



- Use this form to request a Required Minimum Distribution from an IRA or a 403(b) account.
- IRA RMDs can only be taken from IRAs. 403(b) RMDs can only be taken from 403(b) accounts.
- If you have bank information on file, you may call us at **(800) 421-4225** in lieu of submitting this form.

1 Account information

Consult your financial professional and/or tax advisor before completing this form.

Account number or plan ID _____ Year of birth

First name _____ MI _____ Last _____

Address _____ City _____ State _____ ZIP _____

Email address* _____ () _____
Daytime phone

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

Plan type: ☐ IRA (including SEP/SARSEP) ☐ SIMPLE IRA ☐ 403(b) _____
Date of separation† (mm/dd/yyyy)

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

† The date you stopped working for the last employer who contributed to the plan.

2 RMD calculation

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

- A.** ☐ **Calculation by Capital Bank and Trust Company (CB&T)** — CB&T will calculate your RMD each year by using the IRS Uniform Lifetime Table unless you qualify for the spousal exception.

Provide your spouse's date of birth _____
(mm/dd/yyyy)

- Notes:**
- Distributions are taken proportionately from each fund in your account.
 - Systematic distributions via check are not available. Payments must be electronically deposited into your bank account or reinvested into a new or existing American Funds account.
 - If you are a nonresident alien, systematic distributions are not available. Complete **B** to request a one-time distribution.

Step 1: Prior year-end value

Select one of the two options below to identify where your account assets were held as of December 31 of the prior calendar year.

- ☐ Assets were held with CB&T. **Proceed to Step 2.**
- ☐ Assets were **NOT** held with CB&T. Provide the value of the assets as of December 31 of the prior calendar year:
- \$ _____

Step 2: Identify the frequency and start date — required

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) _____

Continued on next page



2 RMD calculation

(continued)

- B. ☐ **One-time calculation by participant/owner** — I will calculate my RMD amount each year and notify CB&T in writing of how much I would like to take from my account. This year only, I would like to withdraw the following amount(s) from the fund(s) indicated.

Note: If you need to request a withdrawal of more than the required amount, call (800) 421-4225 to obtain the appropriate distribution form. For fund names and numbers, review your statement or access your account at www.capitalgroup.com.

Fund name or number	Share class	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3 Payment options

Check one.

- A. ☐ Reinvest in my existing American Funds non-retirement account, _____, using the investment instructions below. Account number
1. ☐ Repurchase shares in kind. (Shares will be moved from this account to the receiving account within the same fund(s) and share class.)
2. ☐ I have attached a separate letter of instruction that specifies how shares should be invested in the receiving account.
- Note:** If no instructions are provided, shares will be repurchased in kind.
- B. ☐ Reinvest in a new American Funds non-retirement account. (Contact your financial professional for an account application.)
- ☐ Check here to repurchase shares in kind. (Shares will be moved from this account to the receiving account with the same fund(s) and class.) Leave the investment instructions of the application blank or write "in kind."
- C. ☐ Electronically deposit the distribution(s) into my bank account. (Provide bank information in Section 4. Payments will be delivered to your bank account within three (3) business days following each distribution. **Refer to Section 7 for signature guarantee requirements.**)
- D. ☐ Send a check. This option is available ONLY for one-time distributions requested in Section 2-B.

Payee information — Complete if the check is to be made payable to someone other than the participant/owner or will be mailed to an address other than the address of record. **If completed, a signature guarantee is required in Section 7.**

Payee name _____

Alternate address _____

City _____

State _____

ZIP _____

Note: For IRAs, a Qualified Charitable Distribution (QCD) is reported on Form 1099-R as a normal distribution, as required by the IRS. For more information about QCDs, refer to IRS Publication 590-B or consult your tax advisor.



4 Bank information — Complete if requesting electronic deposit of distributions

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. See Section 7 for signature guarantee requirements.**

Important:

- The bank information you provide here will be kept on file. You will receive an acknowledgment as confirmation. If you do not want this information retained and available for future 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.

DATE _____

Bank account registration

PAY TO THE ORDER OF _____

\$

Anytown Bank

← Bank name

DOLLARS

| : 999999999 | :

Bank routing number

0000000000 | : |

Bank account number

Note: In lieu of a voided check, you may submit a letter from your bank providing the registration, routing number, account number and account type (checking or savings). The letter must be on the bank's letterhead.

5 Federal income tax withholding

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

Federal law requires us to withhold income tax equal to 10% of the gross RMD amount unless you elect otherwise using the check boxes below. 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)*

*Rates that include decimals will be rounded to the nearest whole number.

6 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.

7 Authorization and signature guarantee

I direct CB&T to make distributions from my account based on 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 certify that the above information is accurate, and I will notify CB&T of any changes. 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)** redeem 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.

X

Signature of participant/owner

Date (mm/dd/yyyy)

A signature guarantee is required unless the redemption request is:

- less than \$125,000 **and** will be mailed to the address of record, as long as the address has not changed in the last 10 calendar days

OR

- reinvested into an existing or new American Funds account

Note regarding ACH redemptions: A signature guarantee is **required** unless systematic distributions are being requested, the CB&T account owner is included in the bank account registration, and the request is received at least 10 calendar days prior to the first draft.

If a signature guarantee is required, it 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.

Form	W-4R	Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		Give Form W-4R to the payer of your retirement payments.	2024
1a First name and middle initial		Last name	1b Social security number
Address			
City or town, state, and ZIP code			

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	%
Sign Here	Your signature (This form is not valid unless you sign it.)	Date	

General Instructions

Section references are to the Internal Revenue Code.

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.

2024 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%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

* If married filing separately, use \$380,200 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 2024, 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;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption 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 \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, 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 \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" 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.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

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.