

Transfer on Death (TOD) Beneficiary Designation

Questions? (800) 221 5672
Or visit our web site at: www.ABFunds.com
For literature call: (800) 227 4618

Please complete the application and mail it to:

AllianceBernstein
P.O. Box 786003
San Antonio, TX 78278-6003

For certified or overnight deliveries, send to:

AllianceBernstein
8000 IH 10 W, 13th Floor
San Antonio, TX 78230

1 Account Information

It is my intention that this account be established under the Transfer on Death Security Registration Act ("TOD Act"). I understand that this account will be established under the Delaware TOD Act. Furthermore, I acknowledge that, upon my death, should there be a conflict with state law, the account will be administered in accordance with the terms of this document.

Please note: For joint accounts, if joint owner's address differs from the address below, please provide on a separate piece of paper.

Name of owner(s) (Multiple owners will be registered as "joint tenants with right of survivorship.")

Owner (First Name, MI, Last Name)	Social Security Number	Birth Date (MM/DD/YYYY)
		/ /

Indicate Your Resident Status: US Citizen Resident Alien

Residential Street Address, City, State, ZIP Code Account Number (Existing Account)

Mailing Address, City, State, ZIP Code

Joint Owner (First Name, MI, Last Name)	Social Security Number	Birth Date (MM/DD/YYYY)
		/ /

Indicate Your Resident Status: US Citizen Resident Alien

2 Beneficiary Designation

I elect, upon my death, that ownership of the fund accounts identified above shall be transferred to the beneficiary or beneficiaries designated below. I certify that all named beneficiaries are US citizens or US resident aliens. I hereby revoke any prior beneficiary designations with respect to the accounts identified above and reserve the right to revoke or change this beneficiary designation. If any beneficiary dies before me (and, in the case of joint ownership, any joint owners), his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiaries shall be increased on a *pro rata* basis.

If the account has multiple beneficiaries and allocation percentages are not specified below, the percentages will be split evenly between all listed beneficiaries.

Please note: If you name a trust as beneficiary, please list the name of the present trustee, then name of the trust and the date of the trust. Example: "Allen Smith, Trustee of the Mary Smith Trust, dated August 10, 2008."

First Name, MI, Last Name	Social Security Number	Birth Date (MM/DD/YYYY)	Allocation
		/ /	%

Residential Street Address, City, State, ZIP Code

Indicate Your Resident Status: US Citizen Resident Alien

First Name, MI, Last Name	Social Security Number	Birth Date (MM/DD/YYYY)	Allocation
		/ /	%

Residential Street Address, City, State, ZIP Code

Indicate Your Resident Status: US Citizen Resident Alien



Investment Products Offered

• Are Not FDIC Insured • May Lose Value • Are Not Bank Guaranteed

2 Beneficiary Designation continued

Please note: If you name a trust as beneficiary, please list the name of the present trustee, then name of the trust and the date of the trust. Example: "Allen Smith, Trustee of the Mary Smith Trust, dated August 10, 2008."

First Name, MI, Last Name	Social Security Number	Birth Date (MM/DD/YYYY)	Allocation
		/ /	%

Residential Street Address, City, State, ZIP Code

Indicate Your Resident Status: US Citizen Resident Alien

First Name, MI, Last Name	Social Security Number	Birth Date (MM/DD/YYYY)	Allocation
		/ /	%

Residential Street Address, City, State, ZIP Code

Indicate Your Resident Status: US Citizen Resident Alien

3 Signature

All registered account owners must sign this form. We suggest that you consult your legal or financial advisor before you sign.

I agree to indemnify and hold harmless AllianceBernstein Investments, Inc., its affiliates, the AllianceBernstein mutual funds and each of their respective directors, trustees, officers and employees from and against any and all losses and liabilities (including court costs and reasonable attorney's fees) resulting from AllianceBernstein Investments, Inc. or any affiliate acting on this Transfer on Death Registration Request, maintaining this account or transferring assets from this account in accordance with this request.

Signature of Owner	Date (MM/DD/YYYY)
	/ /

Signature of Joint Owner	Date (MM/DD/YYYY)
	/ /

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