

Use this form to request a one-time distribution from an Archer Medical Savings Account ("MSA").

Be sure to use the right form! Non-retirement accounts, BlackRock CollegeAdvantage® 529 accounts & IRAs have their own forms

- ▶ Any redemption from your account may be reported to the IRS
- ▶ Distribution requests in excess of \$100,000 for Investor Shares require a Medallion Signature Guarantee stamp

Send this form, along with any other required documents, to:


▶ **Regular mail:**

BlackRock Funds
PO Box 534429
Pittsburgh PA
15253-4429

▶ **Overnight mail:**

BlackRock Funds
Attention: 534429
500 Ross Street 154-0520
Pittsburgh, PA 15262

Fax: 844-569-5573

 **Questions?** Call us at **1-800-441-7762**, Monday through Friday between 8:00 AM and 6:00 PM ET or visit us online at www.blackrock.com.

Section 1: Current Account Information

Please tell us about the account(s) that you wish to make the change(s) on:

Full name of account owner

Contact telephone number

If deceased, full name of executor/executrix, administrator, etc.

Contact telephone number

Social Security Number

BlackRock Account Number(s)

Reference number (if applicable)

2a. Distribution Information

Please tell us what type of distribution you are taking.

Qualified Distribution – Proceeds will be used for Medical Expenses

- The proceeds of this distribution will be used for qualified medical expenses.*

Non-Qualified Distribution – Proceeds will be Not be used for Medical Expenses

- This distribution is not being used for qualified medical expense. Distributions for non-qualified expenses will be subject to an additional 20% tax as well.*

Beneficiary (Death of MSA Owner)

- This distribution is due to the death of the MSA owner, and I am a Designated Beneficiary claiming my portion of fund. (Beneficiary must take a total distribution of all funds.)

*Please see the IRS 969 for what is considered a qualified medical expense, and additional tax exceptions such as disability, death, or reaching the age of 65.

2b. Full or Partial Withdrawal

- Total Distribution of ALL funds in the accounts referenced in section 1. Proceed to **Section 3**.
- Partial Distribution of selected funds in the accounts referenced in section 1. Complete allocations below.

If you would like to fully redeem one or more of the fund positions, please indicate "100%" in the amount field. Due to market fluctuations, attempting to estimate a total withdrawal amount may cause a delay in processing or leave a remainder in the fund.

Fund Name	A	Inst	Amount Per Fund	
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %

Total Amount to Redeem: \$ _____

Please indicate if you would like the proceeds of the withdrawal to be gross or net of any fees or sales charges:

Gross

Net

Any fees, sales charges, etc. would be taken out of the amount requested (this lowers the amount you receive)

Any fees, sales charges, etc. would be taken from the remainder of the *fund*— (the amount you request is the amount you receive)

Please Note: If you do not make any indication, we will default to "Gross".

3. Delivery Instructions

Please check the appropriate box to tell us where to send your distribution. Please note: Certain requests may require a Medallion Signature Guarantee stamp and additional documentation (such as a death certificate).

Send the proceeds by check to my address by: Regular Mail **OR** Overnight (\$15 fee)

Send the proceeds to my existing bank account on record by: ACH Wire (\$7.50 per fund)
(Bank Instructions must be on file at BlackRock)

Send the proceeds to my *new* bank instructions **(Complete below)**
(Medallion Stamp REQUIRED)

Complete this section below and **attach a bank statement, voided check, or savings deposit slip** (showing the bank account number & registration of your bank account).

Transfer Funds Electronically (ACH) **OR** Wire Funds (\$7.50 per fund)

 Full name of bank account owner

 Full name of joint bank account owner

 Bank account number

 Name of bank

Checking Savings

 ABA routing number (9 digits)

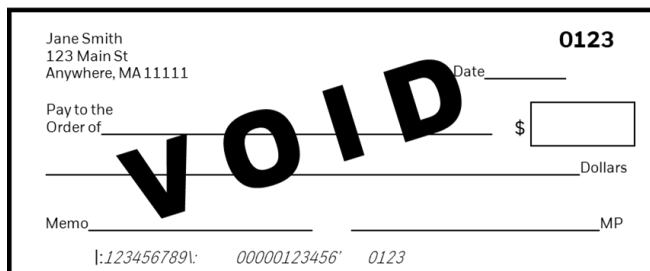
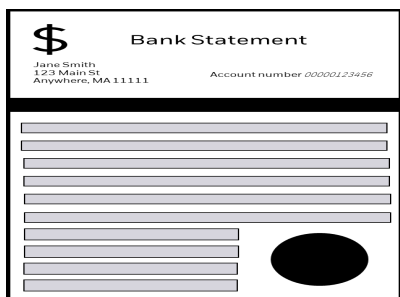
Send the proceeds by check to the Estate of the **Owner**
(Medallion Stamp & copy of death certificate are REQUIRED)

 Date of death (mm/dd/yyyy)

Send the proceeds by check to the **Designated Beneficiary:**
(Medallion Stamp & copy of death certificate are REQUIRED)

 Name of Designated Death Beneficiary

For each of these options, you must also complete the next section.



Complete the following section **ONLY** if you are distributing to the **estate of the Owner**, to the **Designated Beneficiary** **OR** to the **estate of the Designated Death Beneficiary**:

Tax ID of Estate of Owner / Designated Beneficiary

OR:

Social Security number of Designated Beneficiary

Street #

Street name

City

State

ZIP Code

Please note: If you do not select any option, your distribution will be mailed in the form of a check to your address of record. If you are planning to redeem via Federal Wire, please contact your bank to confirm whether or not they assess a fee upon receipt of the funds.

4. Signatures

The registered Owner must sign this form to authorize the above changes. If a responsible individual, such as a Power of Attorney, executor, administrator of the estate, etc., is signing on behalf of the Owner, please include their capacity below the signature. If not already on file, we may request documentation of such capacity.

Please Note: If you are redeeming to an address or bank account that does not match your BlackRock account, Blackrock will require a Medallion Signature Guarantee Stamp. If the stamp you obtain is not legible via fax please mail it into the address on the upper right hand corner of page one. If you cannot obtain a Medallion Signature Guarantee Stamp or have any additional questions please speak with a Service Center representative to assist you.

Tax Certification - Under penalties of perjury, I/we certify that:

- ▶ The number shown on this form is the correct taxpayer identification number, and
- ▶ The investor is not subject to backup withholding because the investor: (a) is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that the Investor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the investor that they are no longer subject to backup withholding, and
- ▶ The applicant is a U.S. person (including a U.S. resident alien) or
- ▶ Alternatively, under penalties of perjury, the applicant certifies that they are subject to withholding. If so, check here
- ▶ The FATCA code(s) entered on this form (if any) indicating the investor is exempt from FATCA reporting is correct.
CODE: _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Signature of Owner or Designated Beneficiary

Date (mm/dd/yyyy)

Title / Capacity (if any)

For Notary Public (if accepted):

State of _____ County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, _____, personally appeared and proved through satisfactory evidence of Identification to be the person whose name is signed above and acknowledged by:

Signature of Notary Public

Place any notary seal or
Medallion Signature Guarantee
stamp here

Not FDIC Insured | May Lose Value | No Bank Guarantee

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BlackRock