


Use this application to request a one-time redemption or to establish or change a Systematic Withdrawal Plan (“SWP”) from your non-retirement account(s) at BlackRock.

- ▶ **Be sure to use the right form!** BlackRock CollegeAdvantage® 529 accounts & IRAs have their own forms
- ▶ Any redemption from your account may be reported to the IRS (with the exception of Money Market Funds)
- ▶ Redemption requests in excess of \$100,000 for Investor Shares require a Medallion Signature Guarantee stamp

Send this application, 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 redeem from:

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
OR	
Federal tax ID or Social Security number	BlackRock account number(s)
	Reference number (if applicable)

2a. Full Redemption: Close My Account

Please complete this section to fully redeem your account. For partial distributions please complete **section 2b**.

Total Distribution of ALL funds in the accounts referenced in section 1.

2b. Partial Redemption Allocations

Please check the appropriate boxes and complete any required field. 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 redemption amount may cause a delay in processing or leave a remainder in the fund.

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

Total Amount to Redeem: \$ _____

2c. Systematic Withdrawal Plan Information (“SWP”)

Complete this section if you would like to establish a SWP. The SWP allows you to redeem from your BlackRock funds on a periodic basis for a **minimum of \$50 per fund**. You should have a minimum of \$10,000 in any fund you are adding a SWP to. If you do not specify a date, we will begin your SWP on the 25th of the month.

Fund Name

Withdrawal Amount
(per draft)

Please begin my SWP on _____
Date(mm/dd/yyyy)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Total: \$ _____

Please withdraw:

- Monthly
 Twice per month, on the ____ and ____
 Quarterly
 Semi-Annually
 Annually

Fees and Sales Charges

Please indicate if you would like the proceeds of the redemption 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”.

Cost Basis Information

If you have not already done so, please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to Average Cost. You should consult with your tax professional before making this election. For additional information regarding cost basis methods, please refer to the “**Cost Basis Frequently Asked Questions**” available on our website at www.blackrock.com.

Average Cost FIFO LIFO HIFO LOFO

Shares _____ Date purchased (mm/dd/yyyy)

Specific Share ID
(You may attach a separate list for more Specified Shares)

3a. Delivery Instructions

Please check the appropriate box to tell us where to send your distribution.

- 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 be on file at BlackRock)
 Send the proceeds to my *new* bank instructions **(Complete 3c)**
 Invest proceeds into another BlackRock account: _____
(Medallion Signature Guarantee may be REQUIRED—Complete 3d)
 Send the proceeds by CHECK to an alternate address or another Financial Institution
(Medallion Signature Guarantee may be REQUIRED—Complete 3b)

Please note: If you do not select an 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.

BlackRock Exchange Fund Requests Only (Medallion signature guarantee REQUIRED)

Complete the appropriate sections above and provide transfer instructions here for requests of \$250,000 and above per 90-day period. If redemptions in the past 90 days including the current request are equal to or more than \$250,000 then the proceeds may be issued in securities. Please call BlackRock at **1-800-441-7762** if you are unfamiliar with the process for this fund prior to completing this form. Incorrectly completing this form may cause delays in processing your request.

Brokerage firm name

Contact name

Account number at firm

DTC number

Contact telephone number

Fax number

4. 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. **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.

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)



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)



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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