BLACKROCK®

Account Maintenance Form
BlackRock CollegeAdvantage 529 Plan

Use this form to make changes to your existing BlackRock CollegeAdvantage 529 Plan accounts, such as changing the address of record, adding or updating Bank Information, adding or updating an Automatic Investment Plan, or updating your Investment Dealer. This form should not be used to make any changes to Account Owners or Beneficiaries on your accounts. In order to make any changes to Owners or Beneficiaries, please use the **BlackRock CollegeAdvantage 529 Plan Change of Registration Form.**

Send your completed and signed application, along with any other required documents, to:

Regular mail
BlackRock Funds
P.O. Box 9783
Providence, RI 02940

Overnight mail
BlackRock Funds
4400 Computer Dr.
Westborough, MA 01581

Section 1: Account Owner Information (Required)

First Name of Account Owner _____ M.I. _____ Last Name _____

Name of Trust / Scholarship / Other Entity (if applicable) _____

Federal Tax Identification or Social Security Number _____ Date of Birth (month / day / year) _____ / _____ / _____

First Name of Beneficiary _____ M.I. _____ Last Name _____

Federal tax identification or Social Security Number _____ Date of Birth (month / day / year) _____ / _____ / _____

BlackRock CollegeAdvantage Account Number _____ BlackRock CollegeAdvantage Account Number _____

Section 2: Account Maintenance (Changes to Existing Accounts)

This section covers several types of changes to existing Accounts, such as address changes, updating the Investment Dealer, and Electronic Delivery of documents.

A. Change of Address

If the residential address on the account has changed, please provide the correct address here:

Street Number _____ Street Name _____

City _____ State _____ ZIP Code _____

B. Electronic Delivery of Documents

☐ **YES!** I want to do my part to save paper, reduce my environmental impact and reduce expenses by turning off the paper. Please sign me up for E-Delivery of Prospectus, Annual reports, Daily Confirmations and Mailing list items. (To sign up for E-Delivery of your quarterly account statements & tax forms, please log in to your account at www.blackrock.com/funds).

E-mail Address _____

C: Investment Dealer

Must be completed by dealer.

Firm Name _____ NSCC Dealer Number _____

Representative's first name _____ M.I. _____ Representative's last name _____

Branch number _____ Representative's number _____ Telephone number _____

Street Number/P.O. Box _____ Street Name _____

City _____ State _____ Zip Code _____

E-mail address _____

Representative's Signature _____ Date (Month/Day/Year) _____ / _____ / _____

Section 3: Investment Changes

If you would like to add or change your Automatic Investment Plan or Bank Instructions, please complete the section below. This form should not be used to re-allocate existing investments; to move existing money between one or more Investment Options, please use the **BlackRock CollegeAdvantage 529 Plan Reallocation Form.**

Please note: Any change made here will be reflected on your account and will supersede any previous requests.

Automatic Investment Plan

You can establish up to two AIP contributions per month into your CollegeAdvantage account from your bank account (checking or savings). Please allow 10 days for initial set up (we will process the first available draft after the 10-day period). If no frequency is selected, we will default to monthly on the 15th. Be sure your bank account has funds available for the transfer when you mail in this form.

☐ Twice per month ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually Beginning _____ / _____
Month Day

I would like my AIP to occur on the ____of the month (for monthly, quarterly, semiannually & annually).

I would like my AIP to occur **twice** per month on the____**and** the____of the month.

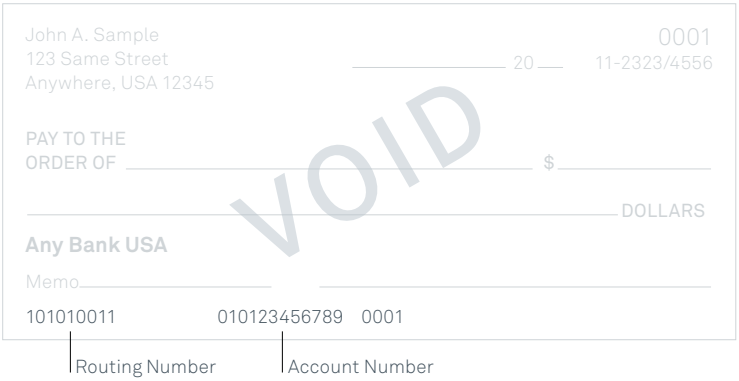
Investment Option	Amount to Invest (minimum $25)
	$ _____ . _____
	$ _____ . _____
	$ _____ . _____
	$ _____ . _____
	$ _____ . _____
	Total $ _____ . _____ =100%

Bank Instructions

To add or update bank instructions to your CollegeSavings account for initial or subsequent contributions or for use with the Automatic Investment Plan, please complete the section below and attach a voided check or savings deposit slip.

Please note: This information will replace any existing Bank Instructions that may currently be on your Account.

