

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, PO Box 219275, Kansas City, MO 64121-9275**; for overnight delivery send to **AllianceBernstein, 430 W 7th St, Suite 219275, Kansas City, MO 64105-1407**.
- Both this form and the included IRS Form W-4R must be completed and signed.
- If the distribution is being requested by multiple beneficiaries, complete a separate form for each. If there is more than one beneficiary, complete a separate form for each. 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, 8:00 a.m.–5:00 p.m. (ET) Monday–Friday.

1. Simple IRA Holder Information

Please provide the legal name for the IRA holder.

Last Name	First Name	MI
Mailing Address*		
City	State	ZIP Code
Date of Birth (MM/DD/YYYY)	Social Security Number	
Daytime Phone Number	Email Address	
Plan Name	Plan Number	
Beneficiary's Last Name	First Name	MI
Beneficiary's Date of Birth (MM/DD/YYYY)	Social Security Number or Taxpayer Identification Number	Beneficiary's Relationship

* 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 the SIMPLE IRA 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	MI
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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: Each Beneficiary must complete and submit this distribution form and return it together with all other required paperwork. Distribution options may vary for beneficiaries. Consult your tax/financial advisor for options.)

IRA Holder's Date of Death

- 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.

4. Payment* (check one only)

If no option is checked, the entire account will be liquidated.

- Entire account
- \$ _____ †
- RMD amount to be calculated by AllianceBernstein as directed in Section 3†

*Withdrawal of mutual funds may be subject to a Contingent Deferred Sales Charge fee. See prospectus for details or call Client Services at (800) 326 5089.

†The distribution will be made proportionally from all of the mutual funds held in the SIMPLE IRA.

5. Frequency of Distribution

Checks will be made payable to the SIMPLE IRA holder and sent to the address listed on the account registration unless you request otherwise in Section 6A.

Please choose one of the following:

Single Payment—indicated in Section 4. This amount will not be distributed automatically every year. If you want additional single payments, you may submit a distribution form at any time.

Periodic Installment Payments*

Frequency of Payments (choose one): Monthly Quarterly Annually

Please start payments on (MM/DD/YYYY):[†] _____ / _____ / _____

Any shareholder who owns or purchases shares of a fund having a current NAV of at least \$5,000 may establish a systematic withdrawal plan under which the shareholder will periodically receive a payment in a stated amount of not less than \$50 on a selected date. The \$5,000 account minimum does not apply to a shareholder owning shares through an Individual Retirement Account or other retirement plan who has attained the age of 72 (70½ prior to 2020) and who wishes to establish a systematic withdrawal plan to help satisfy a required minimum distribution.

6. Payment Method

Choose check or Electronic Funds Transfer (EFT) and complete the requested information. If nothing is selected, we will send a check by first class mail to the address of record.

A. Check

Make a check payable to the SIMPLE IRA holder and mail to the address of record.

Make check payable to a special payee and/or mail to a special address as provided below.

Use only if different from the individual listed in Section 1.

Last Name	First Name	MI
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Payee (If other than an individual)

Mailing Address	City	State	ZIP Code
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Please choose one of the following:

First Class Mail Overnight Delivery Billing Number _____

(Payment Method options continued on next page)

* If Required Minimum Distribution is selected in Section 3, the installment payment of the RMD will be applied proportionately to each fund based on the combined SIMPLE IRA balance. If you elect to have a specific dollar amount distributed from your SIMPLE IRA to satisfy your required minimum distribution, a new distribution form will be required for each subsequent year.

[†] If the Periodic Installment Payment Plan is being established to satisfy a required minimum distribution or a 72(t) distribution, you may choose a date up to and including the 28th of the month but not later. This limitation has been established to ensure a payment made in December is processed and issued prior to calendar year-end.

B. 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.

Note: Your financial institution must be a US bank.

- 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*

Bank Account Registration



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 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 savings 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 the SIMPLE IRA holder). If you are unable to provide these items, please submit a letter from your bank (on bank letterhead) confirming your account information.

7. Tax Withholding

The federal tax law requires you to make a choice concerning the payments, called "distributions," that you receive from your Traditional Individual Retirement Account (IRA) or Simplified Employee Pension (SEP) IRA. According to law, distributions from a Traditional or SEP IRA are subject to federal income tax withholding at a rate of 10% unless you provide an alternative withholding election. The withholding will be turned over to the Internal Revenue Service as a prepayment of your tax liability for the year the distribution is made. If you elect not to have withholding applied to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If no election is made a withholding rate of 10% will apply to each distribution. Additionally, if your only address of record is a P.O. Box or non-U.S. address, a withholding rate of 10% will apply to each distribution unless you choose a greater rate of withholding. You may change your choice about the level of taxes you would like withheld at any time during the distribution year, even after distributions have begun. For additional information concerning withholding or distributions, please contact your tax advisor or in the Internal Revenue Service.

Note: If you are changing or updating the withholding rate on an existing periodic installment payment plan, also complete the appropriate information in Section 5.

Please complete and sign the attached IRS Form W-4R to make your withholding election if you are electing a withholding rate other than 10%. The W-4R allows you to elect a withholding rate between 0% and 100%.

If no withholding election is made or the form is otherwise incomplete, federal income tax will be withheld at a rate of 10% from all distributions.

If your distribution is being mailed to a P.O. Box or outside the U.S. and its territories, federal income tax will be withheld at a rate of 10% unless you choose a greater rate of withholding.

Caution: If you elect no withholding apply to your distribution, or you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution from all IRAs you own. You may also be subject to penalties under the estimated tax rules if your payments of estimated tax and withholding, if any, are insufficient. Please consult your tax advisor if you have questions about withholding federal tax from your distribution.

8. 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.

Note: Please ensure the appropriate signature appears on the enclosed IRS Form W-4R in addition to on the signature line below.

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 number or Taxpayer Identification Number you have provided in Section 1 of this form is your correct Social Security number or Taxpayer Identification 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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Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2023

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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Sign Here	Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.