

Use this form to request a distribution from your Traditional, Roth, Rollover, SEP- or SIMPLE IRA at BlackRock. This form can be used for one-time distributions, systematic withdrawals, Required Minimum Distributions (RMD), and return of excess contribution(s).

- ▶ This form is **not** intended for initiating a transfer of assets to retirement accounts at another custodian; you should contact your current custodian to request the proper forms for this type.

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 Dr.  
Westborough, MA 01581

### Instructions for Completing this Form

The purpose of this form is to request a distribution from your BlackRock Individual Retirement Account (“IRA”). There are several types of IRAs, and several types of distributions, therefore it is important that you complete this form carefully. Any distribution from your IRA may be considered a taxable event—unless you roll the distributed amount to another IRA within 60 days of the distribution, the IRS can tax you on the distribution(s) from your IRA.

BlackRock does not provide tax advice; if you have any questions about the tax consequences of distributions, we recommend that you speak with your financial advisor or tax professional prior to submitting this form to BlackRock.

- ▶ **Complete Section 1** to tell us which account(s) to redeem from.
- ▶ **Complete Section 2a** to provide information about the type of distribution.
  - **One-time distributions**, please complete Section 3.
  - For **Return of Excess Contribution**, complete Section 2b.
  - For **RMD (“Required Minimum Distribution”)**, please complete section 2c.
  - For any other type of **Systematic Withdrawal (including 72t distributions)**, please complete Section 3.
- ▶ **Complete Section 4** to provide the required **State and/or Federal tax withholding** information.
- ▶ In **Section 5**, tell us how you want the proceeds of the distribution sent to you (by check, to your bank account, etc.).
- ▶ **The account owner must sign to authorize any withdrawal.**  
If you are acting on behalf of the owner (i.e. as Power of Attorney, executor, etc.), additional documentation may be required.

### 1. Current Account Information

For verification purposes, please complete this section about your existing BlackRock account(s):

\_\_\_\_\_  
First Name of IRA Owner                                  M.I.                                  Last Name

To begin, tell us which of your IRAs you wish to take a full or partial distribution from:

- Traditional IRA     Roth IRA     Rollover IRA     Inherited IRA     SEP-IRA     SIMPLE IRA

- All accounts under this Social Security number:                                  **OR**

- Only these account numbers:

--	--	--	--	--	--	--	--	--	--

Federal tax Identification or Social Security number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Number

## 2a. Information about the Distribution

To help ensure your distribution is processed correctly and is reported to the IRS properly, please complete this section to tell us more about the type of distribution.

Certain restrictions may apply—for example, if you have held a Roth IRA for less than five years and you are under age 59 ½, an IRS penalty may be imposed on your distribution. For SIMPLE IRAs, if you have not participated in the SIMPLE IRA for two years and you are under age 59 ½, an IRS penalty may be imposed on your distribution.

**Normal Distribution** – You are over the age of 59 ½

**Roth IRA:** This Distribution satisfies the 5-year holding period requirement.  Yes.

(If “No”, check the appropriate box below. Roth Distributions not meeting the five-year holding period that are not due to the death or permanent disability of the IRA Owner are considered non-qualified).

**Early (Premature) Distribution** – You are under the age of 59 ½ (including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons).

**Substantially equal periodic payments** within the meaning of section 72(t) of the Internal Revenue Code.

**Permanent Disability** – You certify that you are disabled within the meaning of 72(m)(7) of the Internal Revenue Code (An individual shall be considered disabled if he/she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration).

**Removal of excess contribution(s)** – Complete **section 2b** in its entirety.

**Direct Rollover to a qualified retirement plan, 401(k), TSP, 403(b), etc.** – You are certifying that the receiving custodian will accept the IRA assets issued.

**Qualified Reservist Distribution.**

**Required Minimum Distributions (“RMD”)** – IRA Owner has reached the age of 70 ½, complete **section 2c** in its entirety.

### Distribution types due to the Death of the IRA Owner:

Distribution payable to the named beneficiary – If you are the beneficiary, additional documentation may be required.

