

Transfer/Redemption Authorization Form

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

Do not use this form to provide transfer or redemption instructions for AB Retirement accounts. Use this form only to request an account transfer for reasons such as:

- Divorce
- Death
- Minor in a UGMA/UTMA account reaching age of majority
- Change of Custodian on a UGMA/UTMA account
- Change of Individual Account to Guardianship/Conservatorship
- Change of Individual Account to Trust or Estate
- Gifting of Shares
- Power of Attorney (POA)-related transfers
- Adding or Removing a Transfer on Death (TOD) beneficiary
- Adding or Removing a Joint Owner

The cost basis accounting method chosen on the existing account will be carried over to the new account. If you would like to change the cost basis accounting method, please complete and submit the Account Options Change Form. Consult a qualified tax consultant to determine which method is most appropriate for you. AB is unable to provide tax guidance. Non-covered securities are calculated separately from covered securities and are not reported to the Internal Revenue Service.

Note: If a redemption is being requested, the shares must be transferred to a new account prior to the shares being redeemed. Transfer instructions must be provided for all requests.

1. Request Type

We are requesting that the shares in the fund(s) and account number(s) in Section 3 be:

- Transferred Transferred and redeemed

Note: Before shares can be redeemed, they must be transferred to an existing or new account. Complete Section 5 if the shares will be transferred to a new account.

2. AB Current Account Information

Account Registration (Please print name(s) as they appear on the account)

SSN EIN

Account Number

Tax Identification Number (required)

Type of TIN

If you are not the registered account owner, please provide the following information:

I am acting on this account in the following capacity:

- Attorney-in-Fact for _____ Surviving Tenant
- Executor(trix) for _____ Guardian/Conservator
- TOD Beneficiary Successor Trustee Former Minor
- Custodian Trustee Other: _____

Last Name

First Name

MI

Mailing Address

City/State/ZIP Code

Daytime Phone Number



Investment Products Offered

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

3. Transfer Details

A. Please Indicate the Amount to Be Transferred by Fund/Account Number

Fund Number	Account Number	Transfer (mark one) (A: All Shares; D: Dollar Amount; S: Share Amount, P: Percent of Shares)					
1.		<input type="checkbox"/> A	<input type="checkbox"/> D	\$	<input type="checkbox"/> S	<input type="checkbox"/> P	%
2.		<input type="checkbox"/> A	<input type="checkbox"/> D	\$	<input type="checkbox"/> S	<input type="checkbox"/> P	%
3.		<input type="checkbox"/> A	<input type="checkbox"/> D	\$	<input type="checkbox"/> S	<input type="checkbox"/> P	%

Cost Basis Default Depletion Method

The Internal Revenue Service requires mutual funds to track cost basis for shares purchased on or after January 1, 2012 (covered shares). By default, covered shares will be depleted using the cost basis accounting method currently applied to the originating fund/account(s). All non-covered shares will be depleted before covered shares in a first-in first-out order, unless specific tax lots¹ are requested. If the originating fund/account(s) do not use Average Cost, a cost basis method can be specified for this transfer. To request a different depletion method or to identify specific tax lots¹ for depletion, use a separate sheet.

B. Transfer Reason for Cost Basis Reporting

Please select the type of transfer below.

Note: Do not complete this section if the transfer is to or from the AB Government Money Market Portfolio.

Death

Name of Decedent _____ Date of Death (MM/DD/YYYY)

Name of Decedent _____ Date of Death (MM/DD/YYYY)

Gift

Date of Gift (optional): _____
(MM/DD/YYYY)

Fair Market Value Acceptance for Gifts

If the recipient account (new or existing) will be using the cost basis accounting method of Average Cost, all recipient account owners must accept the fair market value on the date of the gift should they be transferred at a loss.

All recipient owners accept the fair market value and have signed below:

Recipient Account Owner Signature _____ Recipient Account Owner Signature _____

Registration Change

- Individual Account: Change to Trust or Estate
- Individual Account: Change to Guardianship/Conservatorship
- Joint Owner: Add or Remove
- UGMA/UTMA: Change of Custodian
- UGMA/UTMA: Minor Has Reached Age of Majority

¹If the originating fund/account uses Specific Lot Identification and you do not specify the lots or if the available share amounts for the specified lots do not cover the transfer, a secondary cost basis accounting method will be used. If already existing on the account, the secondary method listed on the originating account will be used for depletion. If no secondary method is already existing, the first-in first-out method will be used.

4. Uncashed Checks and Outstanding Certificates

A. Uncashed Checks

Please select which payee to whom you wish to reissue all remaining uncashed checks:

- Reissue all remaining uncashed checks to the **original payee**.
- Reissue all remaining uncashed checks to the **new account registration** in Section 5.

Note: Third-party uncashed checks may only be reissued to the original payee.

B. Outstanding Certificates

Physical certificates (representing shares in the account) must be submitted to AB before a transfer or redemption may be processed. Please select the appropriate option(s) below:

- There are physical certificates associated with this account, and:
 - They are enclosed.
 - They have been misplaced, lost, or stolen.
- There are no physical certificates associated with this account.

5. New AB Account Information

Complete this section if the shares are to be transferred to a new AB Account or to be transferred to a new AB Account and subsequently redeemed. For all transfers to a new account, the class of share will be that of the account from which the transfer is being made.

A transfer request from an account registered as Tenants in Common or Community Property requires this form be completed by **both** the surviving tenant and the executor of the deceased tenant's estate if the request is due to the death of a tenant.

