

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.

COOLEY ENTERPRISE RETIREMENT PLAN

BRK112871

Plan name

Plan ID number

First name of participant (print)

MI

Last

SSN (provide the last four digits)

Address of participant

City

State

ZIP

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

**BRK112871**

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

**Bank account registration**

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Anytown Bank

← **Bank name**

| : 999999999 | :

**Bank routing number**

0000000000 | :

**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 Company<sup>SM</sup> (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](http://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.

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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 ( ) \_\_\_\_\_  
Daytime phone Ext.

\_\_\_\_\_  
Name of Third-Party Administrator (print) X \_\_\_\_\_  
Signature of Third-Party Administrator / / \_\_\_\_\_  
Date (mm/dd/yyyy)

BRK112871

\_\_\_\_\_  
 First name of participant                      MI                      Last                      Plan ID number

**Section 9 is to be completed by your employer.**

**9 Employer authorization**

As plan trustee or authorized signer, I certify that **1)** this distribution is in accordance with the terms of the plan and Internal Revenue Code; **2)** any notice requirements applicable to this request have been provided to the participant as required by law; **3)** the appropriate participant consent and waivers and, if applicable, spousal consent for married participants have been properly obtained; **4)** the information provided in Section 8 is correct; and **5)** the recordkeeper is entitled to rely on my authorization and is hereby indemnified from all liability arising from following my instructions.

If the recordkeeping system does not currently show that hardship withdrawals are available under the terms of the plan, this form serves as authorization to update the plan's records accordingly.

☐ Check this box if the request is to be honored because the participant's signature has been obtained on a separate form.

\_\_\_\_\_  
 Name of plan trustee or authorized signer (print)                      **X**                      Signature of plan trustee or authorized signer                      \_\_\_\_\_  
 Date                      (mm/dd/yyyy)

**Send**

If you have any questions about this form, call American Funds at **(800) 421-6019**. You may fax this completed form to **(855) 521-9952** or mail it to the address below.

**American Funds RecordkeeperDirect**  
 c/o Retirement Plan Services

**Regular mail**  
 P.O. Box 6040  
 Indianapolis, IN 46206-6040

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