

Instructions to Employee: Complete this form to initiate or modify a Salary Reduction Agreement with your employer. Please return the completed form to your **employer**, not to BlackRock.

_____ First Name	_____ M.I.	_____ Last Name of Employee
_____ Social Security Number	_____ Date of Birth (Month/Day/Year)	_____ Date of Initial Participation
_____ Employer Name		

Section 1: Salary Reduction Amount

Subject to the requirements of my Employer's SIMPLE Plan, I authorize the following dollar amount or percentage to be withheld from my pay each pay period and contributed to my SIMPLE IRA as a Salary Reduction Contribution.

_____ % of my salary **OR** \$ _____ . _____ , which equals _____ % of my pay.

I understand that the total amount of my salary reduction contributions in any given year cannot exceed \$11,500, unless I am 50 or older before the end of the calendar year in which case I cannot exceed \$14,000. These amounts will be periodically adjusted for inflation.

Section 2: Financial Institution Selection (contributions should be delivered to)

I designate the following as the financial institution for my SIMPLE IRA:

BlackRock Funds BlackRock SIMPLE IRA Account Number: _____
1-800-441-7762

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE Plan. If the information regarding my SIMPLE IRA is incomplete when I first submit my salary reduction agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE Plan. If I fail to update my agreement to provide this information by that date, I understand that my employer may select a financial institution for my SIMPLE IRA.

Section 3: Signature/Authorization

I understand that my election under this Salary Reduction Agreement shall take effect at the time specified in my employer's SIMPLE Plan (but not before the date I sign this agreement). This Salary Reduction Agreement replaces any earlier Salary Reduction Agreement that I have executed and will remain in effect until such time as any one of the following events may occur:

- ▶ I become ineligible to make Salary Reduction Contributions under my employer's SIMPLE Plan,
- ▶ I provide my employer with a request to end my Salary Reduction Contributions or
- ▶ I provide a new Salary Reduction Agreement to my employer as permitted by the SIMPLE Plan.



Signature of Account Owner (participant)

Date (month/day/year)