

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.

- ▶ **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

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


▶ **Regular mail:**

BlackRock Funds  
PO Box 534429  
Pittsburgh PA  
15253-4429

▶ **Overnight mail:**

BlackRock Funds  
Attention: 534429  
500 Ross Street 154-0520  
Pittsburgh, PA 15262

**Fax:** 844-569-5573

 **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

OR

\_\_\_\_\_

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

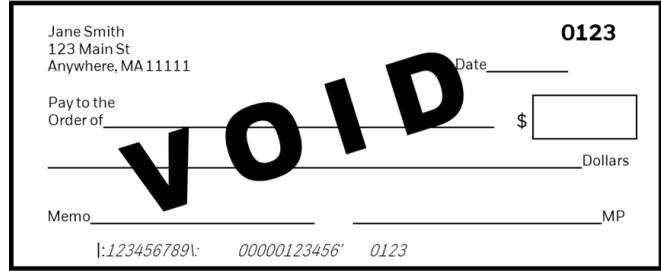
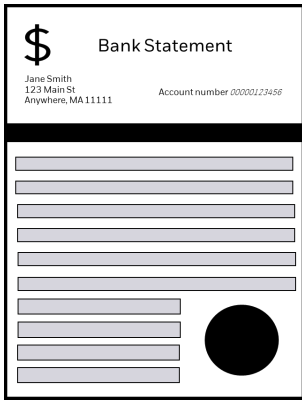
Checking     Savings

\_\_\_\_\_

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)



**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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