▶BNY | INVESTMENTS **KEOGH PLAN TRANSFER REQUEST FORM**

Please complete this form if you wish to transfer or directly roll over all or a portion of your current IRA, Qualified Plan (including 401(k) Plan), governmental 457(b) Plan or 403(b)(7) Plan to your Keogh Plan Account. BNY will contact your current plan administrator/trustee/custodian with instructions on how to deposit the assets into your current account. If this is a new Keogh Plan Account, please attach a completed Keogh Plan Enrollment Form.

1. PARTICIPANT INFOR	MATION				
Name (first, middle initial, last)		Date of Birth			
Address		City	State	Zip	
Social Security #		Phone Number	Cell Phone	Number	
Employer Sponsor of Keogh					
2. INFORMATION REGA Please provide the following inform					
Name of Institution Currently Holding Y	our IRA, Qualified F	Plan (e.g. 401(k) Pla	n), Governmental 457(b	o) Plan or 403(b)(7) Plan Account	
Address		City	State	Zip	
Current IRA or Plan Account #		Phone Number			
Please check the box indicating (Please be sure that the information)				transfer or directly roll over	
Traditional (Regular) IRA	Rollover IRA	☐ SEP-IRA	Qualified Plan (e.g. 401(k) Plan), Governmental 457(b) Plan or 403(b)(7) Plan		
3. TRANSFER INFORMA	TION				
Please check the box that applies t	o the type of tra	nsaction you are	requesting:		
☐ Direct Transfer. I authorize the Tru	ustee/Custodian o	f my Keogh plan t	o directly transfer the	assets to my Keogh Plan Account	
Please transfer 🖵 All (100 2 to my Keogh Plan Accou				of the account listed in Section	
☐ Direct Rollover Qualified Plan (e authorize the Plan Administrator, rollover the proceeds of my eligib	Trustee/Custodia	an of my IRA, Gov	ernmental 457(b) Pla	n or 403(b)(7) Plan to directly	
Please transfer 🖵 All (100 2 to my Keogh Plan Accou				of the account listed in Section	

 4. KEOGH PLAN INFORMATION Please check the appropriate box: ☐ I am establishing a new Keogh Plan account and have enclosed a completed Keogh Plan Enrollment Form. ☐ I have an existing Keogh Plan account. Please provide your Keogh Plan account number: 5. PARTICIPANT SIGNATURE By signing below, you acknowledge that mutual fund shares are not 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, and that all mutual fund shares involve certain investment risks, including the possible loss of principal. 					
6. AUTHORIZATION OF EMPLOYER/PLAN Print Name	ADMINISTRATOR OF KEOGH PLAN Signature				
7. MEDALLION SIGNATURE GUARAN Contact the resigning custodian/trustee to determ					
Medallion Signature Guarantee					

If required, your signature should be guaranteed as described below:

The Transfer Agent has adopted standards and procedures pursuant to which Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

MAILING INSTRUCTIONS

Please mail this form to: For registered, certified or overnight mail:

BNY Shareholder Services P.O. Box 534434 Pittsburgh, PA 15253-4434

Attention: 534434 500 Ross Street, 154-0520

BNY Shareholder Services

Pittsburgh, PA 15262

For assistance: 1-800-358-0910