

- ▶ You can use this form to update the beneficiaries on your BlackRock IRA.
- ▶ **Be sure to use the right application!** BlackRock non-retirement accounts have their own forms.
- ▶ All information provided on each person listed on the account will be verified as required by the USA PATRIOT Act.

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


▶ **Regular mail:**

BlackRock Funds
PO 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 account(s) that you wish to make the change(s) on:

Full name of primary account owner

Contact telephone number

Full name of guardian, responsible individual, power of attorney, etc.

Contact telephone number

OR

Social Security Number

BlackRock Account Number(s)

Reference number (if applicable)

2. Beneficiary Information

Upon the death of the account owner(s), your account may be reregistered to the beneficiary / beneficiaries designated below in equal shares (unless otherwise specified). All stated percentages **must equal 100%** for all Primary or all Contingent Beneficiaries; otherwise transfer will be made proportionately based on the percentages stated. If neither primary nor Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary.

Per Stirpes Beneficiary Designations: The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

Note: The share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

Participant's Designation: In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiaries to receive all benefits that may become due and payable under my IRA. If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian.

Beneficiary 1 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 2 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 3 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 4 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 5 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

Beneficiary 6 Primary Contingent Relationship: _____ Percentage: _____%

Name of beneficiary

OR Name of trust, foundation, other legal entity;
OR If a minor, full name of responsible individual

Social Security number or tax ID _____
Date of birth / date of trust

Street # Street name

City State ZIP Code

3. Signatures and Authorization

I acknowledge that:

- ▶ I hereby revoke any previous designation and designate the following individuals as the Primary and Contingent Beneficiaries to receive all benefits that may become due and payable under my IRA.
- ▶ If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian, including the name(s) of the trustee(s) and the date of the trust.
- ▶ I am authorizing the designation of beneficiaries 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.
- ▶ I have the right to revoke or revise this Form at any time by writing to BlackRock

Spousal Consent – Custodian Disclaimer: *The Participant's spouse may have a property interest in the account, and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories or other persons or entities associated with the investments in the account, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation in this Beneficiary Designation Change Form, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted.*

By signing below I acknowledge that I understand that, if I am subject to community property or marital property state requirements, my spouse may be required to consent to any beneficiary I designate who is not my spouse, or who is in addition to my spouse. I also understand that any beneficiary designation I make, other than my spouse, or in addition to my spouse, may not be effective without my spouse's consent. I certify, under penalty of perjury, if I am married, and have not named my spouse as my sole Primary Beneficiary, I have consulted a qualified tax or legal professional about the need to document spousal consent, and about the consequences of not obtaining my spouse's consent.

IRA owner must sign below to authorize this change:



Signature of IRA owner

Date (mm/dd/yyyy)



Questions? Call us at **1-800-441-7762**, or visit us online at www.blackrock.com.

Not FDIC Insured | May Lose Value | No Bank Guarantee

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