Beneficiary transfer – Transfer Beneficiary’s portion to an Inherited IRA, partial redemption or setting up Systematic Withdrawals (if an Inherited IRA is not already established, you should complete our Inherited IRA Application).

### Distribution types requiring additional documentation and/or contact with BlackRock:

Transfer incident due to divorce or legal separation.

## 2b. Return of Excess Contribution(s)

Amount of Excess: \$ \_\_\_\_\_ Tax year for which excess contribution was made: \_\_\_\_\_

Date deposited: \_\_\_\_\_ **OR** Multiple deposits between : \_\_\_\_\_ and \_\_\_\_\_

Earnings will be removed with the excess contribution if corrected before your federal income tax-return due date (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service (“IRS”) Publication 590. You may be subject to an IRS penalty of 6% for each year the excess remains in the account. In addition, the IRS may impose a 10% early distribution penalty on the earnings, if you are under age 59½.

You will receive IRS Form 1099-R for the year in which the excess distribution takes place (not for the year in which the excess contribution was made). Consult IRS Publication 590 for more information pertaining to excess contributions. If you are subject to a federal penalty tax due to an excess contribution, you must file IRS Form 5329.

For the purpose of the excess contribution, we will calculate the net income attributable (“NIA”) to the contribution using the method provided in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

**A) The excess is being corrected before your federal income tax-filing deadline (including extensions):**

- Remove excess plus/minus net income attributable. Distribute according to instructions in **Section 3**.
- Remove excess plus/minus net income attributable. Re-deposit as a **current year** contribution (not to exceed annual IRA contribution limit).

**B) The excess is being corrected after your federal income tax-filing deadline (including extensions).** Earnings on the excess contribution will remain in the account.

- Remove excess and distribute according to instructions in **Section 3**.
- Remove excess and re-deposit as a **current year** contribution (not to exceed annual IRA contribution limit).

**C) Re-designating an excess contribution to a later tax year.** Please consult a tax advisor to review your specific situation and to determine your best course of action. If you should decide to carry over the excess contribution to a later year, **DO NOT RETURN THIS FORM.**

Now tell us from which fund(s) you want to take the distribution.

- Distribute proportionately across all funds within the account, **OR** as indicated below:

Fund Name	Share Class	Redemption Amount	%
_____	<b>A C</b> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
_____	<b>A C</b> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
_____	<b>A C</b> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
_____	<b>A C</b> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
<b>Total Amount:</b>		\$ _____	<b>= 100%</b>
(Must include an estimated amount)			

Please indicate if you would like the proceeds of the redemption to be gross or net of any fees, sales charges, etc.

- Gross**    **Net**

(“Gross” would mean any fees, tax withholding, sales charges, etc. would be taken out of the amount requested; “Net” means any fees, sales charges, etc. would be taken from the remainder of the account—with Net, the amount you request is the amount you receive.) If you do not make any indication, we will default to “Gross”.

➔ [Proceed to “Tax Withholding” section](#)

## 2c. Required Minimum Distributions (RMD)

The IRS requires you to begin taking distributions from your Traditional IRA, Rollover IRA, SEP IRA or SIMPLE IRA once you have reached the age of 70½. These “Required Minimum Distributions”, or “RMD”, must begin by April 1st of the year following the year in which you turn 70½. Please note: There is no RMD on Roth IRAs. **Before you make any decision regarding your RMD, we urge you to consult your financial advisor or tax advisor.**

The Required Minimum Distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590, Individual Retirement Arrangements (IRAs), which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

**My sole primary beneficiary (indicated below) is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.**

\_\_\_\_\_ %  
Full Name of Primary Beneficiary Date of Birth (Month/Day/Year) Percentage

Now, tell us how you would like us to distribute your RMD payments – Complete either A or B.

A) If you would like us to calculate the amount of your Required Minimum Distributions, and establish a systematic withdrawal based on that amount, we will need several pieces of information. Once this option has been established on your account, we will automatically re-calculate the RMD each subsequent year.

