

➤ **BNY** | INVESTMENTS **REQUIRED MINIMUM DISTRIBUTION PLAN FORM** (for non-Roth IRAs and 403(b)(7) plan accounts only)

Please complete this form if you are required to take a Required Minimum Distribution (RMD) from your non-Roth IRA or 403(b)(7) plan account and you are requesting a periodic distribution. Complete this form only if you would like to make a change to an existing distribution schedule or if you do not have a distribution schedule established. Failure to withdraw the proper RMD amount by the applicable deadline could result in a 25% penalty tax on the amount not distributed. If the shortfall is timely corrected within 2 years, the penalty tax is possibly reduced to 10%.

If you were born on or before June 30, 1949, the RMD age is 70½. If you were born on or after July 1, 1949, the RMD age is 72. If you were born in 1951 or after, the RMD age is 73. The first year RMD may be delayed until April 1st of the following year. For 403(b)(7) plan participants, you are required to begin your RMD in the later of the year in which you attained your RMD age or the year in which you retire.

If you would like to take a one time or lump sum distribution, please complete the IRA Distribution Request Form or 403(b)(7) Distribution Request Form.

1 ACCOUNT INFORMATION

OWNER'S NAME (First, Middle Initial, Last)

STREET ADDRESS

CITY

STATE

ZIP CODE

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

DATE OF BIRTH (MO/DAY/YR)

SOCIAL SECURITY NUMBER

PHONE NUMBER

CELL PHONE NUMBER

2 RETIREMENT PLAN TYPE(S) AND ACCOUNT NUMBER(S)

Select the plan type and reference your account number(s) from which you will receive your RMD. Note that Required Minimum Distributions are based on the value of each of your retirement accounts within a given plan. Distributions will be withdrawn from each of these fund accounts proportionately.

Plan Type(s): ☐ TRADITIONAL (REGULAR) IRA ☐ ROLLOVER IRA ☐ SEP-IRA ☐ 403(b)(7) PLAN ACCOUNT

Fund Account Number(s): _____

Fund Account Number(s): _____

3 PURPOSE OF REQUEST

Check Only One: ☐ ESTABLISH a new automatic withdrawal plan.

If you check this box, ➡ ☐ CHANGE an existing automatic withdrawal plan.
provide ONLY the information
that is changing.

4 DISTRIBUTION OPTIONS AVAILABLE

- A. ☐ Please calculate and send me the required minimum distribution based on the Uniform Lifetime table or, if applicable, the Joint Life and Last Survivor Life Expectancy table. This calculation is based on current IRS regulations. **If your sole primary beneficiary is your spouse who is greater than 10 years younger than you, please fill out the section below.**

Beneficiary Name (first and last name)	Beneficiary Date of Birth (month/day/year)	Beneficiary SS#
	___ / ___ / _____	___ - ___ - _____

Your beneficiary must be the one previously designated by you. If you would like to change your beneficiary information, please complete the Beneficiary Designation Form for IRA's or the 403(b)(7) Beneficiary Designation Form for 403(b)(7) plans found online at bnyfundsforms.com.

- B. ☐ I want an amount greater than the required minimum distribution as specified below. The amount entered will be divided according to the schedule you choose below. **Important for 403(b)(7) Plans:** 20% federal tax withholding may be applied on the amount over the RMD. The Special Tax Notice Regarding Plan Payments describes this tax and the rollover rules.

Fund Account Number _____ Dollar Amount \$ _____

Fund Account Number _____ Dollar Amount \$ _____

5 FEDERAL INCOME TAX WITHHOLDING

The Bank of New York Mellon is required to withhold 10% of your required minimum distribution for Federal income tax purposes unless you select a different rate below. You can review the enclosed IRS Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for further instructions and a rate table that helps you choose a rate that is appropriate for your tax situation. This form can also be found at www.irs.gov/pub/irs-prior/fw4r--2025.pdf. **YOU DO NOT HAVE TO MAKE A SEPARATE ELECTION ON THE ATTACHED FORM W-4R, AND YOUR WITHHOLDING ELECTION MAY BE MADE ON THIS FORM ONLY.** If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not elect out of withholding, **by entering 0% on the line below**, withholding will be based on the gross amount of your distribution even though a portion of your distribution may not be subject to tax (e.g., if non-deductible contributions were made to your Traditional IRA or 403(b)(7) Account).

