mail
P.O. Box 6040
Indianapolis, IN 46206-6040

Overnight mail
12711 N. Meridian St.
Carmel, IN 46032-9181