

CHANGE OF ADDRESS AUTHORIZATION FORM

INSTRUCTIONS:

- Use this form to change the address on your account(s).
- Please print <u>all</u> items except signatures.
- Please have all authorized signers of the accounts to be changed sign in Section 4.
- For shareholders changing their address from a non-U.S. address to a U.S. address please provide a copy of any of the following documents reflecting your new U.S. address: passport, driver's license, voter identity card or one of the following documents dated within three months of this request current bank account statement or current telephone or utility bill.

• Mail this completed form to:

BNY Mellon Institutional Department
P.O. Box 534442

Pittsburgh, PA 15253-4442

• Send registered, certified or overnight mail to:

BNY Mellon Institutional Department

Attention: 534442

500 Ross Street, 154-0520 Pittsburgh, PA 15262

For more information, please call your financial representative.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES.

1.	PLEASE CHA	NGE THE ADD	RESS ON		
Т	The following accounts (please list separately): Account Number(s)				
2. 1	FROM:				
	Address				
	City	State	7in Codo	() Phone Number	() Cell Phone Number
3.	City	State	Zip Code	Phone Number	Cell Phone Number
	Mailing Address				
	City		State		Zip Code
Permanent Residential Address (if different from mailing address)(no P.O. boxes)					
				()	()
	City	State	Zip Code	Phone Number	Cell Phone Number
	E-mail Address				



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4. SIGNATURE(S):

	nged sign below. Please note, if an ac I registered owners must sign.	ccount is registered to more than one		
	ng this box, I would like to remove the STOP MAIL (s) must be Notarized.*	on the above account(s). I understand that each owner's		
Print Name:				
Signature: _	Individual/Custodian/Trustee/Corporate Officer/Pa	irtner, etc.		
_	Title/Capacity	Date		
Print Name:				
Signature: _	Joint Owner (if any)/Second Trustee, Corporate Of	ficer, Partner, etc.		
_	Title/Capacity	Date		
FOR NOTAR	RY PUBLIC USE ONLY:	FOR NOTARY PUBLIC USE ONLY:		
	affirmed) before me this	Sworn to (or affirmed) before me this		
day d	of, 20	day of , 20		
(Notary Signa	ture)	(Notary Signature)		
My commiss	ion expires (Affix seal)	My commission expires (Affix s	eal)	
Notary Re Your signatur	quired*: re(s) must be notarized when removing a stop n	nail on an account.		

Please have all registered owners or required authorized signers of all the accounts

IMPORTANT INFORMATION:

• If the bank account information for teletransfer or the wire redemption privilege on your accounts has changed, please call your financial representative for additional information.