

# Mutual Fund Application

Questions?

(800) 221 5672, Monday through Friday,

8:30 a.m. to 6:30 p.m. Eastern Time

Or visit our web site at:

ABFunds.com

For literature call:

(800) 227 4618

## To Open Your New AllianceBernstein Account...

Please complete the application and mail it to:

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

### 1 Your Account Registration (Required)

**A Registration Type**—Select a registration type. For Joint Tenants, the Account will be registered "Joint Tenants with Right of Survivorship" unless you indicate otherwise.

**B Individuals, Joint Tenants, Transfer On Death, and Gift/Transfer to a Minor**—Indicate your name(s) exactly as it appears on your Social Security card(s).

**C Transfer on Death Beneficiary Designation**—Complete this section to select beneficiaries for the Transfer on Death account registration. Note: Transfer on Death beneficiaries must be US citizens or US resident aliens.

**D Trust/Corporation/Other**—Provide the name of the entity exactly as it appeared on the notice you received from the IRS when your Taxpayer Identification Number or Employer Identification Number was assigned.

### 2 Your Address (Required)

If your mailing address is a P.O. Box, a residential address must be provided.

### 3 Your Initial Investment (Required)

Make all checks payable to: **AllianceBernstein Funds**. For each fund in which you are investing:

- Write the three- or four-digit fund number in the column titled 'Fund Number.'
- Write the dollar amount of your initial purchase in the column titled 'Indicate Dollar Amount.'
- Select a distribution option for your dividends and capital gains. All distributions (dividends and capital gains) will be reinvested into your fund account unless you direct otherwise. Distributions of less than \$25.00 will be automatically reinvested in shares of the Fund. To receive distributions of less than \$25.00 in cash, you must have bank instructions associated with your account. If you want distributions sent directly to your bank account, then you must complete Section 5D and attach a preprinted, voided check for that account. If you want your distributions sent to a third party, you must complete Section 5E.

### 4 Cost Basis Accounting Method Election (Required)

- Your cost basis accounting method election is used to determine reportable capital gains or losses.

### 5 Your Shareholder Options (Complete only those options you want)

**A Automatic Investment Plans (AIP)**—You can make periodic investments into any of your AllianceBernstein Funds in one of three ways. First, by establishing an automatic investment plan (see page 4, Section 3 for details on minimum requirements) to authorize drafts directly from your bank account for investment into

For certified or overnight deliveries, send to:

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

an AllianceBernstein Fund. Second, you can direct your distributions (dividends and capital gains) from one AllianceBernstein Fund into another Fund. Third, you can automatically exchange monthly shares (\$25 minimum) of one AllianceBernstein Fund for shares of another Fund. To elect one of these options, complete the appropriate portion of Sections 5A and 5D. If more than one dividend direction or monthly exchange is desired, please provide these instructions separately.

**B Telephone Transactions via EFT**—Complete this option if you would like to be able to transact via telephone between your fund account and your bank account.

**C Systematic Withdrawal Plans (SWP)**—Complete this option if you wish to periodically redeem dollars from one of your fund accounts. Payments can be made via Electronic Funds Transfer (EFT) to your bank account or by check.

**D Bank Information**—If you have elected any options that involve transactions between your bank account and your fund account, or have elected cash distribution options and would like the payments sent to your bank account, please tape a pre-printed, voided check for the account you wish to use.

**E Third Party Payment Details**—If you have chosen cash distributions and/or a Systematic Withdrawal Plan and would like the payments sent to a person and/or address other than those provided in Section 1 or 2, complete this option. A Signature Validation Program (SVP) Imprint is required if your account is not maintained by a broker/dealer.

**F Reduced Charges (Class A only)**—Complete this option if you would like to link fund accounts that have combined balances that might exceed \$100,000 so that future purchases will receive discounts. Complete if you intend to purchase over \$100,000 within 13 months.

**G Brokers/Dealers/Advisors**—If you are using the services of a broker/dealer or advisor, this section must be completed.

### 6 Shareholder Authorization (Required)

All owners must sign this section. If it is a custodial, corporate, or trust account, the custodian, an authorized officer, or the trustee, respectively, must sign. A Signature Validation Program (SVP) Imprint is required for the following:

- Accounts registered as a trust, corporation or other entity
- Third Party Payments (requests from Section 5E)

### 7 Signature Form for Check Writing Service

If you would like to request checks to be drawn on selected AllianceBernstein accounts, please complete the Signature Form in Section 7.

