

### INSTRUCTIONS FOR COMPLETING THIS FORM

The purpose of this form is for named beneficiaries on a Transfer on Death (“TOD”) account to claim their portion by either transferring or redeeming their shares to their own name.

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:

- ▶ Each listed beneficiary must complete his or her own claim form, and may only claim their own portion of the account.
- ▶ A notarized signature of the named beneficiary is required to claim their portion.
- ▶ A medallion signature guarantee stamp is required if someone else is acting on behalf of the named beneficiary, i.e. if an authorized person’s (POA, executor, etc.) is signing.
- ▶ **2018:** IA, NJ, RI, PA, and Puerto Rico also require an Affidavit of Domicile and/or Inheritance Tax Waiver 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.
- ▶ **Business / Foundations, etc.** – document naming the authorized signers for the entity.

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

- ▶ **Sections 1, 2, 3, and 4 are required** in order for a named beneficiary to claim their portion
- ▶ **Section 3 (Instructions on Distributing Beneficiary Portion)** is required so that we know how you would like to receive your portion of funds.
- ▶ **Section 4 (Signatures and Authorization)** is required to be signed by the named beneficiary or persons authorized if the named beneficiary is deceased.
- ▶ If you are opening a new account with your portion, investment minimums in each mutual fund must be met, and a **New Account Application** should be completed and signed to establish your new account.

#### 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
- ▶ have your signature medallion guaranteed



**Questions?** Call us at **1-800-441-7762**, or visit us online at [www.blackrock.com](http://www.blackrock.com).


## Transfer on Death (“TOD”) Beneficiary Claim Form

If you are the listed beneficiary on a TOD account, you can use this form to transfer or redeem your portion of the account to your name.

- ▶ **Be sure to use the right application!** IRAs and BlackRock CollegeAdvantage® 529 accounts have their own forms.
- ▶ All information provided on each person listed on an account will be verified as required by the USA PATRIOT Act.

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

<b>Regular mail</b>	<b>Overnight mail</b>
BlackRock Funds	BlackRock Funds
P.O. Box 9819	4400 Computer Drive
Providence, RI 02940	Westborough, MA 01581
<b>Fax:</b> 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](http://www.blackrock.com).

### 1. Current Account Information

First, please tell us about the account(s) that you wish to request the transfer or redemption from:

_____		_____
Full name of primary account owner		Date of death (mm/dd/yyyy)
_____		_____
Full name of secondary account owner (if any)		Date of death (mm/dd/yyyy)
_____	_____	_____
Social Security Number	BlackRock account number(s)	Reference number (if applicable)

### 2. Beneficiary Information

Please provide us with the following information about the beneficiary:

Individuals	Entities (Trust, Charity, Foundation, Business, etc.)
_____	_____
Full name of beneficiary	Full name of trust, foundation, estate, business entity etc.
_____	_____
Federal tax ID or Social Security number	Full name of trustee, authorized signer, partner, etc.
_____	_____
If the beneficiary is a minor, full name of responsible individual	Title (trustee, officer, executor, etc.)      Federal tax ID (entity's)
_____	_____
Date of birth (mm/dd/yyyy)      Contact telephone number	Date of trust (mm/dd/yyyy)      Contact telephone number
_____	_____
Street #      Street name	Street #      Street name
_____	_____
City      State      ZIP Code	City      State      ZIP Code

## Mailing Address

Complete *ONLY* if you want to use a different mailing address than what was given in **Section 2** above. BlackRock will send ALL mail to this address, including any redemptions by check.

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

\_\_\_\_\_  
City                                  State      Zip Code

## 3. Instructions on Distributing the Beneficiary's Portion

As a listed beneficiary on a TOD account, you have the option to **redeem** or **transfer** your portion to a new or existing BlackRock account in your name.

### A) Transferring to a new or existing BlackRock account

You may transfer your portion to a new or existing BlackRock account with your name in the registration. To transfer your portion to a new account, please complete the appropriate **New Account Application**, and return it to us along with this completed form. Check the box below, and proceed to "Signatures".

Please transfer my portion to a new account. I have enclosed a completed & signed New Account Application.

Transfer to my existing BlackRock account: \_\_\_\_\_  
BlackRock account number

### B) Redeeming Funds

To *redeem* your portion, complete the section below to tell us where to send your proceeds. For proper tax reporting, you must sign in **Section 4**. Please ensure that all information for you in **Section 2** is correct.

Send the distribution via check to my mailing address, provided in Section 2.

Send proceeds overnight? (\$15 fee       Waive signature for overnight delivery

Send proceeds to my bank account by:       **ACH** (No Fee. Arrives within 48-72 hours.)

**Wire** (\$7.50 per fund. Received next business day.)

Complete this section below and **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 may charge you an additional fee to receive the wire.

\_\_\_\_\_  
Name of Bank

Checking       Savings

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

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

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

\_\_\_\_\_  
Account number at your bank

## Section 4. 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 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.

### Notice of Your Responsibility / Limitations of the Beneficiary (Transfer on Death) Form

- ▶ When you sign this affidavit, you waive any claim that you may have against BlackRock, its affiliates and/or BlackRock Funds resulting from the transfer of the existing account to you.
- ▶ BlackRock, its affiliates and BlackRock Funds are not responsible for determining tax and legal consequences to you concerning your decision to transfer funds from the existing account to you.
- ▶ BlackRock, its affiliates and BlackRock Funds do not assume responsibility or liability for the payment of any debts, claims, taxes and estate administration expenses imposed by state and federal law.
- ▶ By signing this form, you agree to indemnify BlackRock, its affiliates and BlackRock Funds for any losses or expense (including reasonable attorney's fees) incurred in connection with the transfer of the account requested here.

### 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)



### 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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