Clear and reset form

CAPITAL GROUP® | AMERICAN FUNDS®

Inherited IRA Distribution Request
(for Eligible Designated Beneficiaries)

Use this form if you are an eligible designated beneficiary (or submitting on behalf of an eligible designated beneficiary of a see-through trust) and are requesting a distribution from your Capital Bank and Trust Company inherited IRA.

You qualify as an eligible designated beneficiary if, at the time of the account owner's death, you were:

- The spouse of the deceased account owner;
- A child (including stepchild, adopted child and foster child) of the deceased account owner who had not yet reached age 21 (minor child);
- An individual who was not more than 10 years younger than the deceased account owner (including an individual who was older than the deceased account owner);
- An individual who was disabled as defined in IRC section 72(m)(7); or
- An individual who was chronically ill as defined in IRC section 7702B(c)(2).

If you are an individual to whom none of the criteria listed above apply, use the *Inherited IRA Distribution Request (for Non-Eligible Designated Beneficiaries)*. Non-person entities, such as estates (including heirs), charities and trusts that do not qualify as see-through trusts, should use the *Inherited IRA Distribution Request (for Entities)*.

If the account owner passed away prior to January 1, 2020, use the *Inherited IRA Distribution Request (for deaths prior to 1/1/2020).*

To request a Qualified Charitable Distribution (QCD), submit the *IRA Qualified Charitable Distribution Request.*

1 Information about you

If the decedent was a SIMPLE IRA (including SIMPLE IRA Plus) participant and separate account numbers are assigned for pre-tax and Roth assets: If the distribution, payment and withholding instructions (Sections 2-5) are the same, you may submit one request. List both account numbers. Otherwise, a separate form must be submitted for each account.

If the account statement includes a plan ID that begins with 754 (SIMPLE IRA Plus) or 2, the account includes pre-tax and Roth assets, and you are submitting this form at the time of claim: If the distribution, payment and withholding instructions (Sections 2-5) are the same for pre-tax and Roth assets, write "pre-tax and Roth" after the plan ID. Otherwise, submit a separate form for each contribution type and indicate "pre-tax" or "Roth" after the plan ID.

First name _____ MI _____ Last _____ Account number(s) or plan ID _____

Address _____ City _____ State _____ ZIP _____

Email address [1] _____ ( ) Daytime phone _____

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

Footnote:

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

2 Distribution options

*Complete **A**, **B** or **C**.*

Notes:

- Consult the Beneficiary Claim Information brochure to evaluate your options. Talk to your tax advisor before beginning distributions to ensure you are aware of any tax and penalty considerations.
- This form assumes you are the only beneficiary, or if you are one of multiple beneficiaries, separate accounts were created by December 31 of the year following the date of death. If you are one of multiple beneficiaries and separate accounts were not created by this date, consult your financial professional or tax advisor to determine available distribution options.
- Distributions are taken proportionately from each fund in your account.

If you do not take required payments in a timely manner, you may be subject to a 25% penalty tax on any amount you should have taken but did not.

A. One-time distribution

☐ I am requesting a liquidation of $ _____ taken proportionately from each fund in my account.

OR

☐ I am requesting a total liquidation.

B. Periodic payments over a 10-year period

The 10-year period ends December 31 of the 10th year following the date of death. If the account is a traditional IRA, this option is only available if the account owner passed away before their required beginning date.

All distributions will occur **annually** unless otherwise indicated: ☐ Monthly ☐ Quarterly ☐ Semiannually

Make the first distribution in (month) _____ (year) _____

Make distributions on (insert a date between the 6th and 28th) _____

C. RMDs over a life expectancy[2]

Spouse beneficiaries: RMDs will be calculated based on your age and the applicable Life Expectancy table, unless you elect otherwise. **Proceed to Step 2 on the next page.**

1. Date of birth

☐ I am requesting RMDs using my date of birth. _____ (mm/dd/yyyy)

OR

☐ I am requesting RMDs using the deceased account owner's date of birth. (This option is only available if the account is a traditional IRA and the account owner passed away after their required beginning date.)

Note: If assets are moving from another provider and payments have already begun, you may not change the date of birth used in the RMD calculation.

Footnote:

[2] If the beneficiary is an eligible designated beneficiary solely because they were a minor child of the deceased account owner who had not yet reached age 21 at the time of the account owner's death, the entire balance must be distributed by December 31 of the year the beneficiary attains age 31. If you do not take any additional distributions, scheduled RMD payments will not deplete the assets by this date. You must contact us to distribute the remaining balance in the year the beneficiary attains age 31.

