

This form is to be used to designate beneficiaries for Individual Retirement Accounts (IRAs) or non-IRA individual or joint accounts. We will transfer ownership of your account to your primary beneficiaries upon the notification of death of all account owners. In addition, we will transfer ownership of your account to your contingent beneficiaries only if there are no surviving primary beneficiaries upon the notification of the account owner's death(s). If you designate more than one primary beneficiary, or more than one contingent beneficiary, please be sure that the percentages add up to 100%. If no percentages are designated, an even split will be assumed. If a beneficiary is a minor, you must designate a custodian and provide the minor's date of birth.

Beneficiaries cannot be established on an account with a foreign address of record.

**By changing the beneficiary information on this form, you revoke any prior beneficiary designation you made on the account(s) indicated below.**

**For Non-IRAs:** A Transfer on Death (TOD) designation transfers ownership of your shares to your beneficiary(ies) upon your death. For joint holders, shares are transferred to your beneficiary(ies) upon the death of the last surviving account owner. TOD is not available for residents of Louisiana. If an account owner adds a TOD registration to this account while a resident of a state other than Louisiana and later becomes a resident of Louisiana, then the TOD registration shall be void at such time as the account owner becomes a resident of Louisiana. TOD registration can affect tax strategies and estate planning. Therefore, you may want to consult a financial planner or attorney before requesting this type of registration, particularly if you reside in a community property state.

**For IRAs:** If no beneficiary survives you, or if no beneficiary designation is in effect upon notification of your death, the balance in your account(s) will be paid to your Estate.

Please check one: ☐ Initial Designation ☐ Change of Designation

## 1. ACCOUNT OWNER INFORMATION

Name in which account is registered (*first, middle, last*)

If applicable, name of joint owner (*first, middle, last*)

Social Security Number

If applicable, Joint Owner's Social Security Number

Phone number (*include area code*)

Cell Phone number (*include area code*)

Email Address

Email Address

Please list the last 10-digits of the account number(s) that you wish to add or change beneficiaries to:

Account number

Account number

Account number

Account number

Account number

Account number

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## 2. BENEFICIARY INFORMATION

☐ PRIMARY OR ☐ CONTINGENT

1. \_\_\_\_\_  
Beneficiary's Full Name (first, middle, last) or Trust Name

\_\_\_\_\_  
Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

\_\_\_\_\_  
Permanent Residence Address **DO NOT USE P.O. Box**

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): \_\_\_\_\_

☐ PRIMARY OR ☐ CONTINGENT

2. \_\_\_\_\_  
Beneficiary's Full Name (first, middle, last) or Trust Name

\_\_\_\_\_  
Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

\_\_\_\_\_  
Permanent Residence Address **DO NOT USE P.O. Box**

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): \_\_\_\_\_

☐ PRIMARY OR ☐ CONTINGENT

3. \_\_\_\_\_  
Beneficiary's Full Name (first, middle, last) or Trust Name

\_\_\_\_\_  
Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

\_\_\_\_\_  
Permanent Residence Address **DO NOT USE P.O. Box**

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): \_\_\_\_\_

☐ PRIMARY OR ☐ CONTINGENT

4. \_\_\_\_\_  
Beneficiary's Full Name (first, middle, last) or Trust Name

\_\_\_\_\_

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

\_\_\_\_\_

Permanent Residence Address **DO NOT USE P.O. Box**

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Phone Number Email Address

\_\_\_\_\_

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): \_\_\_\_\_

☐ PRIMARY OR ☐ CONTINGENT

5. \_\_\_\_\_  
Beneficiary's Full Name (first, middle, last) or Trust Name

\_\_\_\_\_

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

\_\_\_\_\_

Permanent Residence Address **DO NOT USE P.O. Box**

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Phone Number Email Address

\_\_\_\_\_

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): \_\_\_\_\_

☐ PRIMARY OR ☐ CONTINGENT

6. \_\_\_\_\_  
Beneficiary's Full Name (first, middle, last) or Trust Name

\_\_\_\_\_

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

\_\_\_\_\_

Permanent Residence Address **DO NOT USE P.O. Box**

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Phone Number Email Address

\_\_\_\_\_

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): \_\_\_\_\_

☐ PRIMARY OR ☐ CONTINGENT

7. \_\_\_\_\_  
Beneficiary's Full Name (first, middle, last) or Trust Name

\_\_\_\_\_  
Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

\_\_\_\_\_  
Permanent Residence Address **DO NOT USE P.O. Box**

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): \_\_\_\_\_

☐ PRIMARY OR ☐ CONTINGENT

8. \_\_\_\_\_  
Beneficiary's Full Name (first, middle, last) or Trust Name

\_\_\_\_\_  
Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

\_\_\_\_\_  
Permanent Residence Address **DO NOT USE P.O. Box**

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): \_\_\_\_\_

### 3. SIGNATURES

The beneficiary information on this form supersedes all other beneficiary information on file and will remain in full force and effect until another properly completed form or other written instructions are received. **For IRAs only**, please note that beneficiaries can be added or changed by logging into your account online at [www.bnyfunds.com](http://www.bnyfunds.com).

**For Non-IRAs:** By signing here, the owner(s) of the account(s) listed in Section 1 above understand(s) that we have adopted procedures governing TOD registrations pursuant to the Maryland Uniform Transfer on Death Security Registration Act; agree(s) that the Fund, BNY Mellon Securities Corporation, BNY Mellon Transfer, Inc. (the Fund's transfer agent), any subsidiary and/or any of their directors, trustees, employees and agents will not be liable for any claims, losses or expenses (including legal fees) for acting on any instructions or inquiries believed genuine; and authorize(s) the addition of a TOD registration to the accounts listed above or authorize(s) the change or addition of beneficiary information to the accounts listed above. In addition, the owner(s) of the account(s) listed in Section 1 above understand(s) that TOD registrations are only available for account owner(s) who reside in any state within the United States other than Louisiana.

X \_\_\_\_\_  
Signature of Owner Date

X \_\_\_\_\_  
Signature of Joint Owner, if any Date

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**Please mail this completed form to:**

BNY Shareholder Services  
P.O. Box 534434  
Pittsburgh, PA 15253-4434

**For Registered, Certified or Overnight Mail, please mail to:**

BNY Shareholder Services  
Attention: 534434  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

For assistance: 1-800-373-9387

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