

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.

1. 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.

2. Requestor Information

Are you SIMPLE IRA account 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	M.I.
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: 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).
- 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.

*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.

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

Bank Information

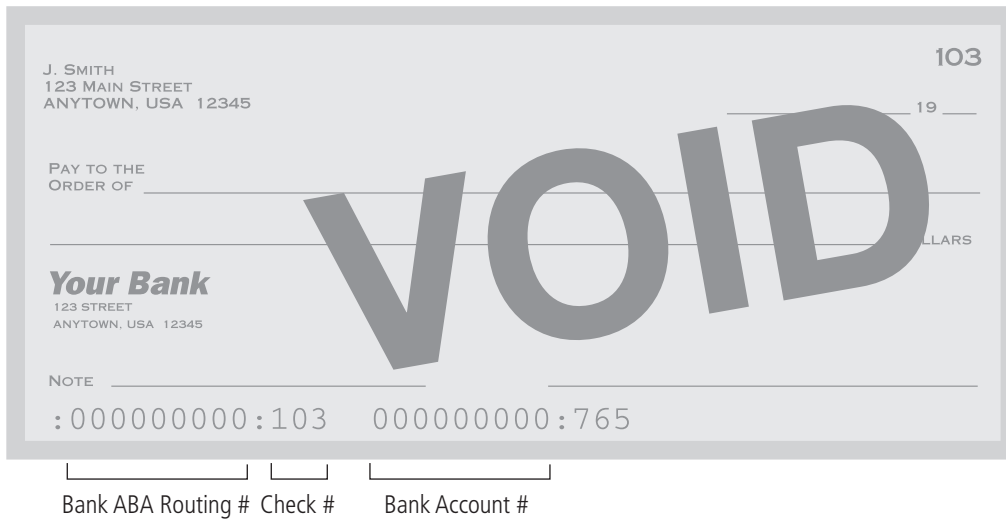
Your Bank's ABA Routing Number

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.

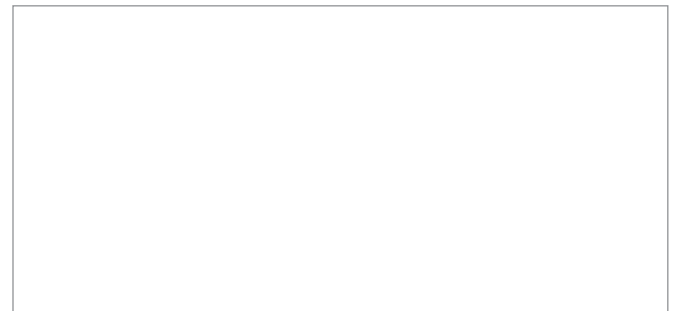
Signature

Date

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

- Authorization from an individual other than the AllianceBernstein 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.

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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