

Read the following before completing this form. All pages of the *Hardship Withdrawal Request* form must be returned to American Funds.

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.

1 Plan and participant information

Please type or print clearly.

Plan name			Plan ID number							
First name of participant (print)	MI	Last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of participant			City	State	ZIP					
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien <input type="checkbox"/> Nonresident alien (Submit an IRS Form W-8BEN.)										

2 Amount of withdrawal

Check with your employer to confirm the amount available for your hardship withdrawal. **American Funds will deduct a \$25 processing fee for this distribution.** Additional 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 gross (pre-withholding) amount requested \$ _____

3 Delivery instructions

Select either **A** or **B**. 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. (Distribution payments will be delivered to your bank within three (3) business days following the transaction.)
- B. Mail a check directly to me at the address of record. (Select one of the two options below and then proceed to Section 5.)
- Send the distribution via regular mail.
 - Expedite delivery using express delivery. Estimated delivery time is two business days from the date the request is processed. (A \$25 express delivery fee will be deducted from the check amount. 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. 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.

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
- signature of an authorized signer for the bank

5 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.**

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)

6 State income tax withholding

If your state requires withholding or if the amount below is less than the minimum for your state, Capital Bank and Trust CompanySM (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: 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 employer.

 First name of participant MI Last Plan ID number

7 Participant signature

I hereby acknowledge that I have read, understand and agree to all pages of this *Hardship Withdrawal Request* and affirm that all information that I have provided is true and correct.

 Name of participant (print) **X** _____ _____ / _____ / _____
 Signature of participant Date (mm/dd/yyyy)

Next steps

1. You will need to provide the completed and signed form to your employer for authorization.
2. Verify with your employer what additional paperwork or documentation may be required, such as a spousal consent form and/or supporting documentation of your qualifying financial need.
3. Your employer will work with the Third-Party Administrator (TPA) to verify hardship withdrawal eligibility 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 form directly to American Funds unless all authorizations and signatures have been collected because this may delay the processing of your request.

Section 8 is to be completed by the TPA.

8 Vesting/Contribution type verification

Please confirm the following information for our records.

A. Suspension — Will the participant incur a suspension? Yes No

B. Contribution type — Select one of the two options below.

This hardship withdrawal is to be taken only from employee contributions, including Roth, if applicable.

OR

In addition to employee contributions, the plan allows for vested balances in the following employer contribution types to be used. (Please indicate participant's vested percentage in each applicable contribution type.)

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

Hardship withdrawals will be taken proportionately from all available money types (as indicated above), unless other instructions are provided here. (In no event can hardship withdrawals come from QNECs, QMACs or safe harbor contributions.)

The information reflected 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)

