

IRA Distribution Form

Please complete and submit this form to:

- Request a normal or premature distribution
- Request a distribution due to a death or disability
- Send a distribution to a former spouse or other retirement plan
- Rollover a distribution to a non-AllianceBernstein IRA

For other types of distribution requests:

- To make a Required Minimum Distribution (RMD), complete and submit the **IRA Required Minimum 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 may 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 normal distribution (I am age 59½ or older). (Leave Section 3 blank.)
- Make a premature distribution (I am under age 59½). (Leave Section 3 blank.)
- Make a distribution due to death.
Note: If the IRA holder has not made their RMD for the year, also complete and submit the **IRA Required Minimum Distribution Form**.
- Set up a periodic installment payment plan. (Leave Sections 3 and 4 blank.)
- Change my periodic installment payment plan information and/or withholding rate. (Leave Sections 3 and 4 blank.)
- Receive my dividends/capital gains in cash (I am age 59½ or older). (Leave Sections 3, 4, and 9 blank.)
- Set up 72(t) payments* (substantially equal periodic payments). (Leave Sections 3 and 4 blank.)
- Make a distribution due to total and permanent disability. (Leave Section 3 blank.)
Note: Proof of disability is required to waive any Contingent Deferred Sales Charge (CDSC) fee.
- Make a transfer to an IRA for a former spouse. (Leave Section 3 blank.)
Note: A certified copy of the divorce decree or other appropriate document must be provided.
- Make a direct rollover from your AllianceBernstein Traditional IRA to an employer-maintained retirement plan. (Leave Sections 3 and 9 blank.)
Note: Please contact the administrator of your employer-maintained retirement plan before submitting this form to make sure that plan will accept a rollover from your AllianceBernstein Traditional IRA.
- Make a direct rollover from your AllianceBernstein Traditional IRA to a non-AllianceBernstein IRA. (Leave Sections 3 and 5 blank.)
Note: This form must be accompanied by a properly completed Letter of Acceptance (LOA) from the receiving institution.

* You are setting up a substantially equal periodic payment schedule that qualifies for the exception to the 10% penalty under Section 72(t)(2)(a)(iv) of the Internal Revenue Code (sometimes referred to as "72(t)" payments). Please be sure to consult your tax advisor before you begin to take payments.



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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Attorney-in-fact | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Executor(trix) of Beneficiary | <input type="checkbox"/> Executor(trix) of the IRA Holder | <input type="checkbox"/> Custodian for a Minor Beneficiary |
| <input type="checkbox"/> Former Spouse | <input type="checkbox"/> Former Minor | <input type="checkbox"/> Custodian for a Minor IRA Holder |
| <input type="checkbox"/> Other _____ | | |

Last Name First Name MI

Daytime Phone Number Custodian's Date of Birth (MM/DD/YYYY) Custodian's Social Security Number

*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 10).

3. Beneficiary Information

Complete this section **only** if the account is being transferred due to the death of the IRA holder. Each beneficiary must complete and submit a separate **IRA Distribution Form**. An AllianceBernstein IRA Application must be attached if a spousal beneficiary wishes to establish a new account. Distribution options may vary for beneficiaries. Consult your tax/financial advisor for options. A Medallion Signature Guarantee Stamp is required in Section 10.

Note: If the IRA holder has not made their RMD for the year, also complete and submit the **IRA Required Minimum Distribution Form**.

A. Distribution Option (select one):

- Transfer the IRA to a beneficiary IRA and process a distribution at the same time.
- Transfer the entire IRA to a surviving **spousal** beneficiary IRA.
- Transfer the entire IRA to a **non-spousal** beneficiary IRA. (Consult your tax/financial advisor for options.)

B. Beneficiary Information

Last Name	First Name	MI
Date of Birth (MM/DD/YYYY)	Social Security Number/Tax ID Number	Daytime Phone Number
Mailing Address		
City	State	ZIP Code
Residential Address (If mailing Address is a PO Box)		
City	State	ZIP Code
IRA Holder's Date of Death (MM/DD/YYYY)	Beneficiary's Relationship to Deceased	

4. Distribution Information

Complete this section if you wish to make a **one-time distribution** from your IRA. List the account(s) from which you would like to take the distribution(s), as well as the amount(s). Withdrawal of mutual funds may be subject to a Contingent Deferred Sales Charge (CDSC) fee. See prospectus for details or call Client Services at (800) 221 5672.

If you wish to make a required minimum distribution, do not use this form. Complete and submit the **IRA Required Minimum Distribution Form**.

	Fund Number	Account Number	Redeem (Check One) (A: All Shares; D: Dollar Amount; S: Shares)
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S
4.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S
5.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S
6.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S

5. Periodic Installment Payment Plan Information

Complete this section if you wish to establish a new periodic installment payment plan, change the details of your existing plan, or periodically receive your dividends in cash. If you are updating your withholding rate (Section 9), list the affected account(s) in the "I wish to change my existing plan" section below.

If you wish to establish periodic payments to fulfill a required minimum distribution (RMD), do not use this form. Complete and submit the **IRA Required Minimum Distribution Form**.