Please attach a voided check, bank statement, or deposit slip copy here showing the name(s) on the account, address and account number.



☐ Checking

☐ Savings

☐☐☐☐☐☐☐☐☐

Routing Number (9 digits) (Required)

Account Number

Section 4: Account Certification and Signatures

I certify that the information contained herein is true and correct. I certify that I, the Successor Owner and my Beneficiary are US Citizens or resident aliens. I certify that the taxpayer identification numbers in Section 1 are correct (or a number has been applied for and will be provided upon receipt). The Ohio Tuition Trust Authority (Tuition Trust) is authorized to recognize only my signature below for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received by the Tuition Trust.

If Section 2c ("Investment Dealer") was not completed, I hereby certify that I have not been solicited by anyone at BlackRock to open this Account, that my investment will be made in class A units, and I am aware that BlackRock has not provided, and will not provide, me with any financial advice in connection with my investment.

If participating in electronic fund transfers (EFT), my signature below authorizes the Tuition Trust to initiate the debit entries to my bank account indicated above, and the bank indicated above to debit the same account. I authorize the Tuition Trust to make a follow-up attempt in retrieving those monies which are denied due to insufficient funds. I agree to indemnify and hold harmless my bank, BlackRock, and the Tuition Trust for any loss, liability or expense incurred from acting on these instructions. I also reserve the right to revoke this authorization by written notification to the Tuition Trust, with reasonable time given to implement my request.

BY SIGNING BELOW, I AM AGREEING TO THE TERMS OF THE PROGRAM DESCRIPTION AND PARTICIPATION AGREEMENT DATED MARCH 4, 2013 OR LATER, AND THE TERMS OF THIS APPLICATION. I UNDERSTAND THAT I SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF I HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT. MY SIGNATURE BELOW INDICATES I HAVE READ THE PROGRAM DESCRIPTION AND PARTICIPATION AGREEMENT DATED MARCH 4, 2013 OR LATER FOR THE BLACKROCK COLLEGEADVANTAGE 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY, AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS APPLICATION TOGETHER WITH THE PARTICIPATION AGREEMENT INCORPORATED HEREIN, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED PURSUANT TO THIS APPLICATION.

In accordance with federal law, I understand the administrator for the BlackRock CollegeAdvantage 529 Plan is required to obtain my name, residential or business address, Social Security or Tax Identification number, driver's license or state-issued I. D. card number, and date of birth in order to verify my identity and for tax reporting purposes. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the BlackRock CollegeAdvantage 529 Savings Plan's privacy policies. The Tuition Trust is unable to accept this new account if any required information is not provided. If the Program Administrator is unable to verify the Account Owner's identity, this account will be closed and the assets in the account distributed at the then-current unit value. I understand that under federal tax law any rollover of such distribution to another Qualified Tuition Program that will accept it must occur within 60 days. If I have any additional questions concerning the tax consequences of any such distribution, I will refer to the "Tax Information" section of the Program Description and Participation Agreement or consult my professional tax advisor.

Signature(s) of Account Owner(s) (Required)

Signature of Account Owner, Guardian, Trustee

_____ /_____ /_____
Date (month/day/year)

Signature of Successor Account Owner/Custodian/Guardian/Trustee (if applicable)

_____ /_____ /_____
Date (month/day/year)

Medallion Guarantee:

(Please place medallion guarantee stamp here)

A medallion guarantee may NOT be obtained through a notary public.

A medallion signature guarantee is a stamp affixed by an authorized financial institution next to the signature. The stamp verifies the authenticity of the signature and guarantees that the person signing the request is the actual person (or a legally authorized representative) with the legal authority and capacity to do so. The financial institution not only verifies the signature, but also assumes the financial risk associated with providing the medallion guarantee, in case of fraud. The medallion guarantee program benefits share-owners because it adds a layer of protection to help prevent an unauthorized party from accessing their account. Medallion signature guarantees may be obtained from banks, broker-dealers, national securities exchanges, and savings associations.

Any investment in a BlackRock CollegeAdvantage mutual fund-based investment option is not insured or guaranteed by the FDIC or any other governmental agency or other party, including the custodian/state of Ohio, the Tuition Trust, BlackRock or any of the mutual fund firms under contract with OTTA. An investment in a BlackRock CollegeAdvantage mutual fund-based investment option is not a direct investment in a mutual fund itself. Participants assume all investment risk of an investment in the BlackRock CollegeAdvantage Plan, including the potential loss of principal and liability for penalties such as those levied for non-educational withdrawals. Regular investing does not ensure a profit or protect against a loss in a declining market. The amount actually available for withdrawal will depend on the investment performance of the investment options chosen.

Program details are subject to change. If you do not submit your account application within six months of receipt of the Program Description and Participation Agreement, please call your Financial Advisor to ensure you have the most current version of this important document before submitting your application.

FOR MORE INFORMATION: Call 866-529-8582 or visit www.blackrock.com/collegeadvantage

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