BlackRock

IRA Beneficiary Claim Form Non-Spouse Beneficiary

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 a **BlackRock Inherited IRA** in your name or redeem it.

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 reregister your portion into an inherited IRA.

Additional Documentation

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

- ► Trust accounts copy of pertinenttrustpages, 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.
- 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, and 7 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 provide us with your Federal and or State Tax Withholding elections for distributions.
- Section 7 (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.

BlackRock

IRA Beneficiary Claim Form

Non-Spouse Beneficiary

Use this form after the IRA owner has passed away to indicate to BlackRockhow 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** in 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 will be verified as required by the USA PATRIOT Act. Mail this application, along with any other required documents, to:

Regular mail

BlackRock Funds P.O. 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.

1. Current Account Information	,			
First, please tell us about the IRA owner who has p	assed:			
Full name of deceased account owner		Date of birth (m	nm/dd/yyyy)	
Social Security Number BlackRock	account number	number Date of death (mm/dd/yyyy)		
Please check the current account type(s) of the de	eceased owner:			
Traditional IRA Rollover IRA	Roth IRA	SEPIRA	SIMPLEIRA	
*For Traditional, SEP and SIMPLE IRAs - If the IRA owner's death occurred on or after amount due for the year of death, the custodian will distribute the RMD to the benefic ☐ As the designated beneficiary, trustee, executor, or personal representative I certify Required Beginning Date is April 1 of the year after the year the owner turned age. Required Beginning Date is April 1 of the year the owner reaches age 73 for owners 2. Additional Documents Included	siary(ies) prior to establishing an inhe that the IRA owner's RMD, due in the 70 ½ for owners born before July 1, 1 born on or after July 1, 1949.	erited IRA unless you certify it e year of death, has been satis	was already satisfied from another IRA	
Please check off all additional documents you	have included with	this form:		
☐ Death Certificate ☐ Affidavit of Domicile ☐ II	nheritance Tax Waiver	IRA Systemat	ic Distribution Request Form	
Reference number(s)	for	any documents a	Iready received by BlackRoc	
3a. Non-Spouse Beneficiary - Living We will need your full name (first, middle initial a of birth, and Social Security number. You must in	nd last - exactly as it w		n the account), address,date	
Full name of IRA beneficiary	Street#	Streetname		
Social Security number	City		State ZIP Code	
Date of birth (mm/dd/yyyy) Contact telephone nu Parent or Legal Guardian must complete the below in	-		e address for mailings	
Full Name of Responsible Individual	 Responsib	le Individual SSN	Date of birth (mm/dd/yyyy)	

We will need you	ouse Beneficiary - El Irfullname(first, middleir al Security number. You m	nitial and last - exactl		on the account), address,da
Estate	Trust	Other Entity		
Full name of entity	/beneficiary(also includes est	ates, trusts, etc) Stree	t# Street name	
Entity's Federalt	ax ID (Do not list the deced	lent's SSN) City		State ZIP Code
Date of birth (mm/c	Id/yyyy) Contact telepho	one number C	heck here to use this as t	the address for mailings
	below for the individual sign vidual is required to sign, please atta			
Full name of auth	orized individual		Authorized Individu	al Title
Authorized Indiv	ridual's Social Security Nur	<u> </u>	Date of birth (mm/dd/yyy	
Please inve For the purposes o. death distribution). required minimum Please proc As a reportable dis beneficiary, estate	read all the options below st proceeds into a new accommendation of maintaining the inherited proceeds for life of The inherited proceeds will be transferred into life expectancy distributions, also complete the cess total distribution of the tribution. I understand the distribution will be trust, or other entity. Note: You must also considered.	ount, I have attached a expectancy, systematic, partial, or fur to the same investment fund(s). (Excite BlackRock INHERITED IRA DISTINET OF THE BLACKROCK OF THE BLACKROCK INHERITED IRA DISTINET OF THE BLACKROCK INTERITED IRA DISTINET OF THE BLACK	BlackRock Inherited IRA ture year inheritance distributions (repo schange privileges are available once the RIBUTION REQUEST FORM. e the proceeds. a death distribution (Code 4), under to	orted on IRS Form 1099-R, under Code 4 - transfer is complete.) Note: To establish
5. Tax Withl	nolding Election (R	EQUIRED)		
	Withholding			
elect a different op amounts that are result in excess wi not have enough f	x will be withheld at the rate of otion below. Tax will be withhel not subject to withholding bec thholding on the payments. If ederal income tax withheld fro es under the estimated tax rule	d on the gross amount of ause they are excluded f you elect to have no fedom myour distribution, you	f the payment even though rom gross income. This wit eral taxes withheld from yo may be responsible for pay	h you may be receiving thholding procedure may ur distribution, or if you do yment of estimated tax. You
l elect to with	hold 0% federal income tax	I elect federal incom number between 1%		% (must be a whole
instructions. You may u	W-4R Withholding Certificate for Nonper se these tables and instructions to help y ect less than 10% federal income tax with	ou select the appropriate withho	ding rate.	
State With	nolding			
withholding may r fixed amount rega withheld. Some st	lence will determine your state equire state income tax to be irdless of your federal tax elect ates have no income tax on re rmation on your state requirer	withheld from payments tion. Voluntary states let tirement payments. Plea	if federal income taxes ar individuals determine who	e withheld or may mandate a
For Mandator	y States Only:		For Voluntary States O	Only:
l elect to take	% in addition to the N	Nandatory Withholding	Withholding \$or	state income tax
			l elect NOT to withhold	d state income tax

	iate box to tell us where to send	your distribution.	
Send the proceeds by	checkto my address of record b	y: Regular Mail OR Overnight (\$15 fee)	
Send the proceeds of t	he distribution to bankinstruct	ons: ACH Wire (\$7.50 perfund (Proceed to section	6c)
Send the proceeds by	CHECK to another Financial Ins	titution (Proceed to Section 6b)	
record listed in section :		bution will be mailed in the form of a check to your addres mvia Federal Wire, please contact your bank to confirm Inds.	SS O
6b. Alternate Add Complete this section ONL your P.O. Box.		eeds of your redemption to an alternate address for you such as	;
PO Box / Street #	Street name		
City	State	ZIP Code	
section below and attach	n a bank statement, voided ch If your bank account). The ba eneficiary.	eck, or savings deposit slip (showing the bank account nk account registration must include the non-spouse, Name of bank	this —
Turriame or bank accou	ancowner	Name of Bank	
Full name of joint bank	accountowner	ABA routing number (9 digits)	
Bank account number		☐ Checking ☐ Savings	
Jane Smith 123 Main St Anywhere, MA 11111 Pay to the Order of Memo	0123 \$	Bank Statement Jane Smith 123 Main St Anywhere, MA11111 Account number 00000123456	

7. Signature, Taxpayer Identification Certification and Authorization

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, BlackRock, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized to act as instructed. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences, which may arise from the election(s) and agree that the Custodian, BlackRock, 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.

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

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 / Ca

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.

Not FDIC Insured | May Lose Value | No Bank Guarantee

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Lit. No. IRA-NONSPOUSEDIST-0124

Substitute W-4R 2024 - Withholding Certificate for Nonperiodic Payments - For use with IRAs ONLY

Where instructed to provide your withholding election on "line 2" use the space provided on the attached form under "Federal Income Withholding Election."

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married	Single or Married filing Separately Married filing jointly		Head of household		
		or			
		Qualifying surviving spouse			
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%
*If married filing separately, use \$380,200 instead for this 37% rate.					

General Instructions: Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories .

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 2 - More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other

withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700 is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18.050 that is in the lower bracket). Multiply \$1,950 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.