Any shareholder who owns or purchases shares of a fund having a current NAV of at least \$5,000 may establish a systematic withdrawal plan under which the shareholder will periodically receive a payment in a stated amount of not less than \$50 on a selected date. The \$5,000 account minimum does not apply to a shareholder owning shares through an Individual Retirement Account or other retirement plan who has attained the age of 70½ and who wishes to establish a systematic withdrawal plan to help satisfy a required minimum distribution.

Systematic withdrawal plan participants may not elect to receive their dividends or distributions in cash. Dividends and distributions from funds on this plan will be automatically reinvested in additional shares of the fund.

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

Fund Number	Account Number	Amount (\$50 minimum)
_____	_____	\$ _____ or Shares: _____
_____	_____	\$ _____ or Shares: _____
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 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 9), list the affected accounts in this section.

Fund Number	Account Number	Amount (\$50 minimum)
_____	_____	\$ _____ or Shares: _____
_____	_____	\$ _____ or Shares: _____
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Payment Start Date (MM/DD/YYYY)*		Payment Frequency

- I wish to receive my dividends/capital gains in cash.

Fund Number	Account Number
_____	_____

6. Receive Your Distribution by Check

Complete this section to receive your IRA distribution via a mailed check. Do not complete Section 7 or Section 8. Please complete both sections below. If no payment option is selected, the distribution check will be made payable to the current IRA holder and mailed to the address of record.

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

- The IRA holder (Section 2)[†].
 The deceased IRA holder's beneficiary (Section 3).
 The payee listed below. (A Medallion Signature Guarantee Stamp is required in Section 10.)

Last Name	First Name	MI
-----------	------------	----

B. Send the distribution check to (select one):

- The IRA holder's address (Section 2).
 The deceased IRA holder's beneficiary's address (Section 3).
 The address listed below. (A Medallion Signature Guarantee Stamp is required in Section 10.)

Mailing Address

City	State	ZIP Code
------	-------	----------

* 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. If the Periodic Installment Payment Plan is being established to satisfy a 72(t) distribution, 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.

[†] Distributions of less than \$25.00 will be automatically reinvested in shares of the Fund. To receive distributions of less than \$25.00 in cash, you must have bank instructions associated with your account. To establish bank instructions on your account, select and complete the appropriate option where indicated on the next page.

7. Transfer Your Distribution to Another Account

Complete this section to transfer your IRA distribution to a new or existing account. Do not complete Section 6 or Section 8.

- Transfer the distribution to the existing AllianceBernstein account listed below.** (If the owner of the account below is not the registered IRA Holder listed in Section 2, a Medallion Signature Guarantee Stamp is required in Section 10.)

Account Name	Fund Number	Account Number
--------------	-------------	----------------

Date of Payment (MM/DD/YYYY) (Only for systematic installment payments of a fixed dollar amount.)

- Transfer the distribution to a new AllianceBernstein account.** In addition to this distribution form, you must complete and submit:
- An **AllianceBernstein IRA Application**, if you are a surviving spouse beneficiary. If the proceeds of this distribution are being used to fund another AllianceBernstein IRA in such cases as divorce, please attach a completed IRA application and a certified copy of the divorce decree or other appropriate documentation to this form.
 - A **Mutual Fund Application**, if you are not a surviving spouse beneficiary.

Date of Payment (MM/DD/YYYY) (Only for systematic installment payments of a fixed dollar amount.)

- Transfer the distribution into a new or existing non-AllianceBernstein IRA.** In addition to this distribution form, you must submit a properly completed Letter of Acceptance (LOA) from the receiving institution. (A Medallion Signature Guarantee Stamp is required in Section 10.)

8. Deposit the Distribution into Your Bank Account

Complete this section to deposit your IRA distribution into a new or existing bank account. Do not complete Section 6 or Section 7.

- Deposit the distribution into the bank account on file for this account.** Select this option if you have previously established EFT for the account(s) in Section 4 and Section 5.

Bank Routing Number	Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Type of Account
---------------------	---------------------	---

- Deposit the distribution into the bank account listed below, which is not on file for this account.** Select this option if you have not previously established EFT for your account(s), or you wish to have the distribution deposited in a different bank account from the one associated with the account(s) listed in Section 4 and Section 5.
- Please establish future EFT transaction capability for this bank account for the account(s) listed in Section 4 and Section 5.

Bank Routing Number	Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> 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
-----------	------

* 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. Withholding

If you do not complete this section, or you are mailing your distribution to a PO Box, federal income tax will be withheld at a rate of **10%** from all distributions from a Traditional IRA.

Note: If you are changing or updating the withholding rate on an existing periodic installment payment plan, also complete the appropriate information in Section 5.

- 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.

10. 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.
- The IRA is being transferred to a beneficiary IRA due to the death of the AllianceBernstein IRA holder.
- The distribution is a direct rollover to another institution's IRA.

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.

The [A/B] logo is a registered service mark of AllianceBernstein and AllianceBernstein® is a registered service mark used by permission of the owner, AllianceBernstein L.P.

© 2019 AllianceBernstein L.P.