Your withholding rate is determined by the type of payment you will receive. For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on the line below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. See page 2 of the enclosed Form W-4R for more information.

FEDERAL INCOME TAX WITHHOLDING ELECTION

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables on page 1 of the enclosed Form W-4R for additional information. Enter the rate as a whole number (no decimals).

_____ %

6 STATE INCOME TAX WITHHOLDING

Depending on your state of residency, state income tax withholding may be required from your distribution. If applicable, you may elect a withholding rate that is above your state's minimum withholding rate. Certain states may permit you to elect to not have withholding apply. If a minimum withholding rate is required by your state, the custodian will withhold applicable state taxes regardless of your election below. The custodian does not withhold state taxes for all states. To the extent permitted by applicable state law, an election to not have Federal income tax withheld will also apply to state income taxes. To review the impact of state withholding for your state of residence, please speak to your tax consultant.

- ☐ I **do** want state income tax withholding applied to my IRA or 403(b)(7) plan account distribution at a rate of _____ % .
- ☐ I **do not** want state income tax withholding applied to my IRA or 403(b)(7) plan account distribution.

7 PERIODIC DISTRIBUTIONS

Periodic Distribution Schedule

Complete this section to set up a regular schedule of distributions. If an amount is entered in Section 4B above, it will be divided according to the schedule you choose below. **Please choose a date that has not already passed from the date we receive this document.**

Please make distributions on the following schedule:

_____ Monthly _____ Quarterly _____ Semiannually _____ Annually

Beginning distribution date: ____ / ____ / ____
MONTH DAY YEAR

First-Year RMD

Only valid if you reached your required distribution age in the previous year. If the option below does not apply, do not check the box below, complete only the Periodic Distribution Schedule above.

- ☐ I have previously postponed my first RMD until this year. I would like to take my first RMD immediately upon receipt of this form. Instruction must be received prior to April 1st.

8 DISTRIBUTION INSTRUCTIONS

Your distributions will be sent by check to the current address of record on your account unless you select **one** of the following:

- ☐ Mail to the address of record.

Please note: Requests for \$100,000 or more or to an address of record that has been updated within the last 30 days require a **Medallion Signature Guarantee**.*

- ☐ I want my distributions credited to my existing non-retirement account listed below.

Fund Account #: _____ (If you select this option, the distribution amount must meet the Fund's required minimum for subsequent investments. If you are not a registered owner on the non-retirement account, a **Medallion Signature Guarantee*** is required.)

- ☐ I want my distribution checks sent to the alternate payee address indicated below. Use this option for Qualified Charitable Distributions (QCDs). If the alternate payee is a charity, Federal income tax withholding will not be applied. A **Medallion Signature Guarantee*** is required.

Alternate Payee

Alternate Address

City

State

Zip Code

- ☐ I want my distributions sent to my bank account on file. A Medallion Signature Guarantee is not required.
(if no option is selected, the proceeds will be sent by ACH)

☐ ACH

☐ Wire

- ☐ I want my distributions sent to a bank account not on file. A **Medallion Signature Guarantee*** is required.
(if no option is selected, the proceeds will be sent by ACH)

☐ ACH

☐ Wire

Bank Name _____

Bank ABA Routing Number _____

Bank Account Number _____

Bank Account Name _____

8 DISTRIBUTION INSTRUCTIONS (CONTINUED)

- ☐ Please add or update the TeleTransfer and Wire Redemption privileges for my account(s) noted above. 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.

