

➤ **BNY** | INVESTMENTS **PARTICIPANT NAME CHANGE FORM**

FOR RETIREMENT PLAN ACCOUNTS ONLY

INSTRUCTIONS:

- Use this form for a retirement plan account only.
- Complete this form and indicate your former name and new name. Your signature must be notarized. An employer signature is not needed for SEP and SAR-SEP accounts.
- Please include a copy of your marriage certificate, divorce decree, birth certificate, adoption certificate or court order supporting your name change. A driver's license is not an acceptable form of documentation.

EMPLOYER/PLAN INFORMATION

Employer Name

Plan Type

PARTICIPANT INFORMATION

Please provide this information exactly as your account is currently registered.

Participant Name

Phone Number

Social Security Number

E-mail Address

RETIREMENT ACCOUNT(S)

List all account numbers registered under the plan type listed:

Account Number

Account Number

Account Number

Account Number

FORMER NAME AND NEW NAME

Please update the **former name** from:

To the **new name** of:

First, Middle, Last, Suffix

First, Middle, Last, Suffix

PARTICIPANT CERTIFICATION AND SIGNATURE

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify that [1] the Social Security Number or Taxpayer Identification Number shown in Section 1 of this application is my correct Taxpayer Identification Number, [2] I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service ("IRS") has notified me that I am no longer subject to backup withholding, [3] I am a U.S. person (including a U.S. resident alien) and [4] the Foreign Account Tax Compliance Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here: _____.

NOTE: Strike out item [2] if you have been notified that you are subject to backup withholding by the IRS and you have not received a notice from the IRS advising you that backup withholding has been terminated.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please sign your new name and obtain a notary.

Signature Date

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this
_____ day of _____, 20____

(Notary Signature)

My commission expires _____ (Affix seal)

EMPLOYER SIGNATURE (required only for qualified plans and 403(b)(7) plan accounts):

Notary not required with employer signature.

Name (Print) Signature

Date

MAILING INSTRUCTIONS

Mail this form to:
BNY Shareholder Services
P.O. Box 534434
Pittsburgh, PA 15253-4434

For registered, certified or overnight mail, please send to:
BNY Shareholder Services
Attention: 534434
500 Ross Street, 154-0520
Pittsburgh, PA 15262

For assistance: 1-800-358-0910