Continued on next page



Investment Products Offered

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

# AllianceBernstein Fund Names and Numbers

	Fund Numbers/Share Class	
	Initial Sales Charge	Asset-Based Sales Charge
	A	C
<b>AB Asset Allocation/Multi-Asset Funds</b>		
Emerging Markets Multi-Asset Portfolio	99	300
<b>Wealth Strategies</b>		
AB All Market Total Return Portfolio	175	375
AB Sustainable Thematic Balanced Portfolio	187	387
Tax-Managed Wealth Appreciation Strategy	192	392
Wealth Appreciation Strategy	151	351
<b>AB US Equity Funds</b>		
<b>Core</b>		
AB Relative Value Fund	094	394
Core Opportunities Fund	102	302
Select US Equity Portfolio	132	376
<b>Growth</b>		
AB Sustainable US Thematic Portfolio	196	2427
Concentrated Growth Fund	033	333
Discovery Growth Fund	044	344
Growth Fund	031	331
Large Cap Growth Fund	078	378
Small Cap Growth Fund	026	326
<b>Value</b>		
Discovery Value Fund	157	357
Equity Income Fund	009	309
Value Fund	153	353
<b>AB International/Global Equity Funds</b>		
<b>Core</b>		
AB Sustainable Global Thematic Fund	082	382
Concentrated International Growth Portfolio	190	890
Global Core Equity	147	847
International Strategic Core	021	821
<b>Growth</b>		
Sustainable International Thematic Fund	112	312
<b>Value</b>		
Global Real Estate Investment Portfolio	110	310
International Value Fund	159	359
<b>AB Alternative Funds</b>		
All Market Real Return	162	363
Global Risk Allocation Fund	096	396
Select US Long/Short Portfolio	130	330

	Fund Numbers/Share Class	
	Initial Sales Charge	Asset-Based Sales Charge
	A	C
<b>AB Fixed Income Funds</b>		
<b>Taxable Bond Funds</b>		
AB High Yield Portfolio	185	
AB Income Fund	028	827
AB Short Duration Income Portfolio	183	883
AB Sustainable Thematic Credit Portfolio	194	
Bond Inflation Strategy	116	306
Global Bond Fund	055	355
High Income Fund	166	366
Intermediate Duration Portfolio	184	
Limited Duration High Income Portfolio	137	393
Short Duration Portfolio	189	389
Total Return Bond Portfolio	104	304
<b>Tax-Exempt Municipal Bond Funds</b>		
High Income Municipal Portfolio	122	323
Muni Income Fund Arizona Portfolio	114	314
Muni Income Fund California Portfolio	085	385
Muni Income Fund Massachusetts Portfolio	115	315
Muni Income Fund Minnesota Portfolio	061	361
Muni Income Fund National Portfolio	084	384
Muni Income Fund New Jersey Portfolio	069	369
Muni Income Fund New York Portfolio	083	383
Muni Income Fund Ohio Portfolio	080	380
Muni Income Fund Pennsylvania Portfolio	067	367
Muni Income Fund Virginia Portfolio	121	321
Tax-Aware Fixed Income Opportunities Portfolio	107	307
<b>Intermediate Municipal Bond Funds</b>		
Intermediate California Muni Portfolio	143	343
Intermediate Diversified Muni Portfolio	148	348
Intermediate New York Muni Portfolio	141	341
Municipal Bond Inflation Strategy	119	320
<b>Cash Management</b>		
AB Government Money Market Portfolio	178	878

# 1 Your Account Registration (Please print clearly)

Each Fund is generally available for purchase in the United States, Puerto Rico, Guam, American Samoa and US Virgin Islands.

Except to the extent otherwise permitted by the Funds' distributor, the Funds will only accept accounts from US citizens with a US address (including an APO or FPO address) or resident aliens with a US address (including an APO or FPO address) and a US Taxpayer Identification Number.

## A Please Check the New Registration Type Below

- Individual       Individual with TOD beneficiary<sup>1</sup>       Joint       Joint with TOD beneficiary<sup>1</sup>  
 Trust<sup>2</sup>       Estate       UTMA/UGMA       Custodian/Guardian  
 Corporate<sup>2</sup>       Other \_\_\_\_\_

If Joint Tenants Account: The Account will be registered "Joint Tenants with Right of Survivorship" unless you indicate otherwise below.