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.

9 PARTICIPANT AUTHORIZATION

I understand and agree that any distributions are fully taxable to me as ordinary income in the year in which they are distributed unless I have made non-deductible contributions to my account(s) in which case the portion of the distribution representing non-deductible contributions will not be subject to tax.

I hereby certify that all information provided by me is true and accurate. If applicable, with respect to my withholding election in Section 5 above (Federal Income Tax Withholding), I acknowledge that I have read the attached IRS Form W-4R and its instructions. (Form W-4R is attached for informational purposes only and does not need to be completed.) I acknowledge that no tax advice or other distribution-related advice has been given to me by BNY Mellon Investment Adviser, Inc., BNY Mellon Securities Corporation, The Bank of New York Mellon or any of their affiliates or representatives.

The undersigned warrant(s) that I have full authority and am of legal age to purchase shares pursuant to this form, have received a current Fund Prospectus and agree to be bound by its terms, and that all representations accompanying this form pursuant to the regulatory authority of any State, are true. I agree that the Transfer Agent, the Fund in which I am investing, BNY Mellon Securities Corporation or any subsidiary or their officers, directors, trustees or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine. In connection with any applicable telephone privileges, the Fund will require its Transfer Agent to employ reasonable procedures, such as requiring a form of personal identification, to confirm that instructions relayed by telephone are genuine and, if it does not follow such procedures, the Fund or the Transfer Agent may be liable for any losses due to unauthorized or fraudulent instructions. Neither the Fund nor its Transfer Agent will be liable for following telephone instructions reasonably believed to be genuine.

I acknowledge that mutual fund shares are not FDIC-insured. They are not bank deposits, bank obligations or bank-guaranteed. They pose investment risks, including the possible loss of principal.

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify [1] that the Social Security Number or Taxpayer Identification Number shown in Section 1 of this form is my correct Taxpayer Identification Number, [2] that I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and [3] I am 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 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 Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature

Date

Your signature(s) must be guaranteed here as described below.

Medallion Signature Guarantee

BNY Mellon Transfer, Inc. (Transfer Agent) has adopted standards and procedures pursuant to which Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

Please mail this completed form to:

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

For Registered, Certified or Overnight Mail:

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

For assistance: 1-800-373-9387

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If you were born on or before June 30, 1949, the RMD age is 70½. If you were born on or after July 1, 1949, the RMD age is 72. If you were born in 1951 or after, the RMD age is 73. The first year RMD may be delayed until April 1st of the following year. For 403(b)(7) plan participants, you are required to begin your RMD in the later of the year in which you attained your RMD age or the year in which you retire.

If you would like to take a one time or lump sum distribution, please complete the IRA Distribution Request Form or 403(b)(7) Distribution Request Form.

1 ACCOUNT INFORMATION

OWNER'S NAME (First, Middle Initial, Last)

STREET ADDRESS

CITY

STATE

ZIP CODE

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

DATE OF BIRTH (MO/DAY/YR)

SOCIAL SECURITY NUMBER

PHONE NUMBER

CELL PHONE NUMBER

2 RETIREMENT PLAN TYPE(S) AND ACCOUNT NUMBER(S)

Select the plan type and reference your account number(s) from which you will receive your RMD. Note that Required Minimum Distributions are based on the value of each of your retirement accounts within a given plan. Distributions will be withdrawn from each of these fund accounts proportionately.

Plan Type(s): ☐ TRADITIONAL (REGULAR) IRA ☐ ROLLOVER IRA ☐ SEP-IRA ☐ 403(b)(7) PLAN ACCOUNT

Fund Account Number(s): _____

Fund Account Number(s): _____

3 PURPOSE OF REQUEST

Check Only One: ☐ ESTABLISH a new automatic withdrawal plan.

If you check this box, ➡ ☐ CHANGE an existing automatic withdrawal plan.
provide ONLY the information
that is changing.

