

SIMPLE IRA Distribution Form

- Please print clearly in blue or black ink.
- Keep a completed copy for your records.
- Send completed and signed form to **AllianceBernstein, PO Box 219275, Kansas City, MO 64121-9275**; for overnight delivery send to **AllianceBernstein, 430 W 7th St, Suite 219275, Kansas City, MO 64105-1407**.
- If the distribution is being requested by multiple beneficiaries, each should complete a separate form. If there is more than one beneficiary, each should complete a separate form. All beneficiaries' forms that pertain to a single account must be submitted together.
- If a new IRA is to be established using the distributed amount, please attach a completed AllianceBernstein Traditional/Roth IRA application to this form.
- For help filling out this form, please call (800) 326 5089, 8:30 a.m.–6:00 p.m. (ET) Monday–Friday.

1. Simple IRA Holder Information

Please provide the legal name for the IRA holder.

Last Name	First Name	MI
Mailing Address*		
City	State	ZIP Code
Date of Birth (MM/DD/YYYY)	Social Security Number	
Daytime Phone Number	Email Address	
Plan Name	Plan Number	
Beneficiary's Last Name	First Name	MI
Beneficiary's Date of Birth (MM/DD/YYYY)	Social Security number or Taxpayer Identification Number	Beneficiary's Relationship

* If the address listed above has been changed within the past 30 days or is not the same as the address AllianceBernstein has on record, a Medallion Signature Guarantee will be required.



2. Requestor Information

Are you the SIMPLE IRA holder?

- Yes (Please proceed to Section 3).
- No (Please provide your name and daytime phone number and check the appropriate box indicating the capacity in which you are acting. If not listed, please check "Other" and specify your capacity).

Last Name	First Name	MI
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Daytime Phone Number

<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 SIMPLE IRA Holder	<input type="checkbox"/> Custodian for a Minor Beneficiary
<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Other _____	

3. Type of Distribution

If no option is checked, the type of distribution will be "Premature" or "Normal" based on the Account Owner's age.

Note: For distributions regarding withdrawal of Excess Contributions, please call (800) 326 5089 for specific instructions.

Please choose one of the following:

- Premature Distribution** (If the Account Owner is under age 59½ and not disabled) Note: If the distribution is within the two-year period in which the Account Owner first participated in the employer's SIMPLE IRA plan, he or she may be subject to a 25% premature distribution penalty.
- Normal Distribution** (If the Account Owner is age 59½ or older).
- Permanent Disability** (If the Account Owner is disabled under Sec. 72(m)(7) of the Internal Revenue Code, attach proof).
- Required Minimum Distribution (RMD)**
Is the IRA holder's spouse the sole primary beneficiary? Yes No
If yes, please indicate the spouse's birthdate. (MM/DD/YYYY) ____/____/____
 I have indicated the amount of this year's RMD in Section 4.
 I authorize AllianceBernstein to calculate the RMD based on the SIMPLE IRA assets held with AllianceBernstein.
- Rollover to an AllianceBernstein Traditional IRA** (Attach AllianceBernstein Traditional/Roth IRA application) or provide the AllianceBernstein Traditional IRA account number (if existing). Account number _____.
- Transfer to an IRA for a former spouse incident to divorce** (Note: A copy of the divorce decree or other appropriate document must be provided).
- Death** (Note: Each Beneficiary must complete and submit this distribution form and return it together with all other required paperwork. Distribution options may vary for beneficiaries. Consult your tax/financial advisor for options.)

IRA Holder's Date of Death

- Transfer to a new Custodian or Trustee.** A Letter of Acceptance or other appropriate form with an authorized signature from the custodian or trustee is required to process the distribution as a transfer. If the amount of the transfer exceeds \$100,000, a Medallion Signature Guarantee is required. Please indicate the payee in Section 6.
- Direct Rollover to an employer-maintained retirement plan.** Please indicate the payee in Section 6.

4. Payment* (check one only)

If no option is checked, the entire account will be liquidated.

- Entire account
- \$ _____ †
- RMD amount to be calculated by AllianceBernstein as directed in Section 3†

*Withdrawal of mutual funds may be subject to a Contingent Deferred Sales Charge fee. See prospectus for details or call Client Services at (800) 326 5089.

†The distribution will be made proportionally from all of the mutual funds held in the SIMPLE IRA.

5. Frequency of Distribution

Checks will be made payable to the SIMPLE IRA holder and sent to the address listed on the account registration unless you request otherwise in Section 6A.

Please choose one of the following:

Single Payment—indicated in Section 4. This amount will not be distributed automatically every year. If you want additional single payments, you may submit a distribution form at any time.

Periodic Installment Payments*

Frequency of Payments (choose one): Monthly Quarterly Annually

Please start payments on (MM/DD/YYYY):[†] _____ / _____ / _____

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.

6. Payment Method

Choose check or Electronic Funds Transfer (EFT) and complete the requested information. If nothing is selected, we will send a check by first class mail to the address of record.

A. Check

- Make a check payable to the SIMPLE IRA holder and mail to the address of record.
- Make check payable to a special payee and/or mail to a special address as provided below.

Use only if different from the individual listed in Section 1.