- In Common       By Entirety       Community Property

**Note:** Tenants in common and Community Property registrations are not permitted to have TOD beneficiary designations.

## B Account Owner Information

Owner or Custodian (First Name, MI, Last Name) <sup>3</sup>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number <sup>3</sup>	Birth Date (MM/DD/YYYY) <sup>3</sup> / /
Indicate your resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien			
Joint Owner or Minor <sup>3</sup>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number <sup>3</sup>	Birth Date (MM/DD/YYYY) <sup>3</sup> / /
Indicate your resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien			
Additional Owner <sup>3</sup>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number <sup>3</sup>	Birth Date (MM/DD/YYYY) <sup>3</sup> / /
Indicate your resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien			

## C E-Delivery Options

You can now choose to receive your account statements (and periodic important updates) in a quick, convenient, and earth-friendly way. All information will be stored online for easy viewing and retrieval.

Email Address

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Choose which information you would like to receive via email:

- All my quarterly statements and my year-end statement.       All my quarterly statements, but I prefer my year-end statement be printed and mailed to me.       My prospectus, annual report, and related compliance materials.       My tax forms and relevant tax resources and information.

**Note:** If e-Delivery is not selected, all documents will be printed on paper and sent by US Mail. (Standard delivery times apply.)

<sup>1</sup>Complete TOD Beneficiary Designation Section 1D

<sup>2</sup>Must complete Section 1E

<sup>3</sup>Required by law.

## D Transfer on Death Beneficiary Designation\*

\*Individual and Joint accounts only

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.

**Note:** If more Transfer on Death Beneficiaries are needed, please provide the above information on a separate piece of paper.

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 (Required)	Birth Date (MM/DD/YYYY)	<input type="text"/>
		/ /	%

Residential Street Address, City, State, ZIP Code

Indicate the beneficiary's resident status:  US Citizen  Resident Alien

First Name, MI, Last Name	Social Security Number (Required)	Birth Date (MM/DD/YYYY)	<input type="text"/>
		/ /	%

Residential Street Address, City, State, ZIP Code

Indicate the beneficiary's resident status:  US Citizen  Resident Alien

**Note:** If more Transfer on Death Beneficiaries are needed, please provide the above information on a separate piece of paper

## E Entity Account Registration

To ensure your account is established, please select one of the following options and enclose the required documentation, including a completed Beneficial Owner Information Supplement.

**Note:** If the trust indicated below is not a Statutory Trust, a completed Supplement is not required.

Name of Trust, Corporation, Partnership or other Entity	Date of Trust (MM/DD/YYYY)	Taxpayer Identification Number (Required)
	/ /	

Full Name(s) of Trustee(s), Partners, or others

**IMPORTANT!** The documentation required below must be certified with a Signature Validation Program (SVP) Imprint or a duly executed court seal, and must be dated within 6 months of receipt by AB.

- Trust** Entire trust document, or a Certificate of Trust, or copies of select pages of the Trust document. A certificate of trust or copies of select pages of the trust are acceptable in lieu of the entire trust agreement. The certificate or copies must be executed by the trustee and must contain the following: (a) the name of the trust; (b) the date of the trust instrument; (c) the name, street, and mailing address of the trustee; (d) the name of each grantor; (e) the general powers granted to the trustee; (f) signatures of trustees or signature page of trust. *Please note that all trustees must sign the account application. If there are more than two trustees listed on the account, signatures can be provided on a separate letter of instruction.*
- Corporation** Corporate resolution, articles of incorporation, or a Multi-Purpose Certification Form as provided by AllianceBernstein. If your corporation is publicly traded, please provide your trading symbol:  
Type of Corporation:  C-Corp  S-Corp
- Partnership** Partnership document or equivalent confirming the existence of the entity and the individuals who have authorization to trade on behalf of this account.
- Other** Documentation confirming the existence of the entity and the individuals who have authorization to trade on behalf of this account.

## 2 Your Address Section 2B must be completed if mailing address in Section 2A is a Post Office (P.O.) Box.

Note: For Joint Accounts, if joint owner's address differs from the addresses below, please provide on a separate piece of paper.

### A Mailing Address/Address of Record

Street Address City State ZIP Code

If Non-US, Specify Country Home Phone Number Daytime Phone Number

If you are using a P.O. Box for your mailing address, then you must provide a permanent residential address for verification purposes. Please provide your permanent residential address in the section titled "Residential Street Address."

