


Use this form to setup your Required Minimum Distribution “RMD”, 72(T) distribution, or systematic withdrawal on a Traditional, Roth, Inherited, Rollover, SEP- or SIMPLE IRA at BlackRock.

- ▶ For one-time distributions from an IRA, please use our IRA Distribution Request Form
- ▶ Consult your financial professional or tax professional with any questions about the taxability of IRA withdrawals

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

Regular mail	Overnight mail
BlackRock Funds P.O. Box 9819 Providence, RI 02940	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 request the redemption from:

Full name of primary account owner	Contact telephone number
Social Security Number	BlackRock account number(s)
	Reference number (if applicable)

2a. Distribution Election

Please select from below what type of distribution you are taking. The IRS requires you to begin taking “Required Minimum Distributions”, or “RMD”, from your Traditional IRA, Rollover IRA, SEP IRA or SIMPLE IRA once you have reached a certain age (Roth IRAs are not subject to taking RMD). Until December 31, 2019, this age was 70 ½. **Effective January 1, 2020**, the age increased to 72, including for individuals who reach age 70 ½ during 2020 (i.e. those born on or after July 1, 1949).

Required Minimum Distributions “RMD” (Complete Section 2b, 3, 4 & 5, then sign in Section 6)

- Required Minimum Distributions (“RMD”) – IRA Owner has reached the age of 72
- My sole primary beneficiary (**indicated below**) is my spouse who is more than 10 years younger than I am. elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.
The RMD amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590-B, Individual Retirement Arrangements (IRAs), which includes updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box above.

Full name of Primary Beneficiary (Spouse)	Date of birth (mm/dd/yy)	%
---	--------------------------	---

- Required Minimum Distributions (“RMD”) – Inherited IRA

Other Distributions (Complete Section 2c, 3, 4 & 5, then sign in Section 6)

- Dividend and or Capital Gains** distributions to be paid in cash
- Systematic Distribution** that is not RMD, 72(t), or (72m)(7)
- Substantially equal periodic payments** within the meaning of section **72(t)** of the Internal Revenue Code.
- Permanent Disability** – You certify that you are disabled within the meaning of 72(m)(7) of the Internal Revenue Code (An individual shall be considered disabled if he/she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration)

2b. Required Minimum Distributions (“RMD”)

Reminder: If you were born on or after July 1, 1949 your RMD distribution age will be 72, not 70 ½.

Please tell us how you would like to distribute your RMD payments:

Please begin my RMD on _____ **OR** Please start Immediately For tax year: _____
Date (mm/dd/yyyy)

A) If you would like us to calculate the amount of your Required Minimum Distributions, and establish a systematic withdrawal based on that amount, we will need several pieces of information. Once this option has been established on your account, we will automatically re-calculate the RMD each subsequent year.

- Calculate and distribute my RMD with the frequency and allocation in **Section 3.**
- AND re-calculate my RMD each year going forward.

B) If you would prefer a fixed dollar amount or a percentage (instead of having BlackRock calculate your RMD), please complete below. Please be sure that the amount you request is enough to meet your RMD for the year. NOTE: We will NOT re-calculate your RMD each subsequent year.

- Redeem this fixed dollar amount \$ _____ with the frequency and allocation in **Section 3.**

2c. Other Distribution Types

Please check the appropriate box or box(es) and complete any required field(s), then proceed to Section 3.

Send my dividends and/or capital gains to me via cash: Dividends Capital Gains

Systematic Distributions (**NOT including “RMD”**) in the amount of \$ _____ to begin on _____.
Date (mm/dd/yyyy)

72(t) (Substantially Equal Periodic Payments) Distributions in the amount of \$ _____ OR calculated under the RMD method using to begin on _____.
Date (mm/dd/yyyy)

Uniform Lifetime Table Single Life Table Joint and Last Survivor Table

72(m)(7) Distributions in the amount of \$ _____ to begin on _____.
Date (mm/dd/yyyy)

3. Distribution Allocation and Frequency

Please tell us how you would like to allocate your distribution and the frequency you would like it to run.

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

Please distribute evenly across all funds.

Fund Name	Share Class				Distribution Amount	
	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 of withdrawal: \$ _____ = 100 %
(Must include an estimated amount)

In addition to completing the section below please **attach a bank statement, voided check, or savings deposit slip (showing the bank account number & registration)**. Your bank may have a different ABA # for wires, and maybe charged an additional fee to receive the wire. Set up same as other bank info sections

Name of Bank

ABA routing number (9 digits)

Full name of bank account owner

Account number at your bank

Full name of joint bank account owner

Checking Savings



6. Signature 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 authorized to make these elections and that all information provided is true and accurate.
- ▶ That no tax or legal advice has been given to me by the Custodian (BNY Mellon Asset Servicing, Inc.), the Fund, or any agent of either of them, and that all decisions regarding the elections made on this form are my own.
- ▶ The Custodian is authorized to distribute funds from my account in the manner requested. The Fund may conclusively rely on this certification and authorization without further investigation or inquiry.
- ▶ I assume responsibility for any adverse consequences that may arise from the election(s) and agree that the Fund 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.

Signature of IRA owner, trustee, power of attorney 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

© 2021 Blackrock, Inc. All Rights Reserved. BLACKROCK is a registered trademark of BlackRock, Inc. or its subsidiaries in the United States and elsewhere. All other trademarks are those of their respective owners.



Lit. No. IRA-SYSDIST-0121