One-time Non-Retirement Distribution Form

MERRILL EDGE®
Bank of America Corporation

Use this form to take a withdrawal from your Merrill Lynch:

- Cash Management Account® (CMA®)
- Working Capital Management Account® (WCMA®)
- Individual Investor Account Delaware (IIA)

or make a contribution to a Merrill Lynch Retirement account.

Important: Please have cash made available prior to requesting a cash distribution.

To ensure that your request is processed without delay, please make sure your documents are legible and enlarge photocopies of any items that contain small print (e.g., driver's license, passport, etc).

Please allow 24 hours for processing of this document upon receipt. If you have any questions about what additional documents are required, please contact a representative using the contact information below.

Questions?

Please contact us if you have any questions regarding this form at **888.ML.INVEST**. Merrill Edge Distribution representatives are available to answer questions Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern Standard Time. Go to **merrilledge.com** for more information.

Merrill Edge® is available through Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S), and consists of the Merrill Edge Advisory Center™ (investment guidance) and self-directed online investing.

MLPF&S is a registered broker-dealer, Member SIPC and a wholly owned subsidiary of Bank of America Corporation.

Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value

One-time Non-Retirement Distribution Form

I. ACCOUNT HOLDER INFORMATION

Please provide your name, Merrill Lynch account number and daytime phone number.

Account Holder Name (First, Middle, Last)

Co-Account Holder Name (First, Middle, Last)

Co-Account Holder Name (First, Middle, Last)

8-digit Merrill Lynch Account Number ☐☐☐ – ☐☐☐☐☐

( ) –

Daytime Telephone Number

II. AMOUNT OF DISTRIBUTION (PLEASE SELECT ONE.)

You may elect to distribute (a) Cash only, (b) Securities only, (c) Cash and Securities.

☐ **1. Part of my account**

☐ (a) Cash only $ _____

☐ (b) Securities in kind only *(List securities in the space provided. Securities only eligible when transferring between Merrill Lynch accounts.)*

☐ (c) Cash $ _____ AND securities in kind. *(List securities in the space provided. Securities only eligible when transferring between Merrill Lynch accounts.)*

Symbol	Quantity (shares)
	.00
	.00
	.00
	.00
	.00

* List securities in the space provided. Securities only eligible when transferring between Merrill Lynch accounts. If there is insufficient space to list all securities please attach an additional page.

Amount requested needs to be held in cash for a check distribution. Please allow two to five business days for receiving a check.

☐ **2. The entire balance and close my account**

☐ (a) Liquidate all assets and distribute in cash only

☐ (b) Cash AND securities in kind

III. DISTRIBUTION INSTRUCTIONS (PLEASE SELECT ONE.)

Payee Information Make Check Payable to *(Choose One)*

☐ Account Name ☐ Alternate Payee *(Indicate name below)*

If paid to an alternate payee, the following information is required

Alternate Payee Name

Relationship To The Payee

Reason For Payment To Payee

Delivery Address *(Choose One)*

To pick up a check at a local branch, please consult a Merrill Edge Distributions Representative to obtain the branch location code (wire call).

☐ Mail check to address on file

☐ Pick up at local branch **Branch Wire Call** _____ and **Pickup Date** ___ / ___ / _____

☐ Mail check to alternate address as indicated below Third party pick up name _____

Alternate mailing address

Street Address

City

State

Zip Code

Country *(if outside US)*

Information to include in memo field *(Will not be shown in the address window of envelope)*

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Due to the possible tax implications, please consult a tax advisor prior to filling out this section.

The date of your contribution should be Current Year or Prior Year. Prior Year contributions may only be made until the tax filing deadline.

IMPORTANT INFORMATION REGARDING FEDERAL FUNDS WIRE TRANSFERS:
If you are transferring into your personal or joint Bank of America account, please provide the account number only. If you are transferring into an account at another institution, please complete the entire section. A fee will be charged for federal fund wire transfers to a non-Bank of America account and will be deducted from the gross amount if additional cash is not available.

Please provide the receiving bank and account information. Please contact your receiving bank for proper instructions as all banks' receiving instructions vary. Federal Fund Wire Transfers and account-to-account transfers typically take 24 to 48 hours to process.

IMPORTANT:
The USA PATRIOT Act passed in 2001, requires Merrill Lynch to obtain this additional information for your protection and for the security of your account. Failure to provide this information when applicable may delay your request.

Account to Account Transfer

☐ **1.** Transfer to Merrill Lynch **Non-Retirement** account ___ – _____

(If funds are being paid to an alternate payee, Part IV is required.)

☐ **2.** Contribute to Merrill Lynch **Retirement** account ___ – _____

Contribution Tax Year | Contribution or Payment Type | Deposit Type

☐ **3.** Contribute to Merrill Lynch Retirement account in Part 2 from Bank of America Non-Retirement account

Federal Funds Wire Transfer *(If funds are being paid to an alternate payee, Part IV is required)*

Bank Name

Bank ABA Routing #

Name on receiving account

Account Number

This box only needs to be completed if intermediary bank instructions are required.

For further credit to (if applicable)

Name on account

Account Number

Swift Code (for international wires)

Misc. Instructions

(Please contact your bank to confirm these instructions are correct. Merrill Lynch is not responsible for a failed transfer due to incorrect instructions which may result in additional fees and/or a delay of your transfer.)

IV. IF FUNDS ARE BEING PAID TO AN ALTERNATE PAYEE

Relationship to the payee

Reason for payment to payee

V. SIGNATURE

This distribution will be processed by Merrill Lynch upon receipt of this form unless a future transaction date is inserted here ___ / ___ / ___

Signature | Date ___ / ___ / ___

Signature | Date ___ / ___ / ___

Signature | Date ___ / ___ / ___

A government-issued photo ID is required for each signature represented, if one has not been previously provided.

Return completed Letter of Authorization to: For Merrill Edge Advisory Center™ or Merrill Edge Self-Directed accounts, fax to 866.557.2690 or mail to Merrill Lynch Withdrawals & Distributions, P.O. Box 29002, Hot Springs, AR 71903-9002.

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