### B Residential Street Address/Principal Place of Business (For Corporations and other Entities)

Street Address City State ZIP Code

If Non-US, Specify Country Home Phone Number Daytime Phone Number

## 3 Your Initial Investment Make all checks payable to: AllianceBernstein.

**Note:** Cash, foreign checks, or travelers checks are not accepted.

- The minimum investment in all share classes is \$2,500 per fund.
- If you choose not to establish your account with a check, you may establish your account using an automatic investment plan (AIP) with a monthly purchase of \$200 or more. In all cases, the fund minimum must be met within 12 months if you are using an AIP to fund your account. Once account minimum requirements have been met, the minimum purchase for the AIP is \$50.
- The maximum investment in Class C is \$1,000,000 and \$500,000 for tax-exempt municipal income funds.

I hereby subscribe for shares of the AllianceBernstein Fund(s) and elect distribution options as indicated.

Wire Confirm Number [Broker/Dealer Use Only]

Dividend and Capital Gain Distribution Options:

- Reinvest distributions** into my fund account.
- Send my distributions in cash** to my mailing address/address of record. (Distributions of less than \$25.00 will be automatically reinvested in shares of the Fund. To receive distributions of less than \$25.00 in cash, you must have bank instructions associated with your account. Complete Section 5D for direct deposit to your bank account. Complete Section 5E for payment to a third party.)
- Direct my distributions to another AllianceBernstein Fund.** Complete the appropriate portion of Section 5A to direct your distributions (dividends and capital gains) to another AllianceBernstein Fund (a \$2,500 fund minimum applies to funds into which distributions are directed).

Fund Number	Indicate Dollar Amount	Distribution Options (Check one)					
		Dividends			Capital Gains		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="checkbox"/> R	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> R	<input type="checkbox"/> C	<input type="checkbox"/> D
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="checkbox"/> R	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> R	<input type="checkbox"/> C	<input type="checkbox"/> D
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="checkbox"/> R	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> R	<input type="checkbox"/> C	<input type="checkbox"/> D
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="checkbox"/> R	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> R	<input type="checkbox"/> C	<input type="checkbox"/> D
Total Investment							
\$							

## 4 Cost Basis Accounting Method Election Use this section to elect tax lot identification (cost basis) methods for your fund elections listed in section 3.

**Note:** This section does not apply to C-Corps, as listed in Section 1B.

Effective January 1, 2012, new Internal Revenue Service regulations require mutual funds to report the Adjusted Cost Basis for shares (sold or exchanged) on IRS Form 1099-B, in addition to the gross proceeds currently reported. The Adjusted Cost Basis requirement applies only to "covered" shares, defined as shares purchased on or after January 1, 2012.

The new regulations also require that mutual funds offer shareholders multiple cost basis accounting methods to calculate gains or losses on the sale or exchange of their covered shares. For shareholders who do not affirmatively elect a cost basis accounting method, mutual funds selected a default cost basis accounting method to be applied to their account(s).

The AllianceBernstein Funds have selected Average Cost as the default Adjusted Cost Basis calculation method. If you would prefer to use a different cost basis accounting method, please carefully review the available cost basis accounting methods to make your selection. Selecting your cost basis accounting method is a critical decision, and may ultimately affect the amount of taxes you pay on the sale or exchange of your shares. Before you choose a cost basis accounting method, we strongly recommend consulting a qualified tax consultant to determine which method is most appropriate for you. AllianceBernstein is unable to provide tax guidance.

### What is Average Cost?

A method for valuing the cost of covered shares in an account by averaging the effect of all covered transactions in the account. The gain/loss is calculated by taking the cumulative dollar cost of the covered shares owned and dividing it by the number of covered shares in the account. Non-covered securities are calculated separately from covered securities and are not reported to the Internal Revenue Service.

### Why did AllianceBernstein choose this method?

- **Continuity:** AllianceBernstein has been voluntarily reporting Average Cost on applicable shareholder accounts for approximately 20 years. We believe continuing to provide this calculation methodology will provide an uninterrupted service experience to our fund shareholders.
- **Consistency:** Based on information gathered from our peers, prior to the new regulation, the vast majority of shareholders, when given the option of choosing a cost basis accounting method, chose Average Cost. Additionally, an industry survey revealed that the majority of the industry have selected Average Cost as their default accounting method.

**Note:** You may prospectively change your method at any time. However, you can only revoke the Average Cost basis method on previously purchased covered shares until the first sale or exchange of those shares.

