BlackRock

Change of Broker Dealer Form

Use this application to add or update the broker/dealer information listed on your BlackRock account. Your financial professional may have their own forms they may ask you to complete.

- **Be sure to use the right form!** BlackRock CollegeAdvantage® 529 accounts have their own forms.
- All registered owners must sign this form
- This form cannot be used for block transfers or to transfer your account to your brokerage. Your financial professional can assist you with those requests.

Send this completed & signed form 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 (or trustee, custodian, guardian, etc.) ____________________

Contact telephone number ____________________

Full name of secondary account owner (or trustee, minor, etc.) ____________________

Contact telephone number ____________________

☐ All accounts under this Social Security number: **OR** ☐ Only these account numbers:

Social Security Number ____________________

BlackRock account number ____________________

BlackRock account number ____________________

2. New Broker/Dealer Information

Your Financial Professional will have this information available, and should help complete it and review it for accuracy. Some Investment Dealers have their own internal application process. This section is required to invest in Class C Units (if this section is not completed, your investment will be made in Class A Units).

Name of dealer firm ____________________

Dealer number ____________________

Branch number ____________________

PO Box # / Street # ____________________

Street name ____________________

City ____________________

State ____________________

Zip Code ____________________

Full name of Financial Professional ____________________

Representative's number ____________________

Contact telephone # ____________________

Email address ____________________

Optional: BIN (Provided by Financial Professional): ____________________ Network level: ____

3. Signatures

Each registered shareholder must sign this form to authorize the above changes. If a responsible individual is signing on behalf of an account owner; please include their capacity (Power of Attorney, executor, guardian, custodian, etc.) below their 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 am aware that all parties named in Section 2 of this form may receive duplicate account statements and may be authorized to perform transactions on my behalf.

______________________________ Signature of existing owner / trustee / custodian, etc.	______________________________ Signature of existing co-owner / trustee / custodian, etc.
____________ Title / Capacity (if any) ____________ Date (mm/dd/yyyy)	____________ Title / Capacity (if any) ____________ Date (mm/dd/yyyy)

Signatures of New Representative and Authorization of Dealer:

If the dealer firm currently listed on the account is not changing (for example, re-assigning representatives), the shareholder's signatures are not required. Instead, have your Principal, Branch Manager, OSJ or higher sign below.

Your dealer firm may have procedures in place requiring this form to be sent to your firm's home/back office for approval prior to sending to BlackRock. You should consult with your firm to see if there are any internal requirements necessary to complete this request.

If your dealer firm has not yet completed and signed a selling agreement with BlackRock, this step must be completed prior to submitting this form.

I (the above Financial Professional) have complied with my firm's policies and procedures in regards to this request. ______________________________ Signature of Financial Professional ____________ Date (mm/dd/yyyy)	**If required by the Investment Dealer firm:** ______________________________ Principal approval or stamp (if required)

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Not FDIC Insured | May Lose Value | No Bank Guarantee

BLACKROCK®

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