Last Name	First Name	MI
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Payee (If other than an individual)

Mailing Address	City	State	ZIP Code
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Please choose one of the following:

First Class Mail Overnight Delivery Billing Number _____

(Payment Method options continued on next page)

* If Required Minimum Distribution is selected in Section 3, the installment payment of the RMD will be applied proportionately to each fund based on the combined SIMPLE IRA balance. If you elect to have a specific dollar amount distributed from your SIMPLE IRA to satisfy your required minimum distribution, a new distribution form will be required for each subsequent year.

[†] If the Periodic Installment Payment Plan is being established to satisfy a required minimum distribution or 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.

B. Electronic Funds Transfer (EFT)

- Existing Bank Account**—Check if you want the distribution deposited in to an existing bank account that has already been established with AllianceBernstein.
- New Bank Account Information**—Check if bank account EFT transaction capability has not been established with AllianceBernstein or if you want the distribution deposited into a bank account different from the bank account already established with AllianceBernstein. Attach a preprinted voided check/deposit slip.

Note: Your financial institution must be a US bank.

- Check here if you want to use the new bank account information for any existing Systematic Withdrawal Plan on your account.

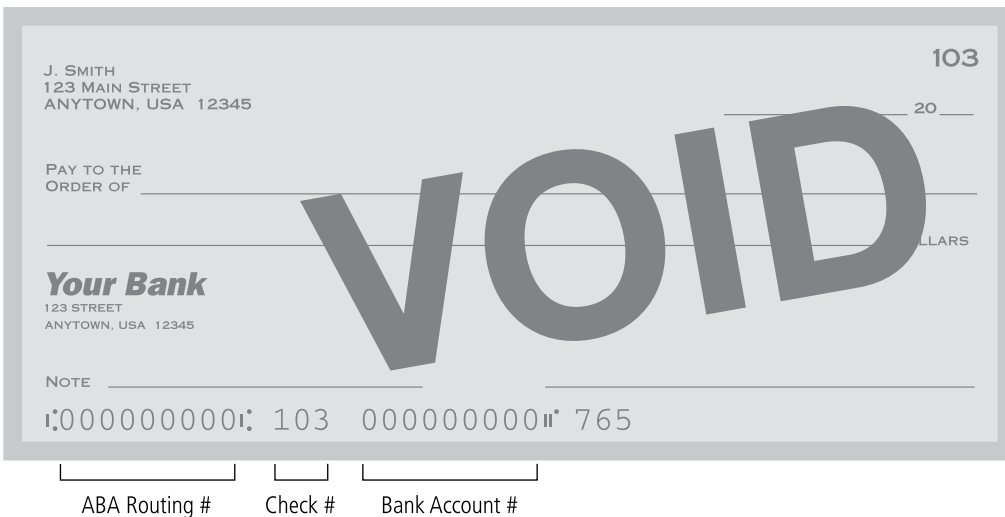
Bank Information

Your Bank's ABA Routing Number

Your Bank Account Number

- Checking Account
- Savings 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:

Signature (All bank account owners must sign.) Date

Signature Date

Signature Date

Please note that the AllianceBernstein account owner or authorized third party must also sign Section 7.

* Services cannot be established without a preprinted voided check. If you are using a saving 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 the SIMPLE IRA holder). If you are unable to provide these items, please submit a letter from your bank (on bank letterhead) confirming your account information.

7. Tax Withholding

Important Tax Information: The federal tax law requires you to make a choice concerning the payments, called distributions, that you receive from your SIMPLE IRA Account. 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. (Please note that you cannot waive withholding if you request that your distribution be mailed to a P.O. 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 the 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.

If you do not complete this section, federal income tax will be withheld at a rate of 10% from all distributions from SIMPLE IRA.

- 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.
- I do 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: _____%.

My withholding should be taken from:

- The distribution amount.
- The account balance. (In the case of distribution for all, withholding will be taken from the check).

8. Signature

By signing below, you certify that you are eligible to engage in the transactions requested 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 SIMPLE Individual Retirement Account Custodial Agreement governing your SIMPLE IRA.

You are also certifying, under the penalty of perjury, that the Social Security number or Taxpayer Identification Number you have provided in Section 1 of this form is your correct Social Security number or Taxpayer Identification Number and you are not subject to backup withholding.

SIMPLE IRA participants who choose to receive a distribution may be subject to state withholding depending on their state of residency. If the participant lives in one of the following states, CA, DE, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA or VT, and federal withholding is applied, state withholding will also be applied.

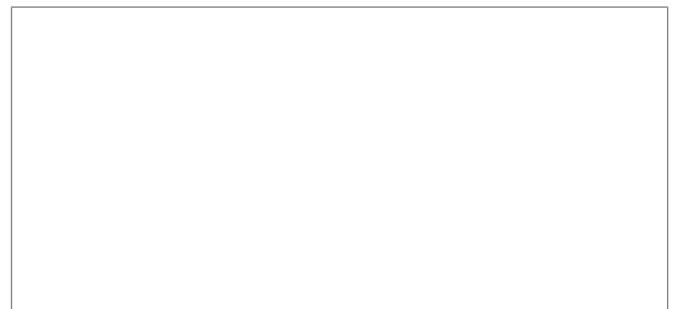
Signature

Date

A Medallion Signature Guarantee will be required for any of the following:

- Authorization from an individual other than the AllianceBernstein SIMPLE IRA holder
- Special Payee
- Special Mailing Instructions
- Distributions over \$100,000
- Address listed on form has been changed within the past 30 days or is not the same as the address AllianceBernstein has on record.

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.

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