



BNY Brokerage Services P.O. Box 9008 Hicksville, NY 11802-9008

BROKERAGE ACCOUNT LINKAGE

By completing this form the balances in two Brokerage Accounts that have the same address will be linked for account billing purposes only. Please return this form to the address above.

Date: / /

BNY Brokerage Services:

Please accept this letter as authorization to consider the combined balances for the Brokerage Accounts that have the same address when determining whether an account may qualify for a fee waiver.

Primary Account #: _____

Account title: _____

SIGNATURES

(All registrants required to sign for each account.)

Secondary Account #: _____

Account title _____

SIGNATURES

(All registrants required to sign for each account.)

To receive multiple Brokerage Account statements in a single mailing please call a BNY Brokerage Account Representative at 1-800-843-5466 and ask for the combined statement mailing form.

Please mail this completed form to:

BNY BROKERAGE SERVICES
PO Box 9008
Hicksville, NY 11802-9008

For Registered, Certified or Overnight Mail, please mail to:

BNY BROKERAGE SERVICES
144 Glenn Curtiss Boulevard, 106-9501
Uniondale, NY 11556-0144

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MBS-XLK-0225