BNY MELLON
INVESTMENT MANAGEMENT

TRANSFER ON DEATH REGISTRATION FORM

Important Information — Please read before completing this form.

A Transfer on Death (TOD) designation transfers ownership of your shares to your beneficiary or beneficiaries upon your death. For joint account holders, shares are transferred to your beneficiaries upon the death of the last surviving account owner. **TOD is only available on accounts registered to an individual or to joint owners with rights of survivorship or tenants by entirety with an address in any state within the United States other than Louisiana. TOD registration is not available for residents of Louisiana. If an account owner adds a TOD registration to his account while a resident of a state other than Louisiana and later becomes a resident of Louisiana, then the TOD registration shall be void at such time as the account owner becomes a resident of Louisiana.** *Because TOD registration can affect tax strategies and estate planning, you may want to consult a financial planner or attorney before requesting this type of registration, particularly if you reside in a community property state.* For assistance in completing this form or for answers to any questions about TOD registration, please call your financial representative.

- This form should be used to add a TOD registration to an existing account or to change TOD beneficiaries.
- 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.
- This TOD form can be used for multiple accounts provided that the account registrations and beneficiary designations are identical.
- This form cannot be used to establish beneficiaries for IRAs.

1 ACCOUNT INFORMATION

Fund Account Number

Fund Account Number

Fund Account Number

Fund Account Number

Owner's Name (First, Middle Initial, and Last)

Joint Owner's Name, if any (First, Middle Initial, and Last)

Street or P.O. Box Apt. #

( ) Phone Number

City, State and Zip Code

( ) Cell Phone Number

☐ Please check this box if you would like to update the address on your account to the above. Please note P.O. boxes are not allowed. For additional information, please call the number on your account statement.

E-mail Address

Social Security Number(s)

Owner's Social Security Number

Joint Owner's Social Security Number

2 BENEFICIARY DESIGNATION(S)

Please provide your designated beneficiary information in the boxes on the next page. (If you wish to designate more than four primary or more than four secondary beneficiaries, please attached a separate sheet.) These beneficiary designations will remain in full force and effect until another properly completed form or other written instructions are received. If you designate more than one primary beneficiary, or more than one secondary beneficiary, please be sure that the percentages you assign to all primary beneficiaries add up to 100%, and that the percentages you assign to all secondary beneficiaries add up to 100%. If no percentages are designated, an even split among primary and an even split among secondary beneficiaries will be assumed. Any fractional shares that remain upon dividing the account among multiple primary beneficiaries, and any fractional shares that remain upon dividing the account among multiple secondary beneficiaries, will revert to the first named primary and first named secondary beneficiary, respectively. Any secondary beneficiary you name will receive all or a portion of your account balance only if all primary beneficiaries pre-decease you.

If a beneficiary is a minor, you must designate a custodian and provide the minor's date of birth.

☐ Please check this box if you do not want beneficiaries to receive general marketing communications on products and services.

2 BENEFICIARY DESIGNATION(S) *(continued)*

Primary Beneficiary

Name of Beneficiary | Date of Birth | Soc. Sec. No. | Relationship

Street Address | E-mail Address | Custodian, if Beneficiary is a Minor | % of Shares

City | State | Zip Code | Phone Number | Cell Phone Number

Primary Beneficiary

Name of Beneficiary | Date of Birth | Soc. Sec. No. | Relationship

Street Address | E-mail Address | Custodian, if Beneficiary is a Minor | % of Shares

City | State | Zip Code | Phone Number | Cell Phone Number

Primary Beneficiary

Name of Beneficiary | Date of Birth | Soc. Sec. No. | Relationship

Street Address | E-mail Address | Custodian, if Beneficiary is a Minor | % of Shares

City | State | Zip Code | Phone Number | Cell Phone Number

Primary Beneficiary

Name of Beneficiary | Date of Birth | Soc. Sec. No. | Relationship

Street Address | E-mail Address | Custodian, if Beneficiary is a Minor | % of Shares

City | State | Zip Code | Phone Number | Cell Phone Number

Secondary Beneficiary

Name of Beneficiary | Date of Birth | Soc. Sec. No. | Relationship

Street Address | E-mail Address | Custodian, if Beneficiary is a Minor | % of Shares

City | State | Zip Code | Phone Number | Cell Phone Number

Secondary Beneficiary

Name of Beneficiary | Date of Birth | Soc. Sec. No. | Relationship

Street Address | E-mail Address | Custodian, if Beneficiary is a Minor | % of Shares

City | State | Zip Code | Phone Number | Cell Phone Number

Secondary Beneficiary

Name of Beneficiary | Date of Birth | Soc. Sec. No. | Relationship

Street Address | E-mail Address | Custodian, if Beneficiary is a Minor | % of Shares

City | State | Zip Code | Phone Number | Cell Phone Number

2 BENEFICIARY DESIGNATION(S) *(continued)*

Secondary Beneficiary

Name of Beneficiary	Date of Birth	Soc. Sec. No.	Relationship

Street Address	E-mail Address	Custodian, if Beneficiary is a Minor	% of Shares

City	State	Zip Code	Phone Number	Cell Phone Number

3 SIGNATURE

By signing here, the owner(s) of the account(s) listed in Section 1 above understand(s) that BNY Mellon Family of Funds has adopted procedures governing TOD registrations pursuant to the Maryland Uniform Transfer on Death Security Registration Act; agree(s) that the Fund, BNY Mellon Investment Adviser, Inc., BNY Mellon Transfer, Inc. (the Fund's transfer agent), any subsidiary and/or any of their directors, trustees, employees and agents will not be liable for any claims, losses or expenses (including legal fees) for acting on any instructions or inquiries believed genuine; and authorize(s) the addition of a TOD registration to the accounts listed above or authorize(s) the change or addition of beneficiary information to the accounts listed above as outlined in Section 2. In addition, the owner(s) of the account(s) listed in Section 1 above understand(s) that TOD registrations are only available for account owner(s) who reside(s) in any state within the United States other than Louisiana. TOD registrations are not available for residents of Louisiana.

The beneficiary information on this form supersedes all other beneficiary information on file and will remain in full force and effect until another properly completed form or other written instructions are received.

X _____ _____
Signature of Owner Date

X _____ _____
Signature of Joint Owner, if any Date

4 MAILING INSTRUCTIONS

Please mail this form to:

BNY Mellon Institutional Department
P.O. Box 534442
Pittsburgh, PA 15253-4442

For registered, certified or overnight mail,

Please mail this form to:

BNY Mellon Institutional Department
Attention: 534442
500 Ross Street, 154-0520
Pittsburgh, PA 15262

If you have any questions about TOD Registration, please call your financial representative.

BNY Mellon Institutional Services, a division of BNY Mellon Securities Corporation, Distributor IST-TOD-0124
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