

ADDRESS CHANGE FORM

Use this form to change the address on your account(s).

• If the bank account information for TeleTransfer or the Wire Redemption privileges on your account(s) has changed, please complete our digital Account Options form found online at www.bnyfundsforms.com.

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)					
Phone number (include area code)	Cell Phone number (ii	nclude area code)			
Email Address	Email Address				
Please list the account number(s) that you wish to update:					
Account number	Account number				
Account number	Account number				
ADDRESS INFORMATION					
For shareholders changing their address from a non-U.S. address to a U.S. address, please pacopy of any of the following documents reflecting your new U.S. address: driver's license, dentity card or one of the following documents dated within three months of this request — bank account statement or current telephone or utility bill.					
Mailing address (required)					
City	State	Zip Code			
Please indicate your Tax State (if different State	e from Mailing address)				
Permanent Residential Address (if different from	m Mailing address) (no P.O. boxes)				
City	State	Zip Code			

3.	AUTHORIZATION						
	All registered owners must sign the form below. Please be aware that any requests to redeem by check to the address of record, stop and reissue outstanding checks or to order a new checkbook within 30 calendar days of the address change must be made in writing, signed by all registered owners and Medallion Signature Guaranteed.						
	☐ Check this box if you would like to remove the STOP MAIL on the above account(s). I/we understand that each owner's signature must be Notarized .						
	Owner/Custodian/Trustee/Corporate Officer/Partner, etc.		Date	Date			
	Joint Owner (if any)/Second Trustee, Corporate Officer	c. Date	Date				
FO	R NOTARY PUBLIC USE ONLY:		FOR NOTARY PUBLIC USE ONLY:				
Sworn to (or affirmed) before me this			Sworn to (or affirmed) before me this				
	day of , 20		day of , 20				
(Not	tary Signature)		(Notary Signature)	-			
Му	commission expires (Affix s	seal)	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