

CHANGE OF REGISTRATION AUTHORIZATION FORM

IMPORTANT INFORMATION - PLEASE READ

- An Account Application must accompany this form. If you do not indicate the fund(s) for your investment on the Account Application, your investment selection will remain the same. If you specify an alternate fund on the Account Application, the exchange from the current to the new fund, which may be a taxable event, will not be processed until after the transfer to the new account is completed.
- A change of registration requires that a new account be established. Please note that privileges on your current account will not automatically carry over to your new account. You must reapply for any privileges you would like us to establish on your Account Application. If changing the registration on a non-money market fund, you will also be required to elect a cost basis reporting method for the new account(s).
- This form can be used to change the registration of one or more accounts. If you have several accounts and would like to use one form, their current registrations must all be the same and the new registrations must also be the same. If they are not the same, you will need to obtain additional copies of this form.
- If your existing account has the checkwriting privilege, please make sure that all outstanding checks are paid before submitting this form. We will be unable to honor checks with your old registration and account number if you transfer all shares to your new account.
- Please be advised all outstanding issued checks will be stopped and reinvested into the account prior to the transfer of assets to a new account.
- Please enclose any share certificates that may be outstanding for your account. Unless instructed otherwise, we will
 deposit the certificates in your new account. If you are enclosing share certificates, please use the
 registered/certified/overnight mailing address provided on this form.
- You will receive a confirmation showing your new account number. Please use this number for all future transactions and inquiries about your new account.
- Additional documentation may be required for certain registration changes. Please see the Account Application.
- Please complete Sections 2A and 2B if the transfer is to be processed as a gift or due to a death. Otherwise complete Section 2B only. To ensure accurate cost basis reporting, you must indicate the type of transfer request and provide transfer details.
- Do not use this form for IRA or Keogh plans. For special forms or assistance in completing this form, please call your financial representative.

Please print all items except signatures. Use blue or black ink only. Please sign in Section 3.

Please print all items except signatures. Use blue or black link only. Please sign in Section 3.	
1. Please provide your current account information.	
Fund Name and Account Number	
Fund Name and Account Number	
Name of Owner or Custodian	
Name of Joint Owner (if any), Corporate Officer, Partner, Trustee, etc. 2. How would you like to register your NEW account?	
Please transfer (Please choose one – if nothing is checked, we will default to all)	
□ All shares OR □ part shares or dollars, and register the new account as follows:	
Name of New Owner, Custodian, Trustee, Executor, or Other Representative	-
Name of New Joint Owner (if any), Minor, Trust or Estate	
OR Please invest funds into my current account # or establish a new account in fund # I understand that the new fund account number will have the same final ten digits as my current account.	
Discounts this information must be identical to the information provided in Continual of the DNIV Mellan Foreity of Funda	

Please note this information must be identical to the information provided in Section 1 of the BNY Mellon Family of Funds Account Application, which must accompany this form unless funds are being invested into a current account number.

To ensure accurate cost basis reporting, indicate the reason for transfer and provide details.
□ Gift
Fair Market Value Acceptance
Signature of New Owner If accepting account will use Average Cost, the new owner must sign above indicating acceptance of shares at fair market value on the date of gift if the shares are transferred at a loss.
☐ Death (Inheritance)
Date of Death (required) Alternate Date
If the reason for transfer is due to death (inheritance), please indicate if you are the spouse by checking the box: □ Spouse
For joint spousal accounts, when assets are transferred due to the death of a spouse, cost basis will be stepped up for 50% of the account value to the fair market on the date of death. If you are in a community property state, you can request a step up in cost basis below for 100% of the assets.
For non-spousal accounts, when the assets are transferred from a joint account and death (inheritance) is selected, BNY Mellon will adjust the cost basis of the account by a 100% step up to the fair market value at the date of death for the amount of the transfer, unless a different percentage is provided below. Please consult with a tax advisor to