

Mutual Fund Change of Dealer Authorization Form

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 AllianceBernstein Current Account Information Please print clearly

A. Account Number(s)

Account Number(s)

B. Account Registration Please enter your account information as it is currently registered.

Registration

Birth Date (MM/DD/YYYY)

Social Security Number

Daytime Phone Number

2 Authorization Please use this letter as your authorization to change the dealer of record on the above account(s) to the following:

Dealer Name

Branch Address

Branch Number

First Name of Account Representative

Last Name

Account Representative Number

Account Representative Phone Number

Branch Manager or Back Office Signature (Required)

3 Shareowner Signature

Shareowner Signature(s)*

Date (MM/DD/YYYY)

*Individual (and all joint tenants, if any) must sign above exactly as account is registered.

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