

Use this application to add or update bank instructions and/or an Automatic Investment Plan on your BlackRock account.

- ▶ **Be sure to use the right form!** BlackRock CollegeAdvantage® 529 accounts have their own forms.
- ▶ We ask for a **bank statement, voided check, or pre-printed deposit slip** showing your bank account number and registration in order to validate the bank instructions with the bank.
- ▶ The minimum investment per fund (and per draft) is \$50.

Send 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

 **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 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. Bank Instructions

By adding your Bank Instructions to your account you will enable purchases and redemptions to / from your checking or savings via telephone or online. Complete this section below and **attach a bank statement, voided check, or savings deposit slip (showing the bank account number & registration)**.

Note: For redemptions, it may take up to 10 business days to test the bank instructions during the “pre-note” period.

Purchases & Redemptions by ACH Yes No

Enables you to make purchases from, or send redemption proceeds to, your checking or savings account. There is no fee for this service.

Wire Redemptions Yes No

Funds may be wired to your bank account via the Federal Reserve. (Your bank may have a different ABA routing # for wires). There is a fee of \$7.50 (per fund) for this.

_____ Full name of bank account owner

_____ Name of Bank

_____ Full name of joint bank account owner

Checking Savings

The signature of ALL bank account owners is required. If there is another person (i.e. in addition to the BlackRock account owner), their signature(s) is required to authorize using the bank account:

_____ ABA routing number (9 digits)

 _____
 Signature of joint bank account owner

_____ Account number at your bank

Please also update my bank info on **my existing:**

Automatic Investment Plan Systematic Withdrawal Plan Dividends Capital Gains

3. Automatic Investment Plan

Complete this section if you would like to establish or change an Automatic Investment Plan (“AIP”). An AIP allows you to invest in your BlackRock funds on a periodic basis for a **minimum of \$50 per fund**. We will begin your AIP on the 20th of the month if you do not specify a date. Please complete the “Bank Instructions” section above as well.

Fund Name	Share Class				Amount per draft	Please begin my AIP on _____ Date(mm/dd/yyyy)
	A	C	K	Inst		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Please invest: <input type="checkbox"/> Monthly
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Twice per month, on the ____ and ____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Weekly
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Quarterly
					\$ _____	<input type="checkbox"/> Semi-Annually
					\$ _____	<input type="checkbox"/> Annually
Total: \$ _____						

4. 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. **Please Note:** If the registration of your bank account does not match your BlackRock account, Blackrock may require a Medallion Signature Guarantee Stamp “MSG”. If the stamp you obtain is not legible via fax please mail it into the address on the upper right hand corner of page one. If you cannot obtain an MSG or have any additional questions speak with a Service Center representative to assist you.

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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