Continued on next page

2 Distribution options

(continued)

2. Frequency and start date

All distributions will occur **annually** unless otherwise indicated: ☐ Monthly ☐ Quarterly ☐ Semiannually

Make the first distribution in (month) _____ (year) _____

Make distributions on (insert a date between the 6th and 28th) _____

3. Prior year-end value — if applicable

If assets are transferring (or were transferred) from an inherited IRA (from the same decedent) at another provider, and you would like CB&T to include the transferred assets in this year's RMD calculation, provide the value of your portion of the sending account as of

December 31 of the prior calendar year: $ _____

3 Payment options

A signature guarantee may be required. Review requirements in Section 7.

Select one of the three options below:

A. ☐ Reinvest in an American Funds non-retirement account. If opening a new account, an account application must be completed and attached; you may leave the investment instructions section blank or write "in kind." Unless otherwise specified, shares will move in the same funds, share class and percentages as currently invested. If investing in an existing account, enter the number below:

_____

B. ☐ Electronically deposit payments into my bank account. (Follow the instructions in Section 6. Payments will be delivered to your bank within three (3) business days following the transaction date.)

C. ☐ Send a check. (This option is available only for a one-time distribution.) Select one option below:

1. ☐ To the address in Section 1 of this form

2. ☐ As a transfer to another provider holding my inherited IRA

3. ☐ As a transfer to another provider holding my IRA (This option is available to spousal beneficiaries only.)

Note: If you treated yourself as the beneficiary and later decide to treat the account as your own in a year after you have reached RMD age, you will need to first remove any RMDs that would have been required had life expectancy payments applied. We recommend consulting a tax advisor for assistance.

If requesting a transfer of assets to another provider, supply the following information and proceed to Section 7.

_____ _____
Name of IRA provider | Account number

_____ _____ _____ _____
Address | City | State | ZIP

4 Federal income tax withholding

If you are a nonresident alien (NRA), 30% NRA withholding may apply to the distribution.

If the Roth IRA owner did not meet the five-year holding requirement, a portion of the Roth IRA distribution may be taxable.

Federal law requires us to withhold income tax equal to 10% of the distribution **unless** you elect otherwise using the check boxes below. **Taxes are withheld from the total amount requested.** Refer to IRS Form W-4R for additional information. Insufficient withholding or underpayment of estimated taxes may result in IRS penalties.

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

Residence address (physical address required — **no P.O. boxes**) _____ City _____ State _____ ZIP _____

☐ Withhold federal taxes from the total distribution at the rate of _____% (Whole % only).[3] If you are withholding less than 10%, you must enter a U.S. residence address above (**no P.O. boxes**).

Footnote:

[3] Rates that include decimals will be rounded to the nearest whole number.

5 State income tax withholding

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

☐ **DO NOT** withhold ☐ Withhold _____% **OR** $ _____

Note: To review the impacts of withholding for your state of residence, visit **www.capitalgroup.com/statetax** or speak with your tax advisor.

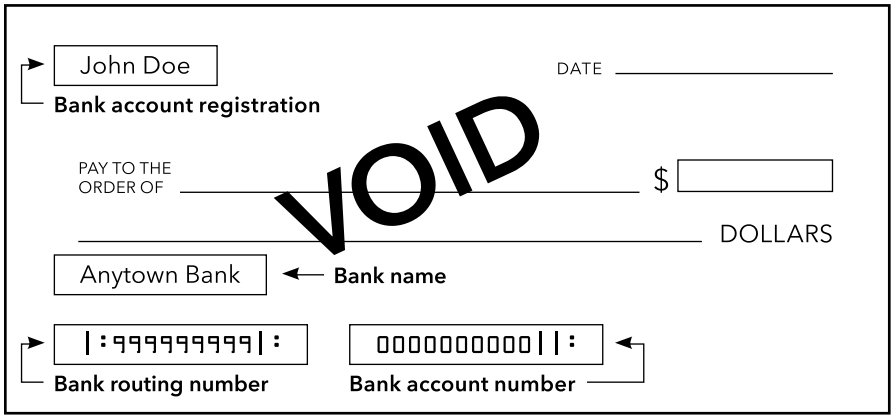
6 Bank information

*If you selected electronic deposit in Section 3, attach an unsigned, voided check below. The check you attach **must** be preprinted with the bank name, registration, routing number and account number. **Please do not staple. Read the signature guarantee requirements in Section 7.***

Important:

- The bank information you provide here will be kept on file for future ACH requests. You will receive an acknowledgment as confirmation.
- If you do not want this information retained and available for future ACH distribution requests, decline here. ☐
- You may cancel the ACH option at any time online at **www.capitalgroup.com** or by calling us at (800) 421-4225.

Tape your check here.



Note: In lieu of a check, submit a preprinted bank document, such as an account statement or letter on your bank's letterhead, providing your information.

