Clear and reset form

CAPITAL GROUP® | AMERICAN FUNDS®

IRA Qualified Charitable Distribution Request

- Use this form to request a qualified charitable distribution (QCD) from a traditional, Roth, SIMPLE[1] (including SIMPLE Plus and Roth SIMPLE), SEP/SARSEP[1] or inherited IRA.
- You must be at least 70½ or older on the date of distribution. If you are RMD age and the account is subject to a required minimum distribution (RMD), the distribution counts toward your RMD for the current year.
- The distribution will be tax reported on Form 1099-R. It will be tax reported as a qualified charitable distribution, with the exception of Roth IRAs. For more information, refer to **www.irs.gov** or consult your tax advisor.
- As a QCD is not subject to tax withholding, it will not be applied to this request.

1 Account owner information

First name _____ MI _____ Last _____ Account number[2] or plan ID _____

Address _____ City _____ State _____ ZIP _____

Email address[3] _____ ( ) Daytime phone _____

Citizenship: ☐ U.S. citizen ☐ U.S. resident alien

Footnotes:

[1] A QCD cannot be made from an ongoing SIMPLE, SEP or SARSEP IRA. The account is generally considered to be ongoing if you make salary deferrals or receive employer contributions for the current tax year.

[2] SIMPLE IRA participants with pre-tax and Roth assets: Review your account statement. If separate account numbers are assigned for pre-tax and Roth assets, ensure the correct account is listed. If applicable, a separate request must be submitted for each account.

[3] Your privacy is important to us. For information on our privacy policies, visit **www.capitalgroup.com**.

2 Instructions

*Complete **A** or **B**.*

Note: For 2026, the maximum aggregate amount excludable from gross income as a QCD is $111,000 per individual per tax year. Within that limit, an individual may make a one-time QCD of up to $55,000 to a split-interest entity (i.e., a charitable remainder annuity trust, charitable remainder unitrust, or charitable gift annuity) and may also make QCDs of the remaining amount directly to one or more qualified charities in the same tax year. If you made deductible IRA contributions after age 70½, the amount of a QCD that you can exclude from income may be reduced. You should consult with your tax advisor regarding applicable IRS rules based on your circumstances to ensure the distribution satisfies the QCD requirements.

A. One-time distribution — Complete **1** or **2**.

1. **If your account statement includes an account number,** specify the funds and amount(s) below. If your statement includes a plan ID, proceed to 2. For fund names and numbers, review your statement or access your account at **www.capitalgroup.com**.

Fund name or number	Amount
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____

To avoid delays in processing your request, be sure that the distribution will not reduce any fund balance below the established fund minimums that must be met and maintained. ***The fund minimums are $1,000 for the money market, interval and state-specific tax-exempt bond funds or $250 each for all other funds.*** For fund names and numbers, review your statement or access your account at **www.capitalgroup.com**.

OR

2. **If your account statement includes a plan ID that begins with 754 (SIMPLE IRA Plus) or 2**, complete the following to designate the source of assets for the distribution.

Pre-tax assets:	Roth assets:
$ _____ Amount	$ _____ Amount

Note: The distribution will be taken proportionally from all funds in the contribution type(s).

Continued on next page

2 Instructions

(continued)

B. Automatic payments

Specify the distribution amount(s). Specify the funds and amounts below. For fund names and numbers, review your statement or access your account at **www.capitalgroup.com**.

Fund name or number	Amount ($50 min. per fund)
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total	**$** _____

Frequency: Select payment frequency

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Note: If no selection is made, the default will be "Annually."

Start date: Make the first distribution on _____
(mm/dd/yyyy)

Stop date (optional): Make the last distribution on _____
(mm/dd/yyyy)

3 Charitable organization information

Notes:
- The charity must be an organization that is eligible to receive tax-deductible contributions. Consult your financial professional or tax advisor to ensure the organization is eligible.
- The check will be made payable to the charitable organization.
- Follow up with the charity for a receipt of your donation.
- **If the distribution amount is more than $25,000, a signature guarantee is required in Section 4.**

_____
Name of charitable organization

Delivery instructions (select one):

☐ Mail the check to the address listed in Section 1.

OR

☐ Mail the check directly to the charitable organization.

_____
Attention

_____ _____ _____ _____
Address City State ZIP

Note: If no selection is made, the check will be mailed directly to the charitable organization if an address is provided above.

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4 Authorization and signature guarantee

I certify that the information herein is accurate and I direct Capital Bank and Trust Company (CB&T) to make a distribution from my account in the manner I have indicated. I am aware of the QCD rules under Internal Revenue Code Section 408(d)(8) and acknowledge that the distribution requested satisfies the requirements and that no tax withholding will be applied. I acknowledge that CB&T and its affiliates are not responsible for ensuring that I have complied with these rules.

In consideration of CB&T acting on such instructions and processing such transactions, or should I not be entitled to all or any part of the payments for which I have applied, I agree to hold harmless and indemnify CB&T; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of CB&T acting on such instructions.

Name of account owner (print)	X Signature of account owner	/ / Date (mm/dd/yyyy)

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

A signature guarantee is required if the distribution amount is more than $25,000 and 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.

Stamp signature or medallion guarantee here.

If a signature guarantee is required, this form must be mailed.

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



American Funds Service Company
P.O. Box 6164
Indianapolis, IN 46206-6164

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



American Funds Service Company
P.O. Box 2560
Norfolk, VA 23501-2560

Overnight mail address
5300 Robin Hood Rd.
Norfolk, VA 23513-2430

Investor upload www.capitalgroup.com/submit | **Financial professional upload** www.capitalgroup.com/upload | **Fax** (888) 421-4371

For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.

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