4 DISTRIBUTION OPTIONS AVAILABLE

- A. ☐ Please calculate and send me the required minimum distribution based on the Uniform Lifetime table or, if applicable, the Joint Life and Last Survivor Life Expectancy table. This calculation is based on current IRS regulations. **If your sole primary beneficiary is your spouse who is greater than 10 years younger than you, please fill out the section below.**

Beneficiary Name (first and last name)	Beneficiary Date of Birth (month/day/year)	Beneficiary SS#
	___ / ___ / _____	___ - ___ - _____

Your beneficiary must be the one previously designated by you. If you would like to change your beneficiary information, please complete the Beneficiary Designation Form for IRA's or the 403(b)(7) Beneficiary Designation Form for 403(b)(7) plans found online at bnyfundsforms.com.

- B. ☐ I want an amount greater than the required minimum distribution as specified below. The amount entered will be divided according to the schedule you choose below. **Important for 403(b)(7) Plans:** 20% federal tax withholding may be applied on the amount over the RMD. The Special Tax Notice Regarding Plan Payments describes this tax and the rollover rules.

Fund Account Number _____ Dollar Amount \$ _____

Fund Account Number _____ Dollar Amount \$ _____

5 FEDERAL INCOME TAX WITHHOLDING

The Bank of New York Mellon is required to withhold 10% of your required minimum distribution for Federal income tax purposes unless you select a different rate below. You can review the enclosed IRS Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for further instructions and a rate table that helps you choose a rate that is appropriate for your tax situation. This form can also be found at www.irs.gov/pub/irs-prior/fw4r--2025.pdf. **YOU DO NOT HAVE TO MAKE A SEPARATE ELECTION ON THE ATTACHED FORM W-4R, AND YOUR WITHHOLDING ELECTION MAY BE MADE ON THIS FORM ONLY.** If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not elect out of withholding, **by entering 0% on the line below**, withholding will be based on the gross amount of your distribution even though a portion of your distribution may not be subject to tax (e.g., if non-deductible contributions were made to your Traditional IRA or 403(b)(7) Account).

Your withholding rate is determined by the type of payment you will receive. For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on the line below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. See page 2 of the enclosed Form W-4R for more information.

FEDERAL INCOME TAX WITHHOLDING ELECTION

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables on page 1 of the enclosed Form W-4R for additional information. Enter the rate as a whole number (no decimals).

_____ %

6 STATE INCOME TAX WITHHOLDING

Depending on your state of residency, state income tax withholding may be required from your distribution. If applicable, you may elect a withholding rate that is above your state's minimum withholding rate. Certain states may permit you to elect to not have withholding apply. If a minimum withholding rate is required by your state, the custodian will withhold applicable state taxes regardless of your election below. The custodian does not withhold state taxes for all states. To the extent permitted by applicable state law, an election to not have Federal income tax withheld will also apply to state income taxes. To review the impact of state withholding for your state of residence, please speak to your tax consultant.

- ☐ I **do** want state income tax withholding applied to my IRA or 403(b)(7) plan account distribution at a rate of _____ % .
- ☐ I **do not** want state income tax withholding applied to my IRA or 403(b)(7) plan account distribution.

7 PERIODIC DISTRIBUTIONS

Periodic Distribution Schedule

Complete this section to set up a regular schedule of distributions. If an amount is entered in Section 4B above, it will be divided according to the schedule you choose below. **Please choose a date that has not already passed from the date we receive this document.**

Please make distributions on the following schedule:

_____ Monthly _____ Quarterly _____ Semiannually _____ Annually

Beginning distribution date: ____ / ____ / ____
MONTH DAY YEAR

First-Year RMD

Only valid if you reached your required distribution age in the previous year. If the option below does not apply, do not check the box below, complete only the Periodic Distribution Schedule above.