### Choose one option from the three below.<sup>4</sup>

- I choose to apply Average Cost, the AllianceBernstein Funds default method, to all the fund account(s) listed in Section 3.

**Note:** This election will also be applied to any new accounts unless otherwise requested.

- I choose ONE cost basis accounting method (other than Average Cost, the AllianceBernstein Funds default) to be applied to all the fund account(s) listed in Section 3. Note: This election will also be applied to new accounts unless otherwise requested.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> First-In First-Out (FIFO) | <input type="checkbox"/> High-Cost First-Out (HIFO) | <input type="checkbox"/> Loss/Gain Utilization (LGUT)  |
| <input type="checkbox"/> Last-In First-Out (LIFO)  | <input type="checkbox"/> Low-Cost First-Out (LOFO)  | <input type="checkbox"/> Specific Lot Identification (SLID) <sup>5</sup><br>Secondary Method _____ |

- I choose to apply the following cost basis methods to the following funds.

Fund Number	Cost Basis Reporting Method (mark one)			
1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Average Cost	<input type="checkbox"/> Last-In First-Out (LIFO)	<input type="checkbox"/> Low-Cost First-Out (LOFO)	<input type="checkbox"/> Specific Lot Identification (SLID) <sup>6</sup> Secondary Method _____
	<input type="checkbox"/> First-In First-Out (FIFO)	<input type="checkbox"/> High-Cost First-Out (HIFO)	<input type="checkbox"/> Loss/Gain Utilization (LGUT)	
2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Average Cost	<input type="checkbox"/> Last-In First-Out (LIFO)	<input type="checkbox"/> Low-Cost First-Out (LOFO)	<input type="checkbox"/> Specific Lot Identification (SLID) <sup>6</sup> Secondary Method _____
	<input type="checkbox"/> First-In First-Out (FIFO)	<input type="checkbox"/> High-Cost First-Out (HIFO)	<input type="checkbox"/> Loss/Gain Utilization (LGUT)	
3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Average Cost	<input type="checkbox"/> Last-In First-Out (LIFO)	<input type="checkbox"/> Low-Cost First-Out (LOFO)	<input type="checkbox"/> Specific Lot Identification (SLID) <sup>6</sup> Secondary Method _____
	<input type="checkbox"/> First-In First-Out (FIFO)	<input type="checkbox"/> High-Cost First-Out (HIFO)	<input type="checkbox"/> Loss/Gain Utilization (LGUT)	
4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Average Cost	<input type="checkbox"/> Last-In First-Out (LIFO)	<input type="checkbox"/> Low-Cost First-Out (LOFO)	<input type="checkbox"/> Specific Lot Identification (SLID) <sup>6</sup> Secondary Method _____
	<input type="checkbox"/> First-In First-Out (FIFO)	<input type="checkbox"/> High-Cost First-Out (HIFO)	<input type="checkbox"/> Loss/Gain Utilization (LGUT)	

<sup>4</sup>If you do not select an option, the default cost basis accounting method, Average Cost, will automatically be applied to your fund account(s) listed in Section 3.

<sup>5</sup>If Specific Lot Identification is chosen, a secondary reporting method must be elected in the event the lots you have chosen are not available or if you have systematic withdrawal plans on your account. Secondary method cannot be Average Cost.

## 5 Your Shareholder Options

All pre-determined systematic transactions, including Automatic Investment Plans, Monthly Exchanges and Systematic Withdrawal Plans, will be processed on the day of the month and at the frequency you select. If this date is not a business day, the transaction will be processed on the following business day.

**Note:** If you wish to designate a Trusted Contact Person for this account, please complete and submit the Trusted Contact Person Designation Form.

### A Automatic Investment Plans (AIP)—Periodic Purchases via Electronic Funds Transfer (EFT)

**Note:** Your bank must be a member of the National Automated Clearing House Association (NACHA).

- Withdraw from my bank account via EFT.** I authorize AllianceBernstein to draw on my bank account for investment in my AllianceBernstein fund account(s) as indicated below. (Also complete Section 5D for the bank account you wish to use.)

Fund Number	Amount (\$200 minimum initial; \$100,000 maximum; \$50 ongoing AIP minimum)	Frequency (M: Monthly; Q: Quarterly; A: Annually)	Day of the Month You Want the Transaction to Take Place	Month You Want the Service to Start
1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

- Direct My Distributions.** As indicated in Section 3, I would like my dividends and/or capital gains directed to another AllianceBernstein Fund. (For existing accounts only.)

