

IRA Required Minimum Distribution Form

Please complete and submit this form to request a Required Minimum Distribution (RMD) or to update your current RMD instructions. For other types of distribution requests:

- To request a normal or premature distribution, send a distribution to a former spouse or other retirement plan, or rollover a distribution to a non-AllianceBernstein IRA, complete and submit the **IRA Distribution Form**.
- To transfer IRA assets between custodians, complete and submit the **IRA Rollover/Transfer Form**.
- To request the removal of an excess contribution, complete and submit the **Removal of Excess IRA Contribution Form**.

Please print or type, and keep a copy for your records.

If you have any questions about completing this form, please call us toll-free at (800) 221 5672, Monday through Friday, 8:30 a.m. to 7:00 p.m. Eastern Time. Return all completed forms to **AllianceBernstein Investor Services, Inc., PO Box 786003, San Antonio, TX 78278-6003**. For overnight delivery, send to **AllianceBernstein Investor Services, Inc., 8000 IH 10W, 4th Floor, San Antonio, TX 78230**.

Important Tax Information

The federal tax law requires you to make a choice concerning the payments, called "distributions," that you receive from your Traditional Individual Retirement Account (IRA) or Simplified Employee Pension (SEP) IRA. According to the law, federal income tax will be withheld (subtracted) at a rate of at least 10% from all distributions unless you tell us that you do not want any taxes withheld. (Note, however, that you cannot waive withholding if you request that your distribution be mailed to a PO Box.) If you choose not to have taxes withheld, or if the amount withheld is not enough, you may be responsible for paying estimated federal income taxes under Internal Revenue Service (IRS) rules. When your actual taxes for a year are determined, you could incur IRS penalties if your withholding and estimated tax payments were not sufficient. Also, withholding does not take into account any excise tax that may be due with respect to a distribution. You can change your choice about having taxes withheld at any time during the distribution year, even after distributions have begun. For additional information concerning withholding or distributions, please contact your tax advisor or the Internal Revenue Service.

1. Reason for Distribution

This form is being submitted to:

- Make a one-time Required Minimum Distribution (RMD).
Note: If you are making this RMD due to the death of the IRA holder, do not complete Section 6. Also, complete and submit the **IRA Distribution Form**.
- Set up a new periodic installment payment plan for the RMD.
- Change the existing periodic installment payment plan information (and/or withholding rate) for the RMD.



2. IRA Holder Information

Please provide the legal name of the IRA holder.

Last Name	First Name	MI
Date of Birth (MM/DD/YYYY)	Social Security Number	Daytime Phone Number
Mailing Address*		
City	State	ZIP Code
Residential Address (if Mailing Address is a PO Box)		
City	State	ZIP Code

If you are not the IRA holder, please provide the following information:

I am acting on this account in the following capacity:

- Attorney-in-fact Beneficiary Trustee
- Custodian for a Minor Beneficiary Other _____

Last Name	First Name	MI
Daytime Phone Number	Social Security Number (Beneficiary only)	

3. Distribution Information

Complete this section if you wish to make a **one-time** distribution from your IRA to fulfill your Required Minimum Distribution for the year. If you wish to make any other type of distribution request, do not complete this form. Complete and submit the **IRA Distribution Form**.

- I authorize AllianceBernstein to calculate the required minimum distribution (RMD) based on the IRA holder's assets held at AllianceBernstein[†].
- I wish to specify the funds and amounts to distribute from each account:

Fund Number	Account Number	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

* If this address has been changed within the past 30 days, or is not the same as the address AllianceBernstein has on record, a Medallion Signature Guarantee Stamp is required (Section 9).

[†] Required minimum distributions will be based on the combined value of all funds held within the IRA Holder's AllianceBernstein Traditional IRA on December 31 of the prior year divided by the IRA Holder's life expectancy. The installment payment of the RMD will be applied proportionately to each fund based on the combined Traditional IRA balance. If you elect to have a specific dollar amount distributed from your Traditional IRA to satisfy your required minimum distribution, a new distribution form will be required for each subsequent year.

