

INSTRUCTIONS:

- Complete this form and indicate your former name and new name.
- Please have all authorized signers of the account(s) sign in Section 4 and obtain a notary.
- Please enclose any share certificates that may be outstanding for your account. Unless otherwise instructed, we will deposit the certificates in your account.
- **Please include a copy of your marriage certificate, divorce decree, birth certificate, adoption certificate or court order evidencing the name change. A driver's license is not an acceptable form of documentation.**
- A new account number will not be assigned.

1. ACCOUNT INFORMATION

Name of current registered owner of person who is changing their name (*first, middle, last*)

Social Security Number

Phone number (*include area code*)

Email Address

Please list the account number(s) that you wish to update:

Account number

Account number

Account number

Account number

2. FORMER NAME AND NEW NAME

Please update the **former name** from:

To the **new name** of:

First, Middle, Last, Suffix

First, Middle, Last, Suffix

3. ACCOUNT FEATURES

Changing your name can impact other aspects of your account. If your account currently has Banking or Checkwriting privileges that need to be updated please complete this section. Your existing Checkwriting checks will not be acceptable once the name change has been completed. If beneficiaries need to be updated, please complete the digital Beneficiary Designation Form found online at www.bnyfundsforms.com.

Does your account currently have banking information that needs to be updated?

☐ No ☐ Yes, please complete the below. This information will supersede ALL current banking information on file.

Does your account currently have the Checkwriting privilege?

☐ No ☐ Yes

☐ Checking Account ☐ Savings Account

Bank Name

Bank Wire Routing Number ABA

Your Bank Account Number

Name of Bank Account Holder

The BNY mutual funds will require BNY Mellon Transfer, Inc. (Transfer Agent) to employ reasonable procedures, such as requiring a form of personal identification, to confirm that instructions relayed by telephone and online are genuine and, if it does not follow such procedures, it may be liable for any losses due to unauthorized or fraudulent instructions.

Please attach a copy of a voided check, deposit slip, bank statement or letter on bank letterhead that includes the bank account information.

4. TAXPAYER CERTIFICATION AND AUTHORIZATION

Taxpayer Identification Number Certification: Under the penalties of perjury, I (we) certify that [1] the Social Security Number(s) or Taxpayer Identification Number(s) shown in Section 3 of this application is (are) my (our) correct Taxpayer Identification Number(s), [2] I (we) am (are) not subject to backup withholding either because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified that I (we) am (are) subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service ("IRS") has notified me (us) that I (we) am (are) no longer subject to backup withholding, [3] I (we) am (are) a U.S. person (including a U.S. resident alien) and [4] the Foreign Account Tax Compliance Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here: _____.

NOTE: Strike out item [2] if you have been notified that you are subject to backup withholding by the IRS and you have not received a notice from the IRS advising you that backup withholding has been terminated.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

All registered owners or required authorized signers of all the accounts must sign the form below and obtain a notary. For the individual changing their name, please sign using your new name.

Print Name: _____

Signature: _____

Individual/Custodian/Trustee/Corporate Officer/Partner, etc.

Title/Capacity

Date

Print Name: _____

Signature: _____

Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.

Title/Capacity

Date

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this
_____ day of _____, 20____

(Notary Signature)

My commission expires _____ (Affix seal)

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this
_____ day of _____, 20____

(Notary Signature)

My commission expires _____ (Affix seal)

MAILING INSTRUCTIONS

Mail this form to:
BNY Shareholder Services
P.O. Box 534434
Pittsburgh, PA 15253-4434

For registered, certified or overnight mail, please send to:
BNY Shareholder Services
Attention: 534434
500 Ross Street, 154-0520
Pittsburgh, PA 15262

For assistance: 1-800-373-9387