A. New Registration Type

- Individual
- Joint
- Custodian/Guardian²
- UGMA/UTMA²
- Estate
- Trust
- Corporation
- Other: _____

Note: Joint tenant accounts will be registered "Joint Tenants with Right of Survivorship" unless indicated otherwise. Tenants in Common and Community Property registrations are not permitted to have TOD beneficiary designations.

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.

Your signature below is your acknowledgment and acceptance of these Privacy Practices.

More information about our Privacy Practices can be found at 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.

²A transfer request due to a change of custodian on a UGMA/UTMA when the minor is older than age 14 requires this form be endorsed by the minor and duly notarized. The completed transfer form must also include an MSG endorsed by the newly appointed successor custodian.

B. Account Owner Information

Note: All information is required.

- Please send all remaining current-year statements and tax forms for the account listed in Section 2 to the **Owner or Custodian** address listed below.

Owner or Custodian

First Name	MI	Last Name	<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	Birth Date (MM/DD/YYYY)
Residential Street Address			City	State	ZIP Code
Email Address					Telephone Number
Indicate your resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien					

Joint Owner or Minor

First Name	MI	Last Name	<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	Birth Date (MM/DD/YYYY)
Residential Street Address			City	State	ZIP Code
Email Address					Telephone Number
Indicate your resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien					

- I would like to receive my quarterly account statements and fund communication mailings via email.

An email will be sent to you after each calendar quarter notifying you when your quarterly account statement is available for viewing online. You will also receive an email notification when new fund communications are available for viewing online. You will need to visit ABFunds.com and enter your Social Security number (or Taxpayer Identification Number) and password to access your statement and other mailings.

C. Change Broker/Dealer Information

Complete this section only if you wish to **change** the broker/dealer associated with this account.

New Dealer Name					
Broker or Representative Name				Broker or Representative Number	
Street Address			City	State	ZIP Code
Authorized Signature					

D. Telephone Exchanges and Redemption by Check

Unless I have checked one or both boxes below, these privileges will automatically apply, and, by signing this application, I hereby authorize AB Investor Services to act on my telephone instructions or on telephone instructions from any person representing himself or herself to be an authorized employee of an investment dealer or agent requesting a redemption or exchange on my behalf. (NOTE: Telephone exchanges 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 per fund/account per day.

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

By selecting either or both of the above telephone privileges, I agree that neither the Fund nor AllianceBernstein L.P., AllianceBernstein Investments, Inc., AB Investor Services, or any 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.

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 Entity Date of Trust (MM/DD/YYYY) Taxpayer Identification Number (required)

Full Name(s) of Trustee(s), Partner(s), or Other(s)

Mailing Address

Telephone Number Email Address

IMPORTANT! The documentation required below must be certified with a Signature Validation Program (SVP) Imprint, a Medallion Signature Guarantee (MSG), 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 AB.
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. _____

F. Transfer on Death (TOD) 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.

If a trust is named as a 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: <input type="checkbox"/> US Citizen <input type="checkbox"/> 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: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien					

6. Redemption Information

If you wish to sell or redeem shares or dollars after the transfer has been completed, please provide details below.

\$ _____ dollars, _____ shares, _____ % of shares, or all shares redeemed.

Redemption Method

- Mail a physical check to the **Owner or Custodian** address specified in Section 5B.
- Mail a physical check to the **Entity** address specified in Section 5E.
- Mail a physical check to the Special Payee listed below.
- Deposit the redemption funds into the bank account listed on the next page.

Special Payee Information

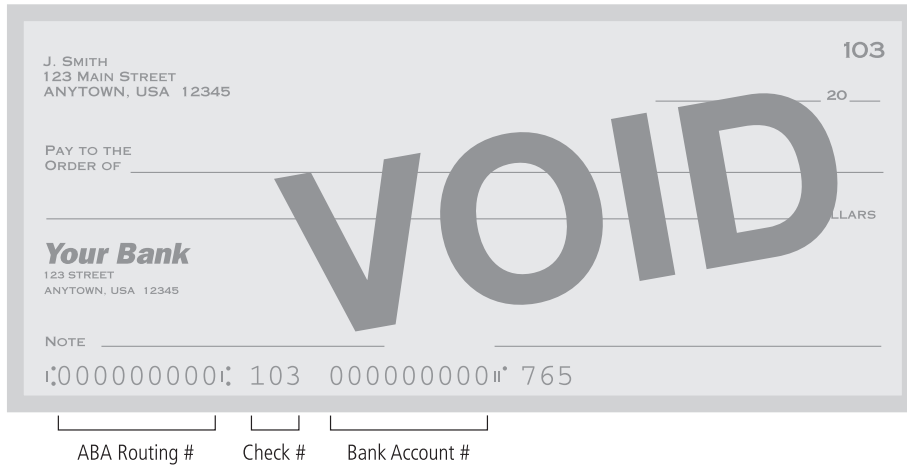
Last Name	First Name	MI
Address		
City	State	ZIP Code

Direct Deposit Information

Checking Account 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 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.



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 AB 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

7. Signature

AB 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 this information, AB 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.

I certify under penalty of perjury that (1) the number shown in Section 5 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 a 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.

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.

Signature 1 (All current and new account owners must sign)

Date

Signature 2

Date

Signer 1 Affix Medallion Signature Guarantee Stamp Below

Signer 2 Affix Medallion Signature Guarantee Stamp Below

A Medallion Signature Guarantee (MSG) stamp for each applicable signature is required on all transfer requests. An MSG stamp can be obtained at a commercial bank, savings and loan, credit union, or brokerage firm. A Medallion Signature Guarantee for each applicable signature will be required for any of the following:

- Authorization from an individual other than the AB shareholder
- Third-party redemptions (Section 6)

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.

Please complete the form 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

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