BNY | INVESTMENTS

ACCOUNT OPTIONS FORM

This form can be used to add or change certain account options listed below on one or more accounts.

1. ACCOUNT OWNER INFORMATION

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

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

Residential Address

City State Zip

❑ Check this box if you would like to update the address of record.

Social Security Number | If applicable, Joint Owner's Social Security Number

Phone number *(include area code)* | Cell Phone number *(include area code)*

Email Address | If applicable, Joint Owner's Email Address

Please list the last 10-digits of the current/from account number(s) that you wish to update:

Account number | Account number

Account number | Account number

Please check the appropriate box(es) below and complete the corresponding section(s):

❑ Auto Asset Builder (Section 2)

❑ Dividend and Capital Gains Options (Section 3)

❑ Automatic Exchange (Section 4)

❑ Banking Instructions (Section 5)

2. AUTO ASSET BUILDER

Permits you to purchase shares automatically on a regular basis by electronically transferring a specified dollar amount from your bank account to your Fund account(s).

I (we) authorize BNY Mellon Transfer Inc. to debit my (our) bank account for automatic investments into one or more of my fund accounts listed below. **This privilege is not available for Inherited IRAs.** This service is governed by the Fund's prospectus provisions as well as by the rules of the Automated Clearing House (ACH). This service may be terminated or modified at any time without notice.

Note: If you do not select a day, we will automatically process your investment on the 15th day of the month. If the day of the month you select falls on a weekend or holiday, your investment will be made on the next business day.

❑ Add ❑ Change existing ❑ Delete

4-digit Fund Code ______________________ Amount $ ______________

Starting Month ______________________ Day(s) of month ______________

4-digit Fund Code ______________________ Amount $ ______________

Starting Month ______________________ Day(s) of month ______________

❑ Monthly ❑ Quarterly ❑ Semi-annually ❑ Annually

❑ Checking Account

❑ Savings Account

BANK NAME ABA ROUTING NUMBER

BANK ACCOUNT NUMBER NAME OF BANK ACCOUNT HOLDER

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

3. DIVIDEND AND CAPITAL GAINS OPTIONS

Allows the choice of having dividends and capital gains reinvested, sent as cash via check to the address of record, sent to a designated bank via Automated Clearing House (ACH), or swept into an **identically registered account**. Dividends by ACH permits electronic transfer of dividends or dividends and capital gains, if any, to your designated bank account. Please note that your bank may charge a fee for this service. This bank must be an ACH member. Unless you choose an option, your current dividend and capital gains distribution options will remain unchanged.

All **dividends** will be reinvested into additional shares unless otherwise indicated:

❑ Pay all dividends in cash* ❑ Reinvest all dividends ❑ Sweep to Account Number: ______________

All **Capital Gains** will be reinvested into additional shares unless otherwise indicated:

❑ Pay all Capital Gains in cash* ❑ Reinvest all Capital Gains ❑ Sweep to Account Number: ______________

I request the cash distribution selected above to be:

❑ Sent to the address of record listed in the registration (Section 1). **OR**

❑ Sent to the bank account (Section 5).

***Cash Options are only available to IRA holders age 59½ or older and are reported as qualified distributions. For Traditional IRAs only, the state and federal income tax withholding selections below are required for all cash options.**

FEDERAL INCOME TAX WITHHOLDING – FOR TRADITIONAL IRA ONLY

The Bank of New York Mellon is required to withhold 10% of your non-Roth IRA 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.pdf. YOU DO NOT HAVE TO MAKE A SEPARATE ELECTION ON THE ATTACHED FORM W-4R, AND YOUR WITHHOLDNG 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 non-Roth IRA). The Bank of New York will not withhold income tax from a Roth IRA distribution.

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 — FOR TRADITIONAL IRA ONLY

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). _________%

STATE INCOME TAX WITHHOLDING ELECTION – FOR TRADITIONAL IRA ONLY

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 non-Roth IRA distribution at a rate of _______ %.

❑ I **do not** want state income tax withholding applied to my non-Roth IRA distribution.

4. AUTOMATIC EXCHANGE

Automatic Exchange may be used to exchange a specific dollar or share amount from one mutual fund for shares of another mutual fund automatically on a regular basis. This option may also be used to make current year contributions into an IRA, provided that the IRA holder is a registered owner on the non-IRA account and meets all eligibility requirements for making contributions. This option cannot be used to make distributions from an IRA. **This privilege is not available on Inherited IRAs.**

Note: If you do not select a day, we will automatically process your investment on the 15th day of the month. If the day of the month you select falls on a weekend or holiday, your investment will be made on the next business day.

❑ Add ❑ Change existing ❑ Delete

Amount: ❑ Dollars $ __________ or ❑ Shares _________

Starting Month ___________________________ Day(s) of month ___________________

4. AUTOMATIC EXCHANGE Cont.

Frequency: ❑ Bi-monthly (twice a month) ❑ Monthly ❑ Quarterly ❑ Semi-annually ❑ Annually

Exchange from 4-digit Fund Code ___________ and 10-digit Account Number _____________________
to 4-digit Fund Code ___________ and 10-digit Account Number _____________________registered in the name(s) of ____.

5. BANKING INSTRUCTIONS

Banking instructions may only be established on an account where one of the bank depositors is also a registered owner on the mutual fund account.

❑ Check this box if you want to add/update **TeleTransfer**

Allows you to transfer money electronically between your designated bank account and your Fund account(s) by telephone and online through the bnyfunds.com website. Your bank must be a member of the Automated Clearing House (ACH) network. **This privilege is not available for purchase on Inherited IRAs**.

❑ Checking Account ❑ Savings Account

____

BANK NAME

____

BANK WIRE ROUTING NUMBER ABA YOUR BANK ACCOUNT NUMBER

____

NAME OF BANK ACCOUNT HOLDER

❑ Check this box if you want to add/update **Wire Redemption**

The Wire Redemption Privilege permits proceeds of redemption requests initiated by telephone or in writing to be transmitted by Fed Wire to your designated Federal Reserve Member Bank. Redemption requests from Coverdell ESAs must be in writing.

❑ Check this box if you want to use the **same bank for both** options on your account.

❑ 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(ies) of a voided check(s), deposit slip(s), bank statement(s) or letter(s) on bank letterhead that includes the full account number and routing number here.

6. SIGNATURES

By signing below, I certify and agree that:

I have received the current Fund prospectus(es) regarding the options I/we am choosing for my account(s) and agree to the terms set forth therein and on this form.

I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank or the U.S. government, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency. There can be no assurance that any money market fund will be able to maintain a stable net asset value of $1.00, and the net asset value of bond and equity mutual funds will fluctuate from time to time.

I hereby certify that all information provided by me is true and accurate. If applicable, with respect to my withholding election above (Federal Income Tax Withholding – Non-Roth IRA Only), 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.

PLEASE SIGN HERE:

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

____
Title/Capacity Date

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

____
Title/Capacity Date

NOTARY REQUIRED

If you are:

- using this form to update your address and your account has a stop mail OR
- adding or changing the payment address of all dividends or dividends and capital gains by ACH, OR
- adding Dividend Sweep and your "FROM" account registration is different than the "TO" account registration, OR
- adding Auto Exchange and your "FROM" account registration is different than the "TO" account registration, OR
- adding, reinstating or changing TeleTransfer or wire redemption options.

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

Please mail this 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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