

## BlackRock Cash Management Funds

### Authorized signers & traders form

**BlackRock**

BlackRock Liquidity Funds  
P.O. Box 9889  
Providence, RI 02940-8089

**To place an order:**

Tel: 800-441-7450  
Fax: 844-561-5040  
Email: [wilmingtonservicecenter@blackrock.com](mailto:wilmingtonservicecenter@blackrock.com)

Use this form to add or update the authorized signers, traders or those with “Inquiry ONLY” access for this account. The authorized signers, traders and persons with “Inquiry ONLY” access listed on this form shall remain in effect until such time as we receive an updated list, in writing, from an authorized signer. Each Fund reserves the right to request an updated listing at any time in order to verify the validity of the list and/or if the information contained herein becomes out of date or invalid for any reason.

**Additional documentation requirement:** Please provide us with a copy of your most recent Corporate Resolution, Certified Articles of Incorporation, Partnership Agreement, or Trust Instrument, preferably dated within six months of our receipt, listing the names of those people authorized to act on this account.

### Section 1: Account information

BlackRock relationship manager/contact

Account number

### Third-party authorization

You can also use this form to add/update the names of any individual or company that you wish to allow access to your account information. Please note without documentation of your authorization, we will not provide your account information to anyone.

I/We hereby authorize the following individual(s) or company(ies) to receive information (including balances, statements, etc.) on this account. This individual/entity is **NOT** authorized to conduct any transactions.

Name (company, individual, etc.)

Contact phone number

Name (company, individual, etc.)

Contact phone number

Name (company, individual, etc.)

Contact phone number

## Section 2: Authorized persons

Please type or print the name(s) of the authorized signers, traders and/or those with “Inquiry ONLY”. Please indicate the person’s authority next to their name using the appropriate tick box. The authorized persons listed below shall remain in full effect until such time as we receive an updated list, in writing, from an authorized signer. Each Fund reserves the right to request an updated authorized persons list at any time, in order to verify the validity of the list and/or if the information contained herein becomes out of date or invalid for any reason.

**“Authorized signers” vs. “authorized traders”:** Authorized signers have full authority to make any changes to the account (changes to wiring instructions, address changes, updates to authorized signers & traders, etc.). Authorized traders may only place trades for the account. A signature specimen is required for all authorized signers and authorized traders.

First name (primary contact)	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader <input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
Signature specimen	Phone number	
First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader <input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
Signature specimen	Phone number	
First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader <input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
Signature specimen	Phone number	
First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader <input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
Signature specimen	Phone number	
First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader <input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
Signature specimen	Phone number	
First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader <input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
Signature specimen	Phone number	

<hr/>	<hr/>	<input type="checkbox"/> Signer <input type="checkbox"/> Trader
First name	Last name	<input type="checkbox"/> Inquiry only
<hr/>	<hr/>	
Firm/Organization	Email address (required for online access)	
<hr/>	<hr/>	
Signature specimen	Phone number	
<hr/>	<hr/>	
First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader
<hr/>	<hr/>	<input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
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Signature specimen	Phone number	
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First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader
<hr/>	<hr/>	<input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
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Signature specimen	Phone number	
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First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader
<hr/>	<hr/>	<input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
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Signature specimen	Phone number	
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First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader
<hr/>	<hr/>	<input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
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Signature specimen	Phone number	
<hr/>	<hr/>	
First name	Last name	<input type="checkbox"/> Signer <input type="checkbox"/> Trader
<hr/>	<hr/>	<input type="checkbox"/> Inquiry only
Firm/Organization	Email address (required for online access)	
<hr/>	<hr/>	
Signature specimen	Phone number	

In order to add authorized signers and/or authorized traders via any attached corporate document(s), please indicate the “name” and “date” of the document(s) referenced:

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## Section 3: Signatures and authorization

By the execution of this form, the undersigned represents and warrants that (i) the individual(s) named on this form are fully authorized to act on this account and (ii) that the undersigned is fully authorized to sign this form. The undersigned also affirms that it has received and reviewed a current Fund Prospectus.

_____ Signature	_____ Signature	_____ Signature
_____ Name (print)	_____ Name (print)	_____ Name (print)
_____ Title	_____ Title	_____ Title
_____ Date (mm/dd/yyyy)	_____ Date (mm/dd/yyyy)	_____ Date (mm/dd/yyyy)

*To the extent permitted by applicable law, each Fund reserves the right to (i) place limits on transactions in any account until the identity of the Investor is verified, (ii) refuse an investment, or (iii) involuntarily redeem an investor's shares and close an account in the event that the Fund is unable to verify an Investor's identity.*

## Want to know more?

[blackrock.com/cash](https://blackrock.com/cash)

### Wire instructions for purchases

Below are the wire instructions for all purchase orders taken by the Client Service Center.

#### For BlackRock Liquidity Funds:

Bank Name: Bank of New York Mellon

ABA: 011 001 234

Credit: 0000735361

BNY Mellon Investment Servicing (U.S.) Inc. as Agent for BlackRock Liquidity Funds

Further Credit: Beneficiary name

Beneficiary fund/Account number

Amount: \$ (Dollars)

#### For LEAF/WeLEAF:

Bank Name: Bank of New York Mellon

ABA: 011 001 234

BNF: Mutual Fund Services

DDA Number: 0000735345

Further credit: Beneficiary name, fund, and account number

Amount: \$ (Dollars)

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Lit No. CASH-AUTH-SIGN-1121

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