**Calculate and distribute my RMD with the frequency below.**  **AND re-calculate my RMD each year going forward.**

To begin  Immediately **OR**  On \_\_\_\_\_ for tax year \_\_\_\_\_  
Date (Month/Day/Year)

Frequency:  Monthly  Quarterly  Semi-Annual  Annual

B) If you would prefer a fixed dollar amount or a percentage (instead of having BlackRock calculate your RMD), please complete below. Please be sure that the amount you request is enough to meet your RMD for the year. **NOTE:** We will NOT re-calculate your RMD each subsequent year.

Fixed amount of \$ \_\_\_\_\_ **OR** \_\_\_\_\_% each draft, to begin  Immediately **OR** On \_\_\_\_\_  
Date (Month/Day/Year)

For tax year \_\_\_\_\_. Frequency:  Monthly  Quarterly  Semi-Annual  Annual

► **NOTE:** If a frequency is not selected, your RMD will be distributed annually.

Now tell us from which fund(s) you want to take the distribution.

Distribute proportionately across all funds within the account, **OR** as indicated below:

Fund Name	Share Class	Redemption Amount	%
_____	A <input type="checkbox"/> C <input type="checkbox"/>	\$ _____	_____
_____	A <input type="checkbox"/> C <input type="checkbox"/>	\$ _____	_____
_____	A <input type="checkbox"/> C <input type="checkbox"/>	\$ _____	_____
_____	A <input type="checkbox"/> C <input type="checkbox"/>	\$ _____	_____
	<b>Total Amount:</b>	\$ _____	<b>= 100%</b>

(Must include an estimated amount)

Please indicate if you would like the proceeds of the redemption to be gross or net of any fees, sales charges, etc.

**Gross**  **Net**

(“Gross” would mean any fees, tax withholding, sales charges, etc. would be taken out of the amount requested; “Net” means any fees, sales charges, etc. would be taken from the remainder of the account—with Net, the amount you request is the amount you receive.) If you do not make any indication, we will default to “Gross”.

➔ Proceed to “Tax Withholding” section

### 3. Other Distribution Types

Please check the appropriate box or box(es) and complete any required field(s). If you would like to close one or more of the funds within your account, please indicate "100%" in the amount field. Due to market fluctuations, attempting to estimate the redemption amount may cause a delay in processing or leave a remainder in the fund.

**NOTE:** Redemption requests in excess of \$100,000 for Investor Shares require a medallion guarantee stamp\*.

**Total Distribution of ALL funds in the account(s) referenced above.**

(NOTE: The annual IRA maintenance fee will be assessed on any total distribution.)

**Partial Distribution of \$ \_\_\_\_\_ from the fund(s) indicated below.**

**Dividends in cash** from the fund(s) indicated below     **Dividends AND any capital gains in cash** from the fund(s) indicated below

**Systematic Distributions (NOT including Required Minimum Distributions)** in the amount of \$ \_\_\_\_\_ with a draft date of the \_\_\_\_\_ of the month (if you do not designate a date, your draft will be set for the 25th of the month) to occur.

(Check One)     Monthly     Quarterly     Semi-Annual     Annual

**72(t) (Substantially Equal Periodic Payments) Distributions** in the amount of \$ \_\_\_\_\_ OR calculated under the RMD method using.

Uniform Lifetime Table     Single Life Table     Joint and Last Survivor Table\*

With a draft date of the \_\_\_\_\_ of the month (if you do not designate a date, your draft will be set for the 25th of the month) to occur.

\_\_\_\_\_  
Beneficiary's Name

\_\_\_\_\_  
Date of Birth

**Now tell us from which fund(s) you want to take the distribution**

Distribute proportionately across all funds within the account, **OR** as indicated below:

Fund Name	Share Class	Redemption Amount	%
_____	A C <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
_____	A C <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
_____	A C <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
_____	A C <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
_____	A C <input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____
<b>Total Amount:</b>		\$ _____	<b>= 100%</b>
(Must include an estimated amount)			

Please indicate if you would like the proceeds of the redemption to be gross or net of any fees, sales charges, etc.

**Gross**     **Net**

("Gross" would mean any fees, tax withholding, sales charges, etc. would be taken out of the amount requested; "Net" means any fees, sales charges, etc. would be taken from the remainder of the account—with Net, the amount you request is the amount you receive.) If you do not make any indication, we will default to "Gross".

