BLACKROCK FUNDS

ESS Retirement Savings Plan
BENEFICIARY DESIGNATION

Complete this form to designate beneficiaries who will receive your vested benefits in the event of your death. If you are married, your spouse is automatically your primary beneficiary and is awarded 100 percent of your death benefits. If you are married and elect a beneficiary other than your spouse, your spouse must complete section C.

A. Participant Information

Name (First) (MI) (Last)	Social Security Number	Employee Number

Married: ❑ Yes ❑ No Change in Designation: ❑ Yes ❑ No

B. Beneficiary Designation

In the event your primary beneficiary(ies) are not living at the time of your death, your death benefits will be paid to your secondary beneficiary(ies). If a beneficiary who is entitled to receive benefits is not living at the time of your death, then their benefits will be divided proportionately among the remaining beneficiary(ies). If proportions aren't indicated, or don't total 100 percent, benefits will be paid in equal shares. If no designated beneficiary survives you, your undistributed interest shall be paid as provided in the Plan.

Primary Beneficiary(ies) (If you are married and elect a primary beneficiary other than your spouse, your spouse must provide consent in section C.)

Full Name	**Social Security Number**	**Relationship**	**Birth Date (month, day, year)**	**Proportion**
			/ /	%
			/ /	%
			/ /	%
Secondary Beneficiary(ies)			Total	100%

Full Name	**Social Security Number**	**Relationship**	**Birth Date (month, day, year)**	**Proportion**
			/ /	%
			/ /	%
			/ /	%
			Total	100%

C. Spousal Consent

I, _____, spouse of the participant, certify that I have read this beneficiary designation and fully understand that by consenting to a beneficiary other than myself, I may never receive any benefits under this Plan. I certify that my signature is being witnessed by a notary public.

Spouse's Signature _____ Date _____

State of _____ County of _____

On this _____ day of _____, 200____, before me personally appeared _____, to me known to be the spouse described in the "spousal consent" above, and who executed the same. Witness my hand and official seal.

Notary Public _____

D. Participant's Signature

I hereby revoke all previous designations of beneficiary for this Plan. I certify that the information in section A is correct, and reserve the right to change my beneficiary designation at any time by completing a new form and filing it with Employer Support Services, Inc.

Participant's Signature _____ Date _____