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(for Eligible Designated Beneficiaries)

7 Authorization and signature guarantee

I certify that the information herein is accurate, and I will notify CB&T of any changes. I direct CB&T to make distributions from the IRA on the basis of the information I have provided. I am aware of the RMD rules and I acknowledge that CB&T and its affiliates are not responsible for ensuring that I have complied with these rules. I have reviewed IRS Form W-4R and assume sole responsibility for the tax consequences of the withholding election. I agree to hold harmless CB&T and its affiliates for any claims, expenses or taxes (including penalties and interest) incurred due to distributions made in accordance with this form.

If I have agreed to allow American Funds to retain bank information for future ACH requests, I authorize American Funds Service Company® (AFS), upon request via phone, fax, or any other means utilizing telecommunications, including wireless or any other type of communication lines by authorized persons with appropriate account information, to **1)** withdraw fund shares from this account and deposit the proceeds into the bank account identified on this document, and/or **2)** secure payments from the bank account into this account. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness. If I am requesting an electronic payment and the plan ID starts with 2 or 754, I have read, understand and agree to the *Bank Verification Terms & Conditions*, and I authorize AFS/CB&T to access records from public and proprietary sources in order to validate that I am the bank account owner.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronically signed copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. A copy of this document will be made available to me as required.

X _____ / / _____

Signature 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 any of the following apply:

- The check is mailed to your address of record and the address has changed in the last 10 calendar days.
- The check is payable or mailed to a third party, with the exception of a transfer to another financial institution when accompanied by their Letter of Acceptance.
- The proceeds are deposited into a bank account, unless the inherited IRA owner is included in the bank account registration and the request is received at least 10 calendar days prior to the first payment **OR** the bank account is already associated with a distribution option that has been on the account for at least 10 calendar days.
- The distribution amount is more than $250,000.

Stamp signature or medallion guarantee here.

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.

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

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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Bank Verification Terms & Conditions

Review this agreement if you provided bank information.

Electronic bank verification is conducted through a third party service provider that is unaffiliated with American Funds Service Company (AFS) and Capital Bank and Trust Company (CB&T). If you choose to add a bank account electronically, you must agree to the Bank Verification Terms & Conditions of Use set forth below. The Fund or the Fund's transfer agent will send your information to the third party service provider, who will then compare your information with their database to verify the information you provided. Please read and agree to the Bank Verification Terms & Conditions of Use for the third party service in order to continue.

Agreement and Bank Verification Terms & Conditions of Use of the Service

I (we) authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus (if applicable) for this designated bank account. I (we) authorize credits/debits to/from the bank account designated in conjunction with the account option(s) selected. I (we) agree that AFS and/or CB&T shall be fully protected in honoring any such transaction. I (we) also agree that AFS and/or CB&T may make additional attempts to credit/debit my (our) account if the initial attempt fails and I (we) will be liable for any associated costs. All account options elected will become part of the account and terms, representations, and conditions thereof.

Provide Accurate Information. I (we), the end user, agree to provide true, accurate, current and complete information about myself (ourselves) and my (our) accounts maintained at other web sites and I (we) agree to not misrepresent my (our) identity or my (our) account information. I (we) agree to keep my (our) account information up to date and accurate.

Proprietary Rights. I (we) are permitted to use content delivered to me (us) through the service only on the service. I (we) may not copy, reproduce, distribute, or create derivative works from this content. Further, I (we) agree not to reverse engineer or reverse compile any of the service technology, including but not limited to, any Java applets associated with the service.

Content You Provide. I (we) are licensing to AFS and/or CB&T ("Company") and its service providers ("Service Provider") any information, data, materials or other content (collectively, "Content") I (we) provide through or to the service. Company and Service Provider may use, modify, display, distribute and create new material using such Content to provide the service to you. By submitting Content, I (we) automatically agree, or promise that the owner of such Content has expressly agreed that, without any particular time limit, and without the payment of any fees, Company and Service Provider may use the Content for the purposes set out above. I (we) agree that, as between Company and Service Provider, Company owns your confidential account information.

Third Party Accounts. By using the service, I (we) authorize Company and Service Provider to access third party sites designated by Company, on my (our) behalf, to retrieve information requested by me (us), and to register for accounts requested by me (us). For all purposes hereof, I (we) hereby grant Company and Service Provider a limited power of attorney, and I (we) hereby appoint Company and Service Provider as my (our) true and lawful attorney-in-fact and agent, with full power of substitution and re-substitution, for me (us) and in my (our) name, place and stead, in any and all capacities, to access third party internet sites, servers or documents, retrieve information, and use your information, all as described above, with the full power and authority to do and perform each and every act and thing requisite and necessary to be done in connection with such activities, as fully to all intents and purposes as you might or could do in person. I (WE) ACKNOWLEDGE AND AGREE THAT WHEN COMPANY OR SERVICE PROVIDER ACCESSES AND RETRIEVES INFORMATION FROM THIRD PARTY SITES, COMPANY AND SERVICE PROVIDER ARE ACTING AS MY (OUR) AGENT, AND NOT THE AGENT OR ON BEHALF OF THE THIRD PARTY. I (we) agree that third party account providers shall be entitled to rely on the foregoing authorization, agency and power of attorney granted by me (us). I (we) understand and agree that the service is not endorsed or sponsored by any third party account providers accessible through the service.

