Change of Registration Form

INSTRUCTIONS FOR COMPLETING THIS FORM

The purpose of this form is to re-register your account to another account type or change ownership of an account (add / remove an owner) held directly at BlackRock. You can use this form to change the registration on different account types such as individual, joint tenant, trust accounts or custodial / UTMA, UGMA accounts. You cannot open accounts such as business, charitable organization, foundations, S- or C-corporations, or retirement plans with a custodian other than BlackRock, they will need to provide us with a New Account Application.

The following instructions will help you complete this application, however if you have any questions we encourage you to call us for assistance at **1-800-441-7762.**

Important Notes Regarding this Form:

- The signatures of ALL existing owners (or those acting on their behalf, i.e. as power of attorney) are required for any changes.
- These signatures typically require a medallion signature guarantee or notary stamp – our team can inform you which stamp is needed.
- If one or more registered owners is deceased, the named executor-trix / administrator of the estate must sign indicating their capacity, and include the date of death.

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
- **2018:** IA, NJ, RI, PA, and Puerto Rico also require an Affidavit of Domicile and/or Inheritance Tax Waiver form.

Sections that are required on this application:

- **Sections 1, 2, 3, and 4 are required** in order to re-register an account at BlackRock.
- **Section 3 (Investment Dealer)** is required to add any financial professional on your account.
- **Please note:** Applications submitted **without an Investment Dealer may only invest in class A Shares.**

Change of Name ONLY

- If you are **ONLY** requesting to change your name, please use our **Change of Name Form** instead.

For Redemptions

- If you would like to request a redemption after re-registering your account, please complete and include our **Redemption Request Form** or include a letter of instruction.

Services

- BlackRock offers many service options including online account access, bank instructions, a Voice Response Unit by phone, Automatic Investment Plan, electronic delivery of statements and more. You can locate more on our website at www.blackrock.com on our "Forms & Applications" page, or by calling us.
- **Financial Professionals:** Sign In to our "Advisor Center" at www.blackrock.com for enhanced tools, investment ideas, account access (through ActiveAdvisor©) and other helpful information.

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

BlackRock

Change of Registration Form

You can use this form to change the registration of your account (i.e. to a new account type), add or remove an owner (due to death, divorce, etc.) or to add another owner.

- **Be sure to use the right application!** BlackRock CollegeAdvantage® 529 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.
- If your request requires a Medallion Signature Guarantee or notary, we may not be able to accept a fax copy.

Send 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 (or trustee, custodian, guardian, etc.) ____________ Contact telephone number ____________

Full name of secondary account owner (or trustee, minor, etc.) ____________ Contact telephone number ____________

Social Security Number ____________ BlackRock Account Number(s) ____________ Reference number (if applicable) ____________

2. Registration for the NEW Account

Please complete this section about the type of account you wish to open, and provide information on anyone that will be listed on your BlackRock account(s). Please note that missing or incorrect information may delay your account opening.

To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts. To comply, BlackRock requires the investor's name, address, date of birth and government-issued identification number (generally, a Social Security Number) and other information that may help identify the investor; and may ask for copies of related documentation and may consult third-party databases to help verify the investor's identity. I have read and I understand the prospectus which explains the risks of opening this account if I do not provide all requested identification materials or if my identity cannot be adequately verified in accordance with U.S. Government requirements.

Please indicate "All shares" or elect a specific amount from the existing to the new account:

☐ All shares OR __________number of shares OR $___________ OR __________% of the account

Tell us which type of account you would like to open:

☐ Individual ☐ Joint Tenant with Rights of Survivorship ☐ UTMA/UGMA under _____ (state) rules

☐ Trust* ☐ Custodian / Guardian (non-UTMA)* ☐ Estate* ☐ Other*: ___________________________

**May require additional documentation to establish the account. Please read instructions on page one or check with our team prior to submitting this form.*

Now, please tell us about the Owner(s) of the NEW account:

For each person listed on the account, we will need their full name (first, middle initial and last - exactly as it will be registered on the account), address, date of birth and Social Security number.

You must include a physical address here for each person listed on the account. If you wish to use a P.O. Box for mailing, please complete the mailing address section below.

Full name of owner, custodian, guardian, trustee, etc.

Federal tax ID or Social Security number

Date of birth (mm/dd/yyyy)   Contact telephone number

Street #   Street name

City   State   ZIP Code

☐ Check here to use this as the address on your account

Full name of co-owner, custodian/guardian, trustee

Federal tax ID or Social Security number

Date of birth (mm/dd/yyyy)   Contact telephone number

Street #   Street name

City   State   ZIP Code

☐ Check here to use this as the address on your account

Complete this section for trust or estate accounts:

You will need to provide information for each person (i.e. trustee or executor/executrix) listed in the registration in the section above. Per page one please provide a copy of the pertinent trust document pages or if you are establishing an estate the appropriate document naming the executor/executrix, administrator, etc. of the estate.

Full name of trust or estate

Federal tax ID   Date of trust (mm/dd/yyyy)

Contact telephone number

Street #   Street name

City   State   ZIP Code

☐ Check here to use this as the address on your account

Mailing Address

Complete *ONLY* if you want the mailing address on your account to be different from the address 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. Other Information for the NEW Account

Sign Me Up For eDelivery!

By adding your email address, we will sign you up for eDelivery of prospectus, (including any supplements & amendments) annual-/semi-annual reports & general mailing. For your security, you will need to **Access Your Account online** at **blackrock.com** to add quarterly statements, daily confirms and tax forms.