#### 4. Tax Withholding Election (REQUIRED)

Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding (generally 10%) and may be subject to state tax withholding, unless you affirmatively elect an additional withholding amount or to NOT have withholding apply to such payments. Federal tax withholding is required for accounts registered with an address outside the United States. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

##### A. Federal Withholding

Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

Please select one of the following:

- Do NOT withhold federal income tax.     Withhold 10% federal income tax.     Withhold \_\_\_\_% federal income tax  
(Must be greater than 10%).

##### B. State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments.

For Mandatory States ONLY:

- I elect **TO NOT** have state income tax withheld from my retirement account distributions.

For Voluntary States Only:

- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes:

\$ \_\_\_\_\_ **OR** \_\_\_\_\_%

## 5. Delivery Instructions (REQUIRED)

Please check the appropriate box to tell us where to send your distribution. If you elected a Direct Rollover in Section 2a, complete the "Special Payee" section.

**Note:** If you do not select an option, your distribution will be mailed in check form to your address or record.

Use the proceeds to purchase into my other account at BlackRock using the allocation on file.

BlackRock Account # \_\_\_\_\_

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

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

### Special Payee (Medallion Signature Guarantee stamp is REQUIRED)

Send the proceeds by CHECK to a special payee, another Financial Institution, or a receiving custodian at the address indicated below, **OR**

For Direct Rollovers to a qualified retirement plan, 401(k), 403(b), etc., send the proceeds by CHECK to a receiving custodian at the address indicated below:

Type of plan receiving the IRA assets:

Rollover IRA  401(k)  TSP  457 Plan  other employer sponsored qualified plan: \_\_\_\_\_

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Reference or Account Number at Payee (if applicable)

\_\_\_\_\_  
FBO: First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
PO Box # / Street #

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Send the proceeds by WIRE or ACH to bank information **not** on record with BlackRock. (If the bank account registration matches your BlackRock account registration, we will **not** require the Medallion Signature Guarantee.)

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

\_\_\_\_\_  
Payee's First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name of Joint Owner on Account (if any)

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

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Routing (ABA) number or Federal Wire number

\_\_\_\_\_  
Account Number at Bank

**Attach a copy of a voided check, personalized deposit slip or bank statement if choosing ACH delivery.**

John A. Sample 123 Same Street Anywhere, USA 12345	0001 _____ 20__ 11-2323/4556
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
<b>Any Bank USA</b> Memo _____	_____

## 6. Signatures

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian (BNY Mellon Asset Servicing, Inc.), the Fund, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Fund may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences that may arise from the election(s) and agree that the Fund and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

### IMPORTANT CHANGES TO THE RULES GOVERNING INDIRECT (60-DAY) ROLLOVERS BETWEEN IRA ACCOUNTS

Beginning January 1, 2015, there will be a new restriction placed on indirect (60-day) IRA-to-IRA rollovers. An IRA participant will be allowed only one rollover across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE IRAs) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. For more information please visit the Internal Revenue Service's web site [www.irs.gov](http://www.irs.gov) using the search term "IRA One-Rollover-Per-Year Rule", "Announcement 2014-15" or "Announcement 2014-32". You must contact the receiving institution to initiate a trustee-to-trustee transfer.

Please note, the annual IRA maintenance fee will be assessed on any total distribution (closing an account).



Signature of Account Owner/Power of Attorney/Beneficiary

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date (Month/Day/Year)

If you requested your distribution made payable to a special payee, an address, bank account, a destination other than the address of record on the account, or if the amount of the distribution is over \$100,000, **your signature on this form must be medallion guaranteed\***.

Place Medallion Signature Guarantee  
(or similar) stamp here

\*You can obtain a medallion signature guarantee stamp from a bank, securities dealer, securities broker, credit union, savings and loan association, national securities exchange or registered securities association. A notary public seal will not be acceptable.



Questions? Call us at 1-800-441-7762, Monday through Friday between 8:00 AM and 6:00 PM ET or visit our website at [www.blackrock.com](http://www.blackrock.com) for more information on Planning for Retirement.