

4. Authorised signatories and dealers to be **removed** from existing account

Please complete this section if you require the **removal** of authorised signatories and/or dealers from the account.

Please indicate each individual's specific authority to be removed by ticking the appropriate box(es).

	Authorised signatory to be removed	Authorised dealer to be removed
Name	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/>	<input type="checkbox"/>

5. Distribution option

Please complete this section **only if** you require changes to your current distribution payments. Tick one box only.

Distributions take place on the first business day following month-end for Distributing Shares in the Liquidity Funds and Government Funds and every six months for the Distributing Shares in the Ultra Short Bond Funds.

Dividends to be paid as cash into nominated redemption bank account	<input type="checkbox"/>
Dividends to be paid as cash into an alternative bank account (please provide details on letterhead paper signed by an authorised signatory as per current mandate)	<input type="checkbox"/>
Dividends to be reinvested into the client's holdings of the fund	<input type="checkbox"/>

6. Electronic reporting

Please complete this section if you would like to **subscribe or unsubscribe** specific individuals from either or both of the below communications.

Email address	Subscribe to trade confirmations	Unsubscribe from trade confirmations	Subscribe to monthly statements	Unsubscribe from monthly statements
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would like to receive daily yield information or to access your account online, please visit www.blackrock.com/cash

7. Bank account details for redemption payments (and dividend distributions, if applicable)

Please complete this section if you require changes to the standard settlement instructions currently on file. (Any additional bank details can be attached to this form but must be signed and on headed paper if applicable, third party bank details are not acceptable.)

Beneficiary bank

Please note that for anti-money laundering purposes, subscriptions into the Funds must originate from the account specified below.

Euros	Sterling	US dollars
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Country	Country
Postcode	Postcode	Postcode
SWIFT code	SWIFT code	SWIFT code
	Sort code	
IBAN	IBAN	ABA code
Beneficiary account name (must match registered shareholder)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary account number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference/Narrative (maximum 18 characters, optional)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Correspondent bank		
<input type="text"/>	<input type="text"/>	<input type="text"/>
SWIFT code	SWIFT code	SWIFT code
Please note that for updates to the the standard settlement instructions, a verification call back is required. This call back should be with an existing authorised signatory but cannot be a signatory who has signed this instruction.		
Please provide a name and telephone number for the most appropriate signatory for this verification call back.		
Name	Telephone number	

8. Special instructions

9. Authorisation (for the completed account amendment form)

All changes must be authorised by 1 or 2 signatures in accordance with your **existing** account set up

First signatory full name <i>(Please print)</i>													
First signature	Date <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>DAY</td><td>MONTH</td><td colspan="2">YEAR</td><td colspan="2"> </td></tr></table>							DAY	MONTH	YEAR			
DAY	MONTH	YEAR											
Telephone number													
Second signatory full name <i>(Please print)</i>													
Second signature	Date <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>DAY</td><td>MONTH</td><td colspan="2">YEAR</td><td colspan="2"> </td></tr></table>							DAY	MONTH	YEAR			
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