Fund Number	Account Number (If existing)
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Fund Number	Account Number (If existing)
To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

- Exchange My Shares Monthly.** I authorize AllianceBernstein to transact monthly exchanges, within the same class of shares, between my AllianceBernstein fund accounts as listed below. (For existing accounts only.)

Shares exchanged will be redeemed at the net asset value on the "Day of Exchange." The exchange privilege is not available if stock certificates have been issued.

Fund Number	Account Number (If existing)	Amount (\$25 minimum)	Day of the Month You Want the Transaction to Take Place	Month You Want the Service to Start
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Fund Number	Account Number (If existing)			
To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

### B Telephone Transactions via EFT

You may request these transactions by visiting our website at ABFunds.com or by calling one of our Client Services representatives at (800) 221 5672 and instructing AllianceBernstein in a recorded conversation to purchase, redeem, or exchange shares for your account. Purchase and redemption requests will be processed via electronic funds transfer (EFT) to and from the bank account listed in Section 5D.

- Instructions:**
- Review the information in the prospectus about telephone transaction services.
  - If you select the telephone purchase or redemption privilege, you must attach a pre-printed, voided check to Section 5D.

- Purchases and Redemptions via EFT.** I hereby authorize AllianceBernstein to effect the purchase and/or redemption of Fund shares for my account according to my telephone instructions or telephone instructions from my broker/agent, and to withdraw money or credit money for such shares via EFT from the bank account I have selected.

For shares recently purchased by check or electronic funds transfer, redemption proceeds will not be made available until the Fund is reasonably assured the check or electronic funds transfer has been collected, normally 5 calendar days after the purchase date.

## 5 Your Shareholder Options continued

### C Systematic Withdrawal Plans (SWP)

In order to establish an SWP, a minimum fund account balance of \$5,000 is required and you must reinvest all dividends and capital gains.

I authorize AllianceBernstein to transact periodic redemptions from my fund account and send the proceeds to me as indicated below.

Fund Number	Amount (\$50 minimum)	Frequency (M: Monthly; Q: Quarterly; A: Annually)	Day of the Month You Want the Transaction to Take Place	Month You Want the Service to Start
1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Please send my SWP proceeds to:

- My Address of Record via check.
- The Payee and address specified in Section 5E via check. Signature Validation Program (SVP) Imprint required in Section 6.
- My checking account via EFT. Complete Section 5D. Your bank must be a member of the National Automated Clearing House Association (NACHA) in order for you to receive SWP proceeds directly into your bank account. Otherwise payment will be made by check.

### D Bank Information

**Note:** Your financial institution must be a US bank.

This bank account information will be used for (check one):

- Distributions (Section 3)
- Automatic Investments (Section 5A)
- Telephone Transactions (Section 5B)
- Withdrawals (Section 5C)

Your Bank Account Number	ABA Routing Number	Account Type (check one)
		<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

### Please Tape a Preprinted Voided Check Here.

The above services cannot be established without a preprinted voided check. If you are using a savings account, rather than a checking account, please attach a preprinted deposit slip. The check or deposit slip provided must be an original (copies cannot be accepted) and must include the following: Bank 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.

Bank Account Registration

103

J. SMITH  
123 MAIN STREET  
ANYTOWN, USA 12345

PAY TO THE ORDER OF \_\_\_\_\_

**Your Bank**  
123 STREET  
ANYTOWN, USA 12345

NOTE \_\_\_\_\_

: 000000000 : 103 000000000 : 765

ABA Routing #    Check #    Bank Account #

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 account owners must sign)	Date (MM/DD/YYYY)
X	/ /
Signature	Date (MM/DD/YYYY)
X	/ /



## 5 Your Shareholder Options continued

### E Third Party Payment Details

Your signature(s) in Section 6 must have a Signature Validation Program (SVP) Imprint stamp affixed if your broker has not completed and signed the broker information in Section 5G. This third party payee information will be used for:

- Distributions (Section 3)       Systematic Withdrawals (Section 5C)

Name (First Name, MI, Last Name)

---

Street Address

City

State

ZIP Code

---

### F Reduced Charges (Class A only)

If you, your spouse, and/or your minor children own shares in other AllianceBernstein Funds (regardless of share class), you may be eligible for a reduced sales charge for your Class A share purchases. Please complete the Rights of Accumulation section or the Statement of Intent section.

