


- ▶ You can use this form to update the beneficiaries on your BlackRock IRA.
- ▶ **Be sure to use the right application!** BlackRock non-retirement accounts have their own forms.
- ▶ All information provided on each person listed on the account will be verified as required by the USA PATRIOT Act.

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

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.

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

Contact telephone number

Full name of guardian, responsible individual, power of attorney, etc.

Contact telephone number

OR

Social Security Number

BlackRock Account Number(s)

Reference number (if applicable)

2. Beneficiary Information

Upon the death of the account owner(s), your account may be reregistered to the beneficiary / beneficiaries designated below in equal shares (unless otherwise specified). All stated percentages **must equal 100%** for all Primary or all Contingent Beneficiaries; otherwise transfer will be made proportionately based on the percentages stated. If neither primary nor Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary.

Per Stirpes Beneficiary Designations: The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

Note: The share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

Participant's Designation: In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiaries to receive all benefits that may become due and payable under my IRA. If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian.

Beneficiary 1 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 2 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 3 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 4 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 5 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 6 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

3. Signatures and Authorization

I acknowledge that:

- ▶ I hereby revoke any previous designation and designate the following individuals as the Primary and Contingent Beneficiaries to receive all benefits that may become due and payable under my IRA.
- ▶ If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian, including the name(s) of the trustee(s) and the date of the trust.
- ▶ I am authorizing the designation of beneficiaries described above.
- ▶ There are no known disputes as to the persons entitled to a distribution under the non-probate transfer, or the amounts to be distributed to each person, and there are no known claims affecting the distribution requested.
- ▶ I have the right to revoke or revise this Form at any time by writing to BlackRock

IRA owner must sign below to authorize this change:



Signature of IRA owner

Date (mm/dd/yyyy)

Disclaimer for Community and Marital Property States: The Participant's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with the investments and the Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's spouse. For additional information, please consult your legal advisor. *I consent to the Beneficiary Designation.*



Signature of Spouse

Date (mm/dd/yyyy)



Questions? Call us at **1-800-441-7762**, or visit us online at www.blackrock.com.

Not FDIC Insured | May Lose Value | No Bank Guarantee

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