



BNY MELLON

INVESTMENT MANAGEMENT

REQUEST FOR INFORMATION

Use this form to determine beneficiaries, obtain balance information and/or obtain account specific documents on an account(s). When completed, please e-mail this form, and **attach the appropriate legal documentation along with a copy of your driver's license**, to **CustServ@bnymellon.com**, Subject - "Attn: Correspondence Department", or mail to:

For regular mail:

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

For registered, certified, or overnight mail:

BNY Mellon Shareholder Services
Attention: 534434
500 Ross Street, 154-0520
Pittsburgh, PA 15262

SECTION 1. ACCOUNT INFORMATION

ACCOUNT OWNER'S NAME(S)

ACCOUNT NUMBER(S)

SOCIAL SECURITY NUMBER OR TAX ID

DATE(S) OF DEATH (MONTH / DAY / YEAR)

SECTION 2. YOUR INFORMATION

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

CELL PHONE NUMBER

SECTION 3. RELATIONSHIP (Select the appropriate option)

- ☐ I am the current owner on the above referenced account(s). (Please be sure to include a photocopy of your driver's license.)
- ☐ I am the former minor on the above referenced account(s). (Please be sure to include a photocopy of your driver's license.)
- ☐ I am the surviving joint owner on the above referenced account(s). (Please be sure to include a photocopy of the death certificate and your driver's license.)
- ☐ I believe I am the beneficiary of the above referenced account(s). (Please be sure to include a photocopy of the death certificate and your driver's license.)
- ☐ I am the Executor/Administrator for the estate of the above referenced account owner(s). (Please be sure to include a photocopy of the court document that confirms your appointment and your driver's license. The court document must be dated within six months of receipt.)
- ☐ I am the successor trustee for the trust of the above referenced account(s). (Please be sure to include a photocopy of the death certificate, a photocopy of the extract of the trust agreement that identifies the trust name and the trustees/successor trustees, and your driver's license.)

SECTION 4. REQUESTED INFORMATION

Please provide me with the following:

- ☐ Confirmation of Beneficiary
- ☐ Current Balance
- ☐ Date of Death Balance
- ☐ Current Statement
- ☐ Most Recent Tax Forms
- ☐ Instructions to _____ the account(s)
(redeem/re-register)

SECTION 5. RECIPIENT INFORMATION

Please note that we will not honor requests to e-mail the requested information.

If no selection is made, the information will be sent to the address indicated in Section 2.

- ☐ Please mail the requested information to me at the address indicated in Section 2.
- ☐ Please mail the requested information to:

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

- ☐ Please fax the requested information to:

NAME

FAX NUMBER

PHONE NUMBER

CELL PHONE NUMBER

SECTION 6. SIGNATURE

SIGNATURE (electronic signatures are not accepted)

SIGNATURE (electronic signatures are not accepted)

PRINT NAME

DATE

TITLE/CAPACITY