- ☐ I have previously postponed my first RMD until this year. I would like to take my first RMD immediately upon receipt of this form. Instruction must be received prior to April 1st.

8 DISTRIBUTION INSTRUCTIONS

Your distributions will be sent by check to the current address of record on your account unless you select **one** of the following:

- ☐ Mail to the address of record.

Please note: Requests for \$100,000 or more or to an address of record that has been updated within the last 30 days require a **Medallion Signature Guarantee**.*

- ☐ I want my distributions credited to my existing non-retirement account listed below.

Fund Account #: _____ (If you select this option, the distribution amount must meet the Fund's required minimum for subsequent investments. If you are not a registered owner on the non-retirement account, a **Medallion Signature Guarantee*** is required.)

- ☐ I want my distribution checks sent to the alternate payee address indicated below. Use this option for Qualified Charitable Distributions (QCDs). If the alternate payee is a charity, Federal income tax withholding will not be applied. A **Medallion Signature Guarantee*** is required.

Alternate Payee

Alternate Address

City

State

Zip Code

- ☐ I want my distributions sent to my bank account on file. A Medallion Signature Guarantee is not required.
(if no option is selected, the proceeds will be sent by ACH)

☐ ACH

☐ Wire

- ☐ I want my distributions sent to a bank account not on file. A **Medallion Signature Guarantee*** is required.
(if no option is selected, the proceeds will be sent by ACH)

☐ ACH

☐ Wire

Bank Name _____

Bank ABA Routing Number _____

Bank Account Number _____

Bank Account Name _____

8 DISTRIBUTION INSTRUCTIONS (CONTINUED)

- ☐ Please add or update the TeleTransfer and Wire Redemption privileges for my account(s) noted above. 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.

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.

9 PARTICIPANT AUTHORIZATION

I understand and agree that any distributions are fully taxable to me as ordinary income in the year in which they are distributed unless I have made non-deductible contributions to my account(s) in which case the portion of the distribution representing non-deductible contributions will not be subject to tax.

I hereby certify that all information provided by me is true and accurate. If applicable, with respect to my withholding election in Section 5 above (Federal Income Tax Withholding), I acknowledge that I have read the attached IRS Form W-4R and its instructions. (Form W-4R is attached for informational purposes only and does not need to be completed.) I acknowledge that no tax advice or other distribution-related advice has been given to me by BNY Mellon Investment Adviser, Inc., BNY Mellon Securities Corporation, The Bank of New York Mellon or any of their affiliates or representatives.

The undersigned warrant(s) that I have full authority and am of legal age to purchase shares pursuant to this form, have received a current Fund Prospectus and agree to be bound by its terms, and that all representations accompanying this form pursuant to the regulatory authority of any State, are true. I agree that the Transfer Agent, the Fund in which I am investing, BNY Mellon Securities Corporation or any subsidiary or their officers, directors, trustees or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine. In connection with any applicable telephone privileges, the Fund will require its Transfer Agent to employ reasonable procedures, such as requiring a form of personal identification, to confirm that instructions relayed by telephone are genuine and, if it does not follow such procedures, the Fund or the Transfer Agent may be liable for any losses due to unauthorized or fraudulent instructions. Neither the Fund nor its Transfer Agent will be liable for following telephone instructions reasonably believed to be genuine.

I acknowledge that mutual fund shares are not FDIC-insured. They are not bank deposits, bank obligations or bank-guaranteed. They pose investment risks, including the possible loss of principal.

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify [1] that the Social Security Number or Taxpayer Identification Number shown in Section 1 of this form is my correct Taxpayer Identification Number, [2] that I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and [3] I am 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 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 Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature

Date

Your signature(s) must be guaranteed here as described below.

Medallion Signature Guarantee

BNY Mellon Transfer, Inc. (Transfer Agent) has adopted standards and procedures pursuant to which Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

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

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

For assistance: 1-800-373-9387

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