4. Periodic Installment Payment Plan Information

Complete this section if you wish to establish a new periodic installment payment plan to fulfill your Required Minimum Distribution, or if you wish to change the details of your existing plan. If you are updating your withholding rate (Section 8), list the affected account(s) in the "I wish to change my existing plan" section below.

I wish to establish a **new** periodic installment payment plan.

I authorize AllianceBernstein to calculate the required minimum distribution (RMD) based on the IRA holder's assets held at AllianceBernstein*.

Account Number _____ Payment Start Date (MM/DD/YYYY)[†] _____ Monthly Quarterly Annually
 Payment Frequency

I wish to specify the amounts of the periodic payments, and from which account(s) they will be distributed:

Fund Number	Account Number	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

_____ Monthly Quarterly Annually
 Payment Start Date (MM/DD/YYYY)[†] _____ Payment Frequency

I wish to change my **existing** periodic installment payment plan. If you are updating your withholding rate (Section 8), list the affected account(s) in this section.

I authorize AllianceBernstein to calculate the required minimum distribution (RMD) based on the IRA holder's assets held at AllianceBernstein*.

Account Number _____ Payment Start Date (MM/DD/YYYY)[†] _____ Monthly Quarterly Annually
 Payment Frequency

I wish to specify the amounts of the periodic payments, and from which account(s) they will be distributed:

Fund Number	Account Number	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

_____ Monthly Quarterly Annually
 Payment Start Date (MM/DD/YYYY)[†] _____ Payment Frequency

*Required minimum distributions will be based on the combined value of all funds held within the IRA Holder's AllianceBernstein Traditional IRA on December 31 of the prior year divided by the IRA Holder's life expectancy. The installment payment of the RMD will be applied proportionately to each fund based on the combined Traditional IRA balance. If you elect to have a specific dollar amount distributed from your Traditional IRA to satisfy your required minimum distribution, a new distribution form will be required for each subsequent year.

[†] You may choose a date up to and including the 28th of the month but not later. (This limitation has been established to ensure a payment made in December is processed and issued prior to calendar year-end.) If you do not specify a beginning date, a default date of the 1st of the month will be applied. If the day selected is not a Business Day in a given month, or quarter, as applicable, the amount indicated will be withdrawn on the next Business Day

5. Receive Your RMD by Check

Complete this section to receive your RMD via a mailed check. Do not complete Section 6 or Section 7.

A. Make the RMD check payable to (select one):

- The IRA holder (Section 2).
- The beneficiary (Section 2), if you are making this RMD due to the death of the IRA holder. (Also complete and submit an **IRA Distribution Form**.) A Medallion Signature Guarantee Stamp is required in Section 9.
- The payee listed below. (A Medallion Signature Guarantee Stamp is required in Section 9.)

Last Name	First Name	MI
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B. Send the RMD check to (select one):

- The IRA holder's address (Section 2).
- The address listed below. (A Medallion Signature Guarantee Stamp is required in Section 9.)

Mailing Address

City	State	ZIP Code
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6. Transfer Your RMD to a Mutual Fund Account

Complete this section to transfer your RMD to a new or existing mutual fund account. (RMD distributions may not be transferred to other IRAs.) Do not complete Section 5 or Section 7.

Note: If you are making this RMD due to the death of the IRA holder, do not complete this section. You must complete Section 5 or Section 7.

- Transfer the RMD to the existing AllianceBernstein Mutual Fund account listed below:

Account Name	Fund Number	Account Number
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- Transfer the RMD to a new AllianceBernstein Mutual Fund account. Complete and submit a **Mutual Fund Application** in addition to this form.

7. Deposit Your RMD into Your Bank Account

Complete this section to deposit your RMD into a new or existing bank account. Do not complete Section 5 or Section 6.

- Deposit the RMD into the bank account on file for this account.** Select this option if you have previously established EFT transactions for the account(s) in Section 4.

