

# ➤ **BNY** | INVESTMENTS **CHECKWRITING PRIVILEGE FORM**

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Use this form to:

- Update signatures for existing checkwriting services.
- Add checkwriting services to an existing account.
- Update checkwriting services from all signatures required to one signature required or vice versa.

**See your Fund's current prospectus for availability.**

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## **ACCOUNT OWNER INFORMATION**

This service allows you to write checks for \$500 or more on money market and bond fund accounts that allow checkwriting. Checks will clear only if drawn against funds which have been invested for the number of days required by the prospectus, except for wire investments. A supply of checks will be mailed to you.

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

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

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Residential Address

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City

State

Zip

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Social Security Number

If applicable, Joint Owner's Social Security Number

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Phone number *(include area code)*

Cell Phone number *(include area code)*

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Email Address

If applicable, Joint Owner's Email Address

Please list the 14-digit Fund and account number(s) that you wish to update:

Checkwriting services will only be added to the fund and account numbers provided below.

Complete separate forms for accounts that are not identically owned.

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Account number (xxxx-xxxxxxxxxx)

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Account number (xxxx-xxxxxxxxxx)

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Account number (xxxx-xxxxxxxxxx)

### **Non Retirement Accounts:**

- When establishing Checkwriting for joint accounts, only one signature will be required on each check unless you select all signatures required box below.
- If you want only one signature to be required on each check, you must obtain a **Notary**.  
*Please note that if you do not check the box below, the signature of one joint account owner is on behalf of himself and as attorney-in-fact on behalf of each other joint account owner by appointment. This agreement and appointment shall not be affected by the subsequent disability or incompetency of any joint account owner, and revocation will only be effective two business days after receipt by BNY Mellon Transfer, Inc. (the Transfer Agent) of a signed notice from any joint account owner.*

☐ **All signatures required on checks (joint accounts only).**

Your signatures below must be the same as your signatures on your checks.

☐ **One signature required on checks (joint accounts only).**

Your signatures below must be the same as your signature on your checks.

### **Retirement Accounts(IRA and IRA Rollovers Only):**

- The account owner must be age 59 or over to qualify for this Privilege.
- The Checkwriting Privilege is not available to participants registered with a foreign address.
- Please be advised that an IRA check redemption is considered an IRA distribution and such distribution will be reported on Form 1099-R to the Internal Revenue Service.
- The availability of the Checkwriting Privilege is contingent upon your signature below indicating your election to not have withholding apply to distributions made from your IRA using this Privilege.

☐ **I am age 59 or older and want the Checkwriting Privilege added to my IRA Fund account number referenced above.** I understand that each redemption check that is redeemed is treated as a distribution from my IRA. Your signature below must be the same as your signature on your checks.

### **By requesting the checkwriting privilege:**

You agree to indemnify and hold harmless us, the Bank, the Fund, the Fund's transfer agent, and any of their affiliates, directors, officers, employees, and agents, from and against any loss, claim or liability that arises in connection with the processing, clearing, payment or dishonor of any check written by the authorized signer(s) or reasonably believed to have been written by the authorized signer(s). In the event we, the Fund or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the check or other payment improperly made.

You agree to examine your account statements promptly when received and to notify us promptly, at most within 30 days of receipt of a statement, of any checks charged against the Account that you did not write and of any other errors, omissions, alterations, forgeries or other fraudulent occurrences. Failure to notify us within that time will preclude any claim against us, the Fund, the Fund's transfer agent, the Bank, and any of their affiliates, directors, officers, employees, and agents by reason of any unauthorized or missing signature, alteration or error of any kind.

You agree to notify us promptly, at most within 24 hours of the loss or theft of any of your checks or your checkbook.

You agree, further, to report a theft of your checks or checkbooks promptly to the police, to obtain a copy of the police report resulting from your report, and to provide a copy of such police report to us upon request.

You agree that, in the event of any fraudulent occurrence in your Account, including, but not limited to the writing of forged checks against your Account, the altering of checks written against your Account, or the forging of endorsements on checks written against your Account, you will report such fraudulent occurrence promptly to the police, obtain a copy of the police report resulting from your report, and provide a copy of such police report to us upon request. Further, you will cooperate with the police and with us, the Fund's transfer agent, and any of our agents in any investigation of such fraudulent occurrence.

### **Non Retirement Accounts**

#### **By signing this form, I acknowledge and agree that:**

- If I am subject to IRS backup withholding, I may write checks only on money market fund accounts;
- The Fund reserves the right to modify or revoke checkwriting services at any time;
- The signatures on this form are authentic.
- For organizations, I have submitted an original or certified resolution authorizing the individuals with legal capacity to sign and act on behalf of the organization;
- Negotiation of a check is a mutual fund redemption, and all conditions on redemptions set forth in the Fund's prospectus apply; and

### **Retirement Accounts**

#### **By signing this form, I acknowledge and agree that:**

- I have received a current Fund prospectus for each Fund in my IRA and agree to its terms.
- 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 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.
- I hereby agree by electing the Checkwriting Privilege for my IRA and executing this form that any check that I may draw against my IRA which is presented for payment shall constitute my written instruction to the custodian of my IRA to effect a distribution in the face amount of such check for purposes of Section (2) of the Individual Retirement Custodial Account Agreement. I understand that any such distribution will be reported by the custodian of my IRA to the Internal Revenue Service. I understand that such distributions (other than that portion of the distribution that consists of nondeductible contributions) will be subject to income tax. I hereby elect not to have federal or state income tax withheld from distributions using the Checkwriting Privilege, regardless of the current withholding option that is listed on my account and understand that I am responsible for payment of estimated tax with respect to such distributions. I further understand that I may incur penalties under the estimated tax rules if my estimated tax payments are not sufficient and that I should consult my tax advisor for further information. If I wish to have withholding applied to distributions from my IRA not using the Checkwriting Privilege, I should request a regular distribution from my IRA and revoke any election not to have withholding applied to such distributions that are currently in place.

**SIGNATURE(S) AND DATE(S) REQUIRED**

Owner/Custodian/Trustee	Date (mm/dd/yyyy)
Joint Owner/Trustee/POA Agent or Attorney-in-Fact	Date (mm/dd/yyyy)
Joint Owner/Trustee/POA Agent or Attorney-in-Fact	Date (mm/dd/yyyy)

All Account Owners must have their signatures notarized if:

- Adding the Checkwriting Privilege for the first time to an existing account.
- Updating the Checkwriting Privilege and not all signatures are required on checks for joint accounts.
- No notarization is required if only updating signatures for our records on accounts with existing checkwriting services.

**If your account has multiple account owners, each owner must sign and have their signature notarized.**

**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
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For assistance: 1-800-373-9397