- A. Rights of Accumulation—Assets Held at AllianceBernstein.** Please link the Taxpayer Identification Numbers or account numbers listed below for Rights of Accumulation privileges, so that this and future purchases will receive any discount for which they are eligible.

Taxpayer Identification Number or Account Number    Taxpayer Identification Number or Account Number    Taxpayer Identification Number or Account Number

---

- B. Rights of Accumulation—AllianceBernstein Assets Held in Omnibus Accounts.** Please aggregate the omnibus assets listed below for Rights of Accumulation privileges so that this and future purchases will receive any discounts for which they are eligible. In order to take advantage of this feature, AllianceBernstein requires a letter of instruction from the broker indicating the amount of AllianceBernstein assets that are held in the Omnibus account that are attributable to the Participant.

Omnibus Value (to be completed by the financial advisor)

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- C. Statement of Intent.** I want to reduce my sales charge by agreeing to invest the following amount over a 13-month period. If the full amount indicated is not purchased within 13 months, I understand that an additional sales charge must be paid from my account.

\$100,000       \$250,000       \$500,000       \$1,000,000

AllianceBernstein Mutual Funds will use the higher of cost or current NAV of the investor's existing investments as well as those of accounts with which it is combined via Rights of Accumulation toward the fulfillment of the Statement of Intent.

### G Brokers/Dealers/Advisors

A financial advisor is required. You must complete this section in order to purchase shares in a Fund.

We hereby authorize AllianceBernstein to act as our agent in connection with transactions under this authorization form; and we guarantee the signature(s) set forth in Section 6, as well as the legal capacity of the shareholder.

Dealer/Agent Firm

Dealer/Agent Firm Number

---

Representative (First Name, MI, Last Name)

Representative Number

---

Branch Number

Branch Telephone Number

---

Branch Office Address

City

State

ZIP Code

---

Branch Manager or Back Office Signature (Required)

---

X

---

## 6 Shareholder Authorization

This section MUST be completed

### Telephone Exchanges and Redemptions by Check

Unless I have checked one or both boxes below, these privileges will automatically apply, and by signing this application, I hereby authorize AllianceBernstein Investor Services to act on my telephone instructions, or on telephone instructions from any person representing himself to be an authorized employee of an investment dealer or agent requesting a redemption or exchange on my behalf. (NOTE: Telephone exchange may only be processed between accounts that have identical registrations.) Telephone redemption checks will only be mailed to the name and address of record; and the address must not have changed within the last 30 days. The maximum telephone redemption amount is \$100,000 for redemptions by check.

- I do not elect the telephone exchange service.
- I do not elect the telephone redemption by check service.

By selecting any of the above telephone privileges, I agree that neither the Fund nor AllianceBernstein L.P., AllianceBernstein Investments, Inc., AllianceBernstein Investor Services, or other Fund Agent will be liable for any loss, injury, damage, or expense as a result of acting upon telephone instructions purporting to be on my behalf, that the Fund reasonably believes to be genuine, and that neither the Fund nor any such party will be responsible for the authenticity of such telephone instructions. I understand that any or all of these privileges may be discontinued by me or the Fund at any time. I understand and agree that the Fund reserves the right to refuse any telephone instructions and that my investment dealer or agent reserves the right to refuse to issue any telephone instructions I may request.

AllianceBernstein is required by law to obtain, verify, and record certain personal information from you or persons on your behalf in order to establish the account. Required information includes name, date of birth, permanent residential address, and Social Security number or Taxpayer Identification Number. We may also ask to see other identifying documents. If you do not provide the information, AllianceBernstein may not be able to open your account. By signing the application, you agree to provide this information and confirm that this information is true and correct. If we are unable to verify your identity, or that of another person(s) authorized to act on your behalf, or if we believe we have identified potentially criminal activity, we reserve the right to take action as we deem appropriate, which may include closing your account.

I am of legal age and capacity and have received and read the prospectus and agree to its terms.

If I have elected the Transfer on Death registration in Section 1A, 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 their actions with respect to this Transfer on Death Registration request, maintaining this account or transferring assets from this account in accordance with

this request. I have consulted my legal or financial advisor.

I certify under penalty of perjury that (1) the number shown in Section 1 of this application is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or US resident alien.

(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**Important Notice Regarding Account Inactivity and Unclaimed Property:** Various states' unclaimed property laws require financial organizations to transfer property to the appropriate state if no activity occurs in the account within a time period specified by state law. This means that your mutual fund shares or fund dividend, capital gain and redemption checks may be surrendered to the state if you do not initiate activity in your account or your checks remain uncashed for the period of time specified by the state.

