

SIMPLE IRA Trading Authorization

- Please type or print in capital block letters using blue or black ink.
- Keep a completed copy for your records.
- Send a completed and signed application 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**.
- For help filling out this form, please call (800) 326 5089, 8:00 a.m.–5:00 p.m. (CT) Monday–Friday.

1. Individual Information

Please provide your legal name.

Name of Participant

SIMPLE IRA Plan Number

Social Security Number

Financial Representative

Financial Representative Number

2. Signature

To: AllianceBernstein Investor Services, Inc. and Frontier Trust Company (the "Custodian")

You and your agents are hereby instructed to allow the Financial Representative of record referenced above or the Financial Representative's duly authorized assistant to make periodic fund exchanges, reallocations and routine maintenance requests (including address changes) on my behalf. This Letter of Instruction pertains to the SIMPLE Individual Retirement Account (IRA) Plan referenced above.

I understand and agree that you and your agents will not be liable for any loss, injury, damage or expenses as a result of acting upon instructions purporting to be on my behalf that you or your agents reasonably believe to be genuine.

You, your affiliates, successors, agents and assigns can continue to rely on this Letter of Instruction until such time that I give written notice to AllianceBernstein Investor Services, Inc. that it is no longer in effect.

Participant Signature

Date

Print Name



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SIM-2559-1021
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