

### INSTRUCTIONS FOR COMPLETING THIS FORM

The purpose of this form is to indicate to BlackRock how you, as a named beneficiary, would like to receive your inheritance from a decedent's BlackRock IRA. You may use this form to transfer your portion of the account into your name or redeem it.

If you have any questions about how to invest your proceeds with BlackRock, you should speak with your financial professional. You may also speak with a BlackRock representative for any information on our products or on how to complete this transfer / redemption request.

The following instructions will help you complete this form, however if you have any questions we encourage you to call us for assistance **1-800-441-7762**.

#### Important Notes Regarding this Form:

- ▶ Any distribution from an IRA is a tax reportable event.
- ▶ 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 professional or tax professional prior to submitting this form to BlackRock.
- ▶ Redemption requests in excess of \$100,000 or being sent to new bank instructions may require a medallion guarantee stamp.
- ▶ If you would like to request a Transfer of Assets of your portion to another custodian, you first need to re-register your portion into your name.
- ▶ If you would also like to setup a Required Minimum Distribution "RMD" please complete the IRA Systematic Distribution Request Form.

#### Additional Documentation

Certain requests may require additional documentation to complete, including but not limited to:

- ▶ **Trust accounts** – copy of pertinent trust pages, showing trust name, date, trustees' names, signature & certification pages, etc.
- ▶ **Power of Attorney** – a recently dated copy of the power of attorney document; if adding the POA to the account, the BlackRock Power of Attorney Form must also be provided.
- ▶ **Estates** – document naming the executor/executrix, administrator, etc. of the estate of the deceased shareholder.
- ▶ **2019:** PA and Puerto Rico also require an Affidavit of Domicile and/or Inheritance Tax Waiver form.

#### Sections that are required on this application:

- ▶ **Sections 1,3,4,5,6, and 8 are required** in order for you to process a transfer or redemption of your portion of the account.
- ▶ **Section 4** is required so that we know how you would like to receive your portion.
- ▶ **Section 5** is required to distribute any outstanding Required Minimum Distributions "RMD" that were not redeemed prior to decedents passing.
- ▶ **Section 6** is required to provide us with your Federal and or State Tax Withholding elections for distributions.
- ▶ **Section 8 (Signatures and Authorization)** is required to be signed by the named beneficiary or persons authorized if the named beneficiary is deceased.

#### Do I need to include a copy of a death certificate?

We would require a copy of the death certificate for each shareholder that has passed, unless you:

- ▶ are providing a document naming the executors/ executrix/administrator of the estate and have your signature medallion guaranteed.

#### What if the deceased has uncashed checks from BlackRock Funds?

Please contact us at 1-800-441-7762 and a member of our service team can assist with your options.




**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).

Use this form after the IRA owner has passed away to indicate to BlackRock how you would like to receive your portion of their IRA. You may use this form to transfer your portion of the account into a **BlackRock Inherited IRA** into your name or redeem it.

**Be sure to use the right application!** Business / Institutional clients, SIMPLE IRAs, Non-retirement, and BlackRock CollegeAdvantage® 529 accounts have their own applications.

- ▶ All information provided on each person listed on the form will be verified as required by the USA PATRIOT Act.

 **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).

Mail 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**

### 1. Current Account Information

First, please tell us about the IRA owner who has passed:

\_\_\_\_\_

Full name of deceased account owner

\_\_\_\_\_

Date of death (mm/dd/yyyy)

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

BlackRock account number

\_\_\_\_\_

BlackRock account number

Please check off the current account type(s) of the deceased owner

- Traditional IRA**     **Rollover IRA**     **Roth IRA**     **SEP IRA**     **SIMPLE IRA**

### 2. Additional Documents Included

Please check off all additional documents you have included with this form:

- Death certificate     Affidavit of Domicile     Inheritance Tax Waiver     IRA Systematic Distribution Request Form
- Reference number(s) \_\_\_\_\_ for any documents already received by BlackRock.

### 3. Non-Spouse Beneficiary Information

We will need your full name (first, middle initial and last - exactly as it will be registered on the account), address, date of birth, and Social Security number. You must include a physical address here.

\_\_\_\_\_

Full name of IRA beneficiary (also includes estates, trusts, etc)

\_\_\_\_\_

Street #

\_\_\_\_\_

Street name

\_\_\_\_\_

Federal tax ID or Social Security number

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP Code

\_\_\_\_\_

Date of birth (mm/dd/yyyy)

\_\_\_\_\_

Contact telephone number

- Check here to use this as the address for mailings

## 4. Beneficiary Claim Election

Complete this section to inform us of how you would like to receive your assets from the original IRA account. Please carefully read all the options below before making a selection.

- Please invest proceeds into a new account, I have attached a **BlackRock Inherited IRA Account Application**.
- Please process **total distribution** of the account and send me the proceeds.

## 5. Required Minimum Distribution

Complete this section if account type is either Traditional, SEP, or Simple IRA and the deceased owner of the IRA was subject to Required Minimum Distributions "**RMD**".

- Please **distribute** my portion of any outstanding **RMD** amounts due to the deceased owner in the year of their death.
- The deceased account owner has met their **RMD**. I do not need to take their **RMD**.

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.

Now, please tell us how you wish to have your distribution **allocated**:

- Please redeem **RMD** evenly across all fund positions.