Signature (All account owners must sign)	Date (MM/DD/YYYY)
X	/ /
Signature	Date (MM/DD/YYYY)
X	/ /

Signature Validation Program (SVP) is required for the following:

- Third Party Payments (requests from Section 5E)

Signature Validation Program

Signature Validation Program

If a Signature Validation Program (SVP) Imprint stamp is required then AllianceBernstein requires the SVP Imprint on any and all signatures (one stamp per signature) pertaining to the request. The purpose of a SVP Imprint is to secure the legitimacy of a signature. Eligible guarantors include banks, credit unions, savings associations and broker-dealers.

## 7 Signature Form for Check Writing Service

Checks must be written for a minimum amount of \$500. Check writing is offered on all municipal bond funds (Classes A and C); all fixed-income funds (Classes A and C) except High Income, Limited Duration High Income, and AB Government Money Market Portfolio (Classes A, C, and Advisor).

Checkbooks are not transferable to other accounts. If you change account numbers, change funds, or there is a change of ownership, you must reapply for check writing.

Fund Name

Account Name(s) as Registered

Phone Number

If this is a joint account, please indicate which signatures will be needed on Redemption Checks:

- Either owner is authorized to sign Redemption Checks.
- All owners are required to sign Redemption Checks.

Social Security Number or Taxpayer Identification Number

Authorized Signatures (All account owners must sign)  
Signatures must have a Signature Validation Program (SVP) Imprint

1. X

2. X

Signature Validation Program

Signature Validation Program

### State Street Bank and Trust Company

Subject to the following conditions:

The payment of funds is authorized by the signature(s) appearing below. Each signatory guarantees the genuineness of the other signatures.

If this card is signed by more than one person, all checks will require all signatures appearing below unless a lesser number is indicated.

If no indication is given, all checks will require all signatures. Each signatory guarantees the genuineness of the other signatures.

**Important!**—Checks issued by AllianceBernstein to be drawn on AllianceBernstein accounts may not be used to set up electronic payments or automatic electronic payment plans. Electronic payment is a feature of a bank or credit union checking account and is not available with AllianceBernstein's check writing service. However, AllianceBernstein account holders may use their AllianceBernstein checks in the same way as any other paper check, to draw funds on their AllianceBernstein account(s).

**State Street Bank and Trust Company** (the "Bank") is hereby appointed agent by the person(s) signing this card (the "Depositor(s)") and, as agent, is authorized and directed, upon presentment of checks to the Bank to transmit such checks to the Fund or its transfer agent as requests to redeem shares registered in the name of the Depositor(s) in the amounts of such checks for deposit in this checking account.

This checking arrangement is subject to the applicable terms and restrictions, including charges, set forth in the current prospectus and Statement of Additional Information for each AllianceBernstein mutual fund to which the Depositor has arranged to redeem shares by check writing. The Bank is further authorized to effect redemptions to defray the Bank's charges relating to this checking arrangement. The Depositor(s) agrees that he shall be subject to the rules and regulations of the Bank pertaining to this checking arrangement as amended from time to time; that the Bank has the right not to honor checks which do not meet the Bank's normal standards for checks presented to it; that the Bank and AllianceBernstein have the right to change, modify, or terminate this check writing service at any time; and that the Bank shall be liable only for its own negligence.

Shares purchased by check (including certified or cashier's check) will not be redeemed within 5 calendar days of such purchase by check writing or any other method of redemption.

## A Word About Privacy

AllianceBernstein and its affiliates (collectively "AllianceBernstein") understand the importance of maintaining the confidentiality of our clients' nonpublic personal information. It is our policy:

- Not to disclose nonpublic personal information about our clients, or former clients (collectively "clients"), except to our affiliates, or to others as permitted or required by law.
- Not to sell our clients' nonpublic information.
- Not to share our clients' personal information among our affiliated group of investment, brokerage, service and insurance companies for the purpose of marketing their products or services to clients, except as permitted by law.

More information about our Privacy Practices can be found at [alliancebernstein.com/privacy](https://alliancebernstein.com/privacy).

**Notice to Residents of California:** If you are a California resident, California law may provide you with additional rights regarding our use of your personal information. To learn more about your California privacy rights, please visit: [alliancebernstein.com/CCPA](https://alliancebernstein.com/CCPA).

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

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