


Use this application to direct dividend and/or capital gains distributions from one or more funds in your BlackRock account to your bank account or another BlackRock fund.

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

- ▶ **Be sure to use the right form!** BlackRock 529 accounts & IRAs have their own forms.
- ▶ If you are using this form to open up a new fund position, you must have already met the fund minimum initial investment in that fund prior to setting up the Dividend Allocation Plan

- ▶ **Regular mail:**  
BlackRock Funds  
P.O. Box 9819  
Providence, RI 02940
- ▶ **Overnight mail:**  
BlackRock Funds  
4400 Computer Drive  
Westborough, MA 01581

**Fax: (508) 599-1788**

 **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](http://www.blackrock.com).

### 1. Current Account Information

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

Full name of primary account owner (or trustee, custodian, guardian, etc.)	Contact telephone number
Full name of secondary account owner (or trustee, minor, etc.)	Contact telephone number
<b>OR</b>	
Federal tax ID or Social Security number	BlackRock account number(s)
	Reference number (if applicable)

### 2. Distribution Options

- Dividends   
  Capital gains   
  Dividends *and* capital gains

Please select option **a** or **b** to tell us where you would like the proceeds of your distributions sent:

- a) Send proceeds to my Bank Instructions**  
 Complete this section below and **attach a bank statement, voided check, or savings deposit slip (showing the bank account number & registration).**
- Use my existing Bank Instructions currently on my account  
 Use the *new* Bank Instructions provided below
- ▶  Please add/update these new Bank Instructions to my account for future purchases

Full name of bank account owner	Name of Bank
Full name of joint bank account owner	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank account number	ABA routing number (9 digits)

**b) Invest proceeds into another BlackRock account**

You can invest the proceeds of your distributions from the above account into another account held at BlackRock. Distributions cannot be split; 100% of each distribution must be invested into one fund selection. You can, however, direct distribution proceeds from more than one fund to into one receiving fund.

**Please note:** The receiving account should be registered in your name (i.e. a joint tenant to an individual account, or vice versa), you cannot use this option to send your distributions to another party.

\_\_\_\_\_  
BlackRock account number

From Fund Name	Share Class				TO Fund Name
	A	C	K	Inst	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### 3. Signatures

Each registered shareholder must sign this form to authorize the above changes. If a responsible individual, such as a Power of Attorney, executor, guardian, custodian, etc., is signing on behalf of an account owner, please include their capacity below the signature. If not already on file, we may request documentation of such capacity.

**I acknowledge that:**

- ▶ I certify that I am authorized to make these elections and that all information provided is true and accurate.
- ▶ I have received and read the current prospectus(es) for all funds in which I am investing.
- ▶ I have the right to cancel any service at any time by writing to BlackRock



\_\_\_\_\_  
Signature of existing owner / trustee / custodian, etc.

\_\_\_\_\_  
Title / Capacity (if any)      \_\_\_\_\_  
Date (mm/dd/yyyy)

*Place any notary seal or  
Medallion Signature Guarantee  
stamp here*

**For Notary Public:**

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



\_\_\_\_\_  
Signature of existing co-owner / trustee / custodian, etc.

\_\_\_\_\_  
Title / Capacity (if any)      \_\_\_\_\_  
Date (mm/dd/yyyy)

*Place any notary seal or  
Medallion Signature Guarantee  
stamp here*

**For Notary Public:**

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

**Not FDIC Insured | May Lose Value | No Bank Guarantee**

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