Bank Routing Number _____ Bank Account Number _____ Checking Savings
Type of Account

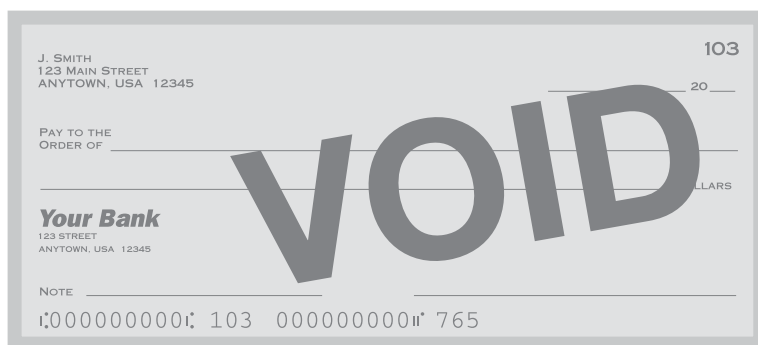
- Deposit the RMD into the bank account listed below, which is not on file for this account.** Select this option if you have not established EFT for your account(s), or you wish to have the distribution deposited in a different bank than the one currently associated with your account(s).

- Please use this bank account for future EFT transactions for the account(s) listed in Section 4.

Bank Routing Number _____ Bank Account Number _____ Checking Savings
Type of Account

Please Tape a Preprinted, Voided Check Here*

For EFT transactions, the Fund requires signatures of bank account owners exactly as they appear on bank records. If the registration at the bank differs from that on the AllianceBernstein mutual fund, all owners of the bank account must authorize the draft by signing below:



ABA Routing # Check # Bank Account #

Signature (All bank account owners must sign)

Signature _____ Date _____

Signature _____ Date _____

8. Withholding

If you are updating the withholding rate on an existing periodic installment payment plan, please complete the appropriate information in Section 4.

Federal income tax will be withheld at a rate of **10%** from all distributions from a Traditional IRA if you do not complete this section or your distribution is being mailed to a PO Box and we do not have a physical US residential address on file for you.

- I want federal tax withheld from the distribution(s) directed above.** I understand that withholding at a rate of 10% will apply unless I specify a greater withholding percentage here: _____%.
- I do not want federal tax withheld from the distribution(s) directed above.** I understand that I may be responsible for payment of estimated tax and may incur penalties under the estimated tax rules if my withholding and estimated tax payments are not sufficient.

* Services cannot be established without a preprinted voided check. If you are using a savings account rather than a checking account, please attach a preprinted deposit slip. The check or deposit slip provided must include the following: Bank ABA Routing Number, Bank Account Number and Bank Account Registration (name and address of account holder). If you are unable to provide these items, please submit a letter from your bank (on bank letterhead) confirming your account information.

9. Signature

By signing below (and providing the Medallion Signature Guarantee Stamp as indicated), you certify that you are eligible to engage in the transactions listed on this form and are acting in the capacity indicated in Section 2 of this form.

You certify that you have read the Important Tax Information on this form, and that the information provided on the form regarding your status with respect to the account involved and in all other aspects is correct. You also certify that the action directed on this form fully complies with the terms of the Individual Retirement Account Custodial Agreement governing your Traditional IRA, Roth IRA, or SEP IRA.

If you are signing this request as a beneficiary of a deceased IRA holder, you are also certifying, under penalty of perjury, that the Social Security number or Tax ID Number you have provided in Section 2 of this form is the correct number, and that the number is not subject to backup withholding.

Signature

Date

A Medallion Signature Guarantee Stamp is required if:

- The authorized individual is not the AllianceBernstein IRA holder.
- There is a special payee.
- There are special mailing instructions.
- The distribution amount is greater than \$100,000.
- The address of record has been changed within the past 30 days, or the address listed on this form is not the same as the address of record.
- The distribution proceeds are being reinvested into an account registered to anyone other than the AllianceBernstein IRA holder.

Affix Medallion Signature Guarantee Stamp Below *

*A Medallion Signature Guarantee is defined as a guarantee of signature as a warranty, with respect to the signature of an endorser of a security or an originator of an instruction regarding a security that, at the time of signing, guaranteed the signature was genuine; the signer was an appropriate person to sign, or, if the signature is by an agent, the agent had actual authority to act on behalf of the appropriate person; and the signer had legal capacity to sign.

AllianceBernstein Investments, Inc. (ABI) is the distributor of the AllianceBernstein family of mutual funds. ABI is a member of FINRA and is an affiliate of AllianceBernstein L.P., the manager of the funds.

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