Fund Name	Share Class				Amount Per Fund	
	A	C	K	Inst		
_____	<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:					\$ _____	or <u>100%</u>

## 6. Fees and Sales Charges, Tax Withholding Election (REQUIRED)

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

Gross

Any fees, sales charges, etc. would be taken out of the *amount* requested (this lowers the amount you receive)

Net

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”.

Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding and may be subject to state withholding. You may affirmatively elect additional withholding or opt to NOT have withholding applied to your distributions. Federal tax withholding is required for accounts with a foreign address. Please consult a tax professional or your state’s tax authority for additional information on your state requirements.

### ▶ Federal Tax Withholding

Federal income tax withholding is taken on any distribution, subject to the IRS withholding rules, at the rate of 10% from the gross payment amount even if it is excluded from gross income, unless an election is provided. The withholding procedure may result in excess payments to the IRS. Electing to have no federal taxes withheld from distributions or not having enough federal income tax withheld from distributions may cause you to be responsible for estimated tax. Under the estimated tax rules you may incur penalties if the estimated tax withholding payment is not sufficient. Please complete the section below, your election will remain in effect until the Custodian is notified in writing of a change.

Select one of the following:

I elect **NOT** to withhold federal income tax     Withhold 10% federal income tax     Withhold \_\_\_\_\_% federal income tax  
(Must be greater than 10% minimum)

### ▶ State Withholding

State income tax withholding requirements are determined by the state of your residence, if any. States with mandatory withholding may require state income tax to be withheld if withholding is taken for federal taxes or may mandate a fixed amount regardless of your federal tax election. Voluntary states allow you to determine if you would like state taxes withheld. Certain states are non-participatory and do not require income tax on retirement payments.

#### For Mandatory States Only:

I elect **NOT** to withhold state income Tax  
 I elect to take \_\_\_\_\_% **in addition** to the Mandatory Withholding

#### For Voluntary States Only:

Withholding \$\_\_\_\_\_or \_\_\_\_\_% state income tax

## 7a. Delivery Instructions (Medallion signature guarantee may be required)

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 bank instructions:     ACH     Wire (\$7.50 per fund)    **(Proceed to section 7c)**
- Send the proceeds by CHECK to another Financial Institution    **(Proceed to Section 7b)**

**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 listed in **section 3**. 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.

## 7b. Alternate Address Information

Complete this section ONLY if you selected to send the proceeds of your redemption to an alternate address for you such as your P.O. Box.

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

\_\_\_\_\_  
City      State      ZIP Code

Check here to use this as the address for mailings

## 7c. Bank Account Information (Medallion signature guarantee may be required)

Complete this section below and **attach a bank statement, voided check, or savings deposit slip (showing the bank account number & registration of your bank account).**

\_\_\_\_\_  
Full name of bank account owner

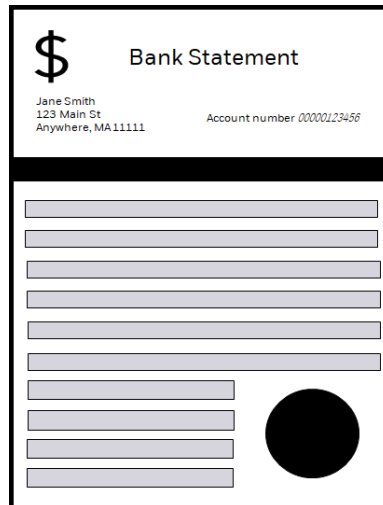
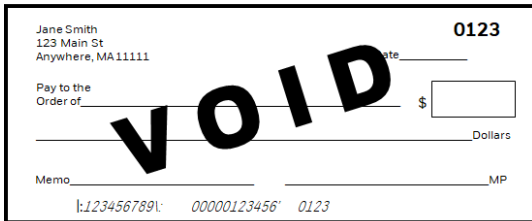
\_\_\_\_\_  
Name of bank

\_\_\_\_\_  
Full name of joint bank account owner

\_\_\_\_\_  
ABA routing number (9 digits)

\_\_\_\_\_  
Bank account number

Checking     Savings



## 8. Signature, Taxpayer Identification Certification and Authorization

Under penalties of perjury, I hereby attest that the above and the following facts are true and correct.

### I acknowledge that:

- ▶ I am authorizing the transfer and/or redemption 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.

### Tax Certification - Under penalties of perjury, I/we certify that:

- ▶ The number shown on this form is the correct taxpayer identification number, and
- ▶ The investor is not subject to backup withholding because the investor: (a) is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that the Investor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the investor that they are no longer subject to backup withholding, and
- ▶ The applicant is a U.S. person (including a U.S. resident alien) or
- ▶ Alternatively, under penalties of perjury, the applicant certifies that they are subject to withholding. If so, check here:
- ▶ The FATCA code(s) entered on this form (if any) indicating the investor is exempt from FATCA reporting is correct.  
CODE: \_\_\_\_\_

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

If your signature requires a medallion signature guarantee or notary stamp, it can be placed anywhere near the signature or in the box provided. Please refer to the instructions for this form or call our team with any questions prior to submitting this form.



\_\_\_\_\_  
Signature of beneficiary / trustee / guardian / custodian etc.

\_\_\_\_\_  
Title / Capacity (if any)

\_\_\_\_\_  
Date(mm/dd/yyyy)

*Place any notary seal or  
Medallion Signature Guarantee  
stamp here*


### 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

 **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).

### Not FDIC Insured | May Lose Value | No Bank Guarantee

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