

## Coverdell ESA **Distribution Request for Excess Contributions**

#### Reporting your distribution on your tax return

Your distribution will be reported to the IRS on Form 1099-Q, *Payments From Qualified Education Programs*, for the year in which you take the distribution. We suggest you consult your tax advisor because there may be additional tax reporting, penalties or taxes due on this distribution. The distribution will be reported as one of the following on Form 1099-Q:

### · A return of an excess contribution plus earnings

If the distribution occurs prior to May 31, removal of an excess Coverdell Education Savings Account (ESA) contribution is reported as a corrective distribution. Earnings associated with the excess amount are also removed and reported as part of the corrective distribution.

### • A Coverdell Education Savings Account distribution

After May 31, net earnings on the excess amount remain in the account. Net earnings consist of reinvested dividends, capital gains and appreciation earned on the excess amount.

**Note:** To avoid an excise tax imposed by the IRS, remove an excess contribution by May 31. American Funds must receive your distribution request prior to 4 p.m. Eastern time on May 31 in order to meet the deadline.

Recipient informat	ion					
First name of recipient	MI Last		Account	number		
Address		City			State	ZIP
			(	)		
Email address*			( 	time phone		
Your privacy is important to us. For i	nformation on our privacy polic	es. visit www.capitalgroup.co				
, our privacy to important to do not on	mormation on our privacy ponc	os, non a managada g				
Method of remova						
If you need additional space,						
complete the following information						
A. Total amount of excess contrib	oution(s) to be distributed \$ .					
3. Tax year to which the excess of	contribution was applied	(уууу)				
<ol> <li>Capital Bank and Trust Compa accordance with IRS guideline below for how you would like t</li> </ol>	s. The amount removed from	n your account will be adjust				
Note: If instructions are not provi	ded below, any amount rem	oved will be removed in the	same percentag	e as origin	ally invested	d.
Fund na	me or number	Percentage				
		%				
		%				
		%				
		%				



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## Reallocation of amount removed

	e fund(s) and percentage(s) to go into each fund for my existing Coverdell E and not to exceed the contribution limit). If reinvestment instructions are n to the same fund(s) and share class.
Fund name or number	Percentage
	%
	%
	%
	%
	%
Reinvest \$  Select one of the following two options:	d not reinvested in the Coverdell ESA will be returned by check. emoved will be reinvested in the same fund(s) and share class.
Reinvest \$  Select one of the following two options:  Reinvest the amount provided above in my existing Ar	
Reinvest \$  Select one of the following two options:  Reinvest the amount provided above in my existing Ar  Reinvest the amount provided above in a new America  Identify below how the reinvested funds are to be allocated	merican Funds account,
Reinvest \$  Select one of the following two options:  Reinvest the amount provided above in my existing Ar  Reinvest the amount provided above in a new America  Identify below how the reinvested funds are to be allocated  Fund name or number	merican Funds account,
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Reinvest \$  Select one of the following two options:  Reinvest the amount provided above in my existing Ar  Reinvest the amount provided above in a new America  Identify below how the reinvested funds are to be allocated  Fund name or number	merican Funds account,
Reinvest \$  Select one of the following two options:  Reinvest the amount provided above in my existing Ar  Reinvest the amount provided above in a new Americal Identify below how the reinvested funds are to be allocated Fund name or number	merican Funds account,
Reinvest \$  Select one of the following two options:  Reinvest the amount provided above in my existing Art  Reinvest the amount provided above in a new Americal Identify below how the reinvested funds are to be allocated Fund name or number	merican Funds account,

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## Authorization and signature guarantee

I direct CB&T to make distributions from the Coverdell ESA in the manner I have indicated, and I assume sole responsibility for the tax consequences of the above election. I certify that the information herein is accurate and that I am entitled to receive the payments for which I have applied.

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 authorized person (print)

Signature of authorized person

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 request is:



Stamp signature or medallion guarantee here.



• greater than \$125,000

#### **OR**

 being mailed to the address of record and the address has changed in the last 10 calendar days.

If required, the signature must be guaranteed 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

Investor upload www.capitalgroup.com/submit

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Fax (888) 421-4371

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