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 Investor Services, Inc., c/o DST Retirement Solutions, PO Box 8563, Boston, MA 02266-8563; for overnight delivery send to 30 Dan Road, Canton, MA 02021.
- 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, 8:30am to 6:00pm (ET) Monday–Friday.

Simple IRA Holder Information

Please provide the legal name for the IRA holder.

Last Name	First Name	M.I.		
Mailing Address*				
City	State	Zip Code		
Date of Birth (MM/DD/YYYY)	Social Security Number			
Daytime Phone Number	E-mail Address			
Plan Name	Plan Number			
Primary Beneficiary's Last Name	First Name	M.I.		
Primary Beneficiary's Date of Birth (MM/DD/YYYY)	Primary Beneficiary's Relationship	Primary Beneficiary's Social Security/Tax ID Number		

^{*}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.



Requestor Information					
Are you SIMPLE IRA account Holder	?				
☐ Yes (Please proceed to Section 3).					
☐ No (Please provide your name and da If not listed, please check "Other" ar	, ,		indicat	ting the capacity in which you are acting.	
Last Name	Firs	t Name	ı	M.I.	
Daytime Phone Number					
☐ Attorney-in-fact		Beneficiary		Trustee	
☐ Executor(trix) of Beneficiary		Executor(trix) of SIMPLE IRA Holder		Custodian for a Minor Beneficiary	
☐ Former Spouse		Other		-	
Type of Distribution					
If no option is checked, the type of distrik	oution will be	"Premature" or "Normal" based on the	e Accou	unt Owner's age.	
Note: For distributions regarding withdra	wal of Excess	Contributions, please call 800.326.508	9 for s	pecific instructions.	
Please choose one of the following:	. 0		.1 11		
		3		stribution is within the two-year period in whic tt to a 25% premature distribution penalty.	
☐ Normal Distribution (If the Account C	wner is age !	59½ or older).			
☐ Permanent Disability (If the Account	Owner is dis	abled under Sec. 72(m)(7) of the Interna	al Reve	nue Code, attach proof).	
☐ Required Minimum Distribution (RM					
Is the IRA holder's spouse the sole pr	•	•	No		
If yes, please indicate the spouse's bi I have indicated the amount of the					
	-	RMD based on the SIMPLE IRA assets he	ald with	n AllianceRernstein	
				application) or provide the AllianceBernstein	
Traditional IRA account number (if ex					
☐ Transfer to an IRA for a former spot be provided).	use incident 1	to divorce (Note: A copy of the divorce of	decree	or other appropriate document must	
	☐ Death (Note: Beneficiary must complete and submit a distribution form and return it together with all other required paperwork. Distribution options may vary for beneficiaries. Consult your tax/financial advisor for options).				
	ribution as a			an authorized signature from the custodian or \$100,000, a Medallion Signature Guarantee is	

□ Direct Rollover to an employer-maintained retirement plan. Please indicate the payee in Section 6.

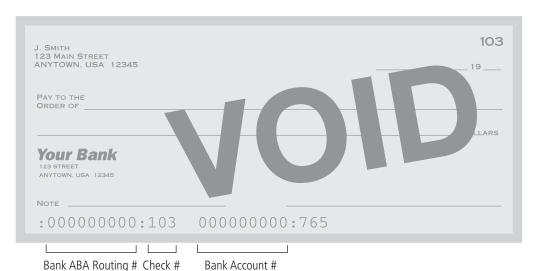
3.

^{*}Withdrawal of mutual funds may be subject to a Contingent Deferred Sales Charge fee. See prospectus for details or call client service at 800.326.5089.

4.	Payment* (check one only)									
	If no option is checked, entire account will be liquidated.									
	☐ Entire account		\$	†		RMD amount to be cal	culated by AllianceBernste	in as directed in Section 3 [†]		
5.	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.							LE 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:%. 									
6.	My withholding shou The distribution The account bal Payment Method	amount. ance. (In t		tribution for	all, withl	nolding will be taken fron	n the check).			
	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.									
	☐ 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		M.I.			
	Payee (If other than an individual)									
	Mailing Address			City			State	Zip Code		
	Please choose one	e of the f	ollowing:							
	☐ First class mail		Overnight de Billing numbe							
	(Payment Method option	ns continue	ed on next pag	ge)						

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

Elec	lectronic 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 All want the distribution deposited into a bank account different from the bank account already established with Alliance Attach a preprinted voided check/deposit slip.							
	☐ 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 account holder). If you are unable to provide these items, please submit a letter from your bank (on bank letterhead) confirming your account information.

7. 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/Tax ID number you have provided in Section 1 of this form is your correct Social Security/Tax ID 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	Affix Medallion Signature Guarantee Stamp Below*
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. 	

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

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1345 Avenue of the Americas New York, NY 10105 1.800.227.4618

^{*}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.