DISCLAIMER OF WARRANTIES. I (WE) EXPRESSLY UNDERSTAND AND AGREE THAT: MY (OUR) USE OF THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE IS AT MY (OUR) SOLE RISK. THE SERVICE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS. COMPANY AND SERVICE PROVIDER EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND AS TO THE SERVICE AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THAT OF THIRD PARTIES) INCLUDED IN OR ACCESSIBLE FROM THE SERVICE, WHETHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NONINFRINGEMENT. COMPANY AND SERVICE PROVIDER MAKE NO WARRANTY THAT (i) THE SERVICE WILL MEET MY (OUR) REQUIREMENTS, (ii) THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE, OR ERROR-FREE, (iii) THE RESULTS THAT MAY BE OBTAINED FROM THE USE OF THE SERVICE WILL BE ACCURATE OR RELIABLE, (iv) THE QUALITY OF ANY PRODUCTS, SERVICES, INFORMATION, OR OTHER MATERIAL PURCHASED OR OBTAINED BY ME (US) THROUGH THE SERVICE WILL MEET MY (OUR) EXPECTATIONS, OR (v) ANY ERRORS IN THE TECHNOLOGY WILL BE CORRECTED. ANY MATERIAL DOWNLOADED OR OTHERWISE OBTAINED THROUGH THE USE OF THE SERVICE IS DONE AT MY (OUR) OWN DISCRETION AND RISK AND I (WE) ARE SOLELY RESPONSIBLE FOR ANY DAMAGE TO MY (OUR) COMPUTER SYSTEM OR LOSS OF DATA THAT RESULTS FROM THE DOWNLOAD OF ANY SUCH MATERIAL. NO ADVICE OR INFORMATION, WHETHER ORAL OR WRITTEN, OBTAINED BY ME (US) FROM COMPANY OR SERVICE PROVIDER THROUGH OR FROM THE SERVICE WILL CREATE ANY WARRANTY NOT EXPRESSLY STATED IN THESE TERMS.

LIMITATION OF LIABILITY. I (WE) AGREE THAT NEITHER COMPANY, ITS INVESTMENT MANAGER, OR SERVICE PROVIDER NOR ANY OF THEIR EMPLOYEES, OFFICERS, TRUSTEES, DIRECTORS, AFFILIATES, ACCOUNT PROVIDERS OR ANY OF THEIR AFFILIATES WILL BE LIABLE FOR ANY HARMS, WHICH LAWYERS AND COURTS OFTEN CALL DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS, GOODWILL, USE, DATA OR OTHER INTANGIBLE LOSSES, EVEN IF COMPANY OR SERVICE PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, RESULTING FROM: (i) THE USE OR THE INABILITY TO USE THE SERVICE; (ii) THE COST OF GETTING SUBSTITUTE GOODS AND SERVICES, (iii) ANY PRODUCTS, DATA, INFORMATION OR SERVICES PURCHASED OR OBTAINED OR MESSAGES RECEIVED OR TRANSACTIONS ENTERED INTO, THROUGH OR FROM THE SERVICE; (iv) UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA; (v) STATEMENTS OR CONDUCT OF ANYONE ON THE SERVICE; (vi) THE USE, INABILITY TO USE, UNAUTHORIZED USE, PERFORMANCE OR NON-PERFORMANCE OF ANY THIRD PARTY ACCOUNT PROVIDER SITE, EVEN IF THE PROVIDER HAS BEEN ADVISED PREVIOUSLY OF THE POSSIBILITY OF SUCH DAMAGES; OR (vii) ANY OTHER MATTER RELATING TO THE SERVICE.

Indemnification. I (we) agree to protect and fully compensate Company, its investment manager, and Service Provider and their employees, officers, trustees, directors, and affiliates from any and all third party claims, liability, damages, expenses and costs (including, but not limited to, reasonable fees) caused by or arising from my (our) use of the service, my (our) violation of these terms or my (our) infringement, or infringement by any other user of my (our) account, of any intellectual property or other right of anyone. I (we) agree that the Company's investment manager and Service Provider are each a third party beneficiary of the above provisions, with all rights to enforce such provisions as if the investment manager or Service Provider were a party to this Agreement.

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Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	1b Social security number
Address		
City or town, state, and ZIP code		

DO NOT COMPLETE OR RETURN.
THIS FORM IS FOR REFERENCE ONLY.

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**2**	[redacted] %

Sign Here

[redacted]

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		**Married filing jointly or Qualifying surviving spouse**		**Head of household**	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

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The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.