

Instructions

- Use this form to process a redemption or set up an auto withdrawal plan from your account.
- This form may also be used to redeem an account due to the passing of the shareholder(s). Depending on the Decedent's state of residence, an Inheritance Tax Waiver may be required.

1. ACCOUNT HOLDER INFORMATION

Name of Registered Owner/Custodian/Trustee/Corporate Officer/Partner, etc. (first, middle,last)

If applicable, Name of Joint Owner/Second Trustee/Corporate Officer/Partner, etc. (first, middle,last)

Street Address City State Zip Code

Social Security Number or Tax ID If applicable, Joint Owner's Social Security Number

Home Phone Number Cell Phone Number

Email Address If applicable, Joint Owner's Email Address

☐ Please check this box if you would like to update the address on your account to the above. A **Medallion Signature Guarantee** will be required.

2. REDEMPTION DUE TO DEATH

Name of Surviving joint owner, Executor/Administrator, Beneficiary or Successor Trustee

Estate/Trust Tax ID or Beneficiary's Social Security Number

Street Address City State Zip Code

Home Phone Number Cell Phone Number

Date(s) of Death _____ Alternate Date (optional) _____

For joint accounts only, please indicate if you are the spouse by checking the box: ☐ Spouse.

For joint spousal accounts, when assets are redeemed due to the death of a spouse, cost basis will be stepped up for 50% of the account value to the fair market on the date of death. If you are in a community property state, you can request a step up in cost basis below for 100% of the assets.

For non-spousal accounts, when the assets are redeemed from a joint account due to death, BNY will adjust the cost basis of the account by a 100% step up to the fair market value at the date of death for the amount of the redemption, unless a different percentage is provided below. Please consult with a tax advisor to determine the % contributed by the decedent and, therefore, the proper step up percentage to indicate below.

Please adjust my cost basis using _____% of the assets redeemed from the joint account(s) indicated in Section 1. Any remaining percentage will be carried over at the current cost basis on the account.

☐ Please check this box if you would like to request a step up in basis on a Trust account. Please make sure to consult with your tax advisor prior to doing so.

We strongly recommend you consult your tax advisor with any cost basis questions.

3. REDEMPTION AMOUNT(S)

☐ Total distribution of **ALL** accounts associated with the primary owner's Social Security Number listed in Section 1

14-Digit Account # _____ \$ _____ **or** ☐ Entire Balance **or** ☐ Beneficiary's Portion

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4. AUTOMATIC WITHDRAWAL PLAN

A \$5,000 minimum account balance is required to establish the Automatic Withdrawal Plan. If you do not select a day, we will automatically process your withdrawal on the 15th day of the month. If the day of the month you select falls on a weekend or holiday, your withdrawal will be made on the next business day. For plans that are established on the last calendar day of the month, if that day falls on a non-business day, the transaction will be processed on the last business day of the month. Your signature must be **Medallion Signature Guaranteed* if adding a withdrawal plan.**

☐ Add option ☐ Change existing option ☐ Delete existing option

14-Digit Account # _____

Amount (minimum of \$50) \$ _____

Starting Month _____ Day(s) of month _____

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

5. REDEMPTION INSTRUCTIONS

☐ Make check payable as shown on account's registration and mail to the address of record.

☐ Send the proceeds by overnight delivery (A \$10 fee will apply.) Not available for Automatic Withdrawal.

Is a signature required upon receipt of overnight delivery? ☐ Yes ☐ No

*Your signature must be **Medallion Signature Guaranteed*** if the redemption amount is greater than \$100,000 or if the proceeds are being sent to an address of record that has been changed within the last 30 days.*

☐ Send the proceeds directly to my bank account currently on file (if no option is selected, the proceeds will be sent by Automated Clearing House (ACH)):

☐ Wire ☐ ACH

☐ Send proceeds to an alternate bank account via: ☐ Wire ☐ ACH

(if no option is selected, the proceeds will be sent by ACH)

Bank Name: _____

ABA Routing Number: _____

Bank Account Number: _____

Name(s) on Bank Account: _____

☐ Please add or update the TeleTransfer and Wire Redemption privileges for my account(s) noted in Section 2. This information will supersede ALL current banking information on file.

Note: When checking this box, you must also attach a voided check, deposit slip, bank statement or letter on bank letterhead that includes your full account number and routing number for your bank. *Your signature must be **Medallion Signature Guaranteed****

PLEASE ATTACHED PRE-PRINTED VOIDED CHECK HERE.

5. REDEMPTION INSTRUCTIONS (cont'd)

☐ Make check payable to a third party and mail to the address provided below:

Name of third party: _____

Address: _____

City

State

Zip Code

Your signature must be **Medallion Signature Guaranteed**.*

6. ACKNOWLEDGEMENT AND SIGNATURES

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.

Signature of Account Owner/Custodian/Trustee/Corporate Officer/Partner, etc.

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

*If you are not the owner, but are acting on the owner's behalf, please note the appropriate capacity in which you are acting. Your signature must be Medallion Signature Guaranteed.**

Print Name

Print Name

Date

Date

Title/Capacity

Title/Capacity

☐ Check this box if you are acting in the capacity of successor trustee and the current trustee is incapacitated.

Medallion Signature Guarantee* By: Your signature(s) must be guaranteed here as described below.

1. The check is payable to a third party or is being mailed to an alternate address.
2. The proceeds are being sent to a bank account currently not on file.
3. The proceeds are greater than \$100,000 and being sent by check to the address of record.
4. The proceeds are being sent to an address of record that has been changed within the last 30 days.
5. You are not currently an authorized signer of record, but are acting on the owner's behalf.
6. You are a surviving joint tenant.
7. You are adding an automatic withdrawal plan.

Medallion Signature Guarantee	

MAILING INSTRUCTIONS

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

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

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