____
Email address

Purchases at NAV

If you qualify for purchases with no upfront sales charge ("NAV"), please indicate the reason here (if no reason if provided or you do not qualify, your account will not be processed with NAV).

☐ I certify that I qualify for a sales charge waiver for the following reason:

____
(See the prospectus for available reasons)

Telephone Exchange and Redemption

Your account **will automatically allow redemptions and exchanges via telephone** unless you check the box below. Details about these privileges are available in the Fund's prospectus.

NOTE: Checking the box below will also turn off exchanges & redemptions made via the **internet**.

☐ **I do NOT want Telephone Redemption or Exchange**

Distributions

All dividends and capital gain distributions will be set to REINVEST unless you elect here to pay them in cash via check to your address by checking the boxes below.

To have your dividends and/or capital gains sent to your bank (recommended), please complete and include our **Bank Instructions Form**.

☐ Dividends ☐ Capital Gains

Investment Dealer Information

NOTE: We will carry over the *existing* Investment Dealer information from the original account unless you complete this section to add a new investment dealer.

If you want a different Investment Dealer, please provide us with the Financial Professional you wish to have listed on your account. Your Financial Professional will have this information available, and can help you complete it and review it for accuracy. This section is required to invest in Class C Units (if this section is not completed, your investment will be made in Class A Units).

Name of dealer firm

Dealer number | Branch number

PO Box # / Street # | Street name

City | State | Zip Code

Full name of financial professional

Representative's number

Contact telephone #

Email address

Optional: BIN (Provided by Financial Professional): __________________ Network level: ___

If required by the Investment Dealer firm: I (the above Financial Professional) have complied with my firm's policies and procedures in regards to opening this account.

Signature of financial professional | Date (mm/dd/yyyy) | Principal approval (if required)

Cost Basis Election

Please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to Average Cost. You should consult with your tax professional before making this election.
For additional information regarding cost basis methods, please refer to the "**Cost Basis Frequently Asked Questions**" available on our website**.**

Please use the following cost basis method (check only one box) for ALL accounts listed under my Social Security Number:

☐ Average Cost ☐ Specific Share ID ☐ FIFO ☐ LIFO ☐ HIFO ☐ LOFO

☐ Check here if you are re-registering due to the death of one or more of the original account owners and would like to **Step Up** the basis. Talk with your tax advisor and/or financial professional to see if this option is right for you. BlackRock does not provide tax, accounting or legal advice and clients are advised to consult qualified professionals for such needs.

4. Signatures

A) Existing Owners: Sign here to authorize change / transfer

All currently registered owners must sign here to authorize the re-registration / transfer of the account(s) referenced in Section 1 to the new owner(s) referenced in Section 2.

In the event one or more owners are incapacitated or deceased, the named responsible individual (i.e. POA, personal representative, executor-executrix, etc.) should sign indicating their capacity. We may request additional documentation to verify the responsible individual's authority to act. Please indicate the date of death for our records.

All signatures in this section must be verified by **notary seal**, a **Medallion Signature Guarantee stamp*** or a **Signature Verification Stamp**. If the account value is greater than $100,000, a notary stamp may not be accepted.
Please refer to the instructions for this form or call our team with any questions prior to submitting this form.

____
Signature of existing owner / trustee / custodian, etc.

________________ ________________
Title / Capacity (if any) Date (mm/dd/yyyy)

Place any notary seal or Medallion Signature Guarantee stamp here

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)

Place any notary seal or Medallion Signature Guarantee stamp here

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

B) New Owners MUST Sign here to accept the new account

I (we) am (are) of legal age, have received and read the Fund's prospectus, and hereby certify that all information provided on this application is true and correct, and that I/we have the authority to make this authorization.

I (we) understand and agree that the Funds and its Transfer Agent will not be liable for any loss, cost or expense for acting on instructions (whether in writing or by telephone) believed by the party receiving such instructions to be genuine and in accordance with the prospectus.

I (we) am (are) aware that all parties named in the Investment Dealer section of this form may receive duplicate account statements and may be authorized to perform transactions on my (our) behalf.

Each Fund reserves the right, in its sole discretion, to suspend the offering of shares of such fund or to reject a purchase order when, in the judgment of management, such suspension or rejection is in the best interest of the Fund; to modify or waive the minimum initial or subsequent investment for certain investors; and to redeem shares if information provided in this application should prove to be incorrect in any material manner (e.g., in a manner such as to render the shareholder ineligible to purchase shares of the Fund). Shares will not be offered or sold in any jurisdiction to any person to whom it would be unlawful to make such offer or sale in such jurisdiction.

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

State Unclaimed Property Law Disclosure
The assets in your account are subject to state unclaimed property laws which provide that if no activity occurs in your account within the time period specified by the particular state law, your assets must be transferred to the appropriate state. We are required by law to advise you that your assets may be transferred to an appropriate state in compliance with these state laws.

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.

All NEW owners (meaning anyone that will be listed on the new registration of the account) should sign here, to certify all of the information on this form is correct. No signature stamps are required in this section.

____
Signature of new owner / trustee / custodian, etc.

______________ ______________
Title / Capacity (if any) Date(mm/dd/yyyyy)

____
Signature of new co-owner / trustee / custodian, etc.

______________ ______________
Title / Capacity (if any) Date(mm/dd/yyyy)

Not FDIC Insured | May Lose Value | No Bank Guarantee

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Lit. No. CHANGEREG-1123