

INDIVIDUAL RETIREMENT ACCOUNT BENEFICIARY DESIGNATION FORM

IMPORTANT INFORMATION — PLEASE READ

Complete this form to name or change your mutual fund account IRA beneficiary designation. By changing your beneficiary information on this form, you revoke any prior beneficiary designation you have made with respect to the assets in the IRA types you indicate below. Please list all beneficiary information even if you are only updating information for one of your beneficiaries. If designating more than three primary or secondary beneficiaries, check the box below and attach a separate sheet of paper to this form with all beneficiary information. If more than one person is named and no percentages are indicated, payment shall be made in equal shares to your surviving beneficiaries.

If no beneficiary survives you, or if no beneficiary designation is in effect at your death, the balance in your IRA(s) will be paid to your estate. Any secondary beneficiary you name will receive all or a portion of your IRA balance(s) only if all primary beneficiaries die before you. For example, if you name two primary beneficiaries but one of them dies before you, the entire balance will be paid to the surviving beneficiary. To name a trust as a primary or secondary beneficiary, write the name and address of the trustee, then give the name and date of the trust agreement.

Your beneficiary designation shall apply only to your mutual fund account IRA types indicated below, and not to any brokerage account.

☐ I am attaching to this form a separate sheet with beneficiary instructions.

1. Account Information:

IRA Shareholder's Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____ Phone Number _____ Cell Phone Number _____

2. IRA Plan Type:

Check all IRA plan types in which you would like to apply the designation(s) you make below. If you have more than one IRA of the same type (e.g., two traditional IRAs), we will apply this change in beneficiary information to all IRAs of the same type. Any beneficiary designation will apply to all investments within the IRA type indicated. You should complete a separate form for each IRA type in which you would like to name different beneficiaries and/or allocate different percentages.

☐ All mutual fund account IRA types

☐ Traditional IRA

☐ Traditional Rollover IRA

☐ Roth IRA

☐ SEP IRA

☐ Other _____

☐ Check this box if you do not want beneficiaries to receive general marketing material about products and services.

3. Beneficiary Designation

Primary Beneficiary(ies):

1. First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Soc. Sec. No./Tax ID _____ Date of Birth _____

Relationship to IRA Shareholder _____

% of Share _____

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

E-mail Address _____ Phone Number _____ Cell Phone Number _____

2. First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Soc. Sec. No./Tax ID _____ Date of Birth _____

Relationship to IRA Shareholder _____

% of Share _____

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

E-mail Address _____ Phone Number _____ Cell Phone Number _____

3. First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Soc. Sec. No./Tax ID _____ Date of Birth _____

Relationship to IRA Shareholder _____

% of Share _____

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

E-mail Address _____ Phone Number _____ Cell Phone Number _____

3. Beneficiary Designation (*continued*)

Secondary Beneficiary(ies):

1. First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Soc. Sec. No./Tax ID _____ Date of Birth _____

Relationship to IRA Shareholder _____

% of Share _____

Custodian, if beneficiary is a minor _____
(account owner or primary beneficiary cannot be designated as custodian)

E-mail Address _____ Phone Number _____ Cell Phone Number _____

2. First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Soc. Sec. No./Tax ID _____ Date of Birth _____

Relationship to IRA Shareholder _____

% of Share _____

Custodian, if beneficiary is a minor _____
(account owner or primary beneficiary cannot be designated as custodian)

E-mail Address _____ Phone Number _____ Cell Phone Number _____

4. Signature:

Signature of IRA Shareholder X _____ Date _____

By signing, I hereby revoke any prior beneficiary designation I have made with respect to my IRA.

Return to: BNY Mellon Shareholder Services
P.O. Box 534434
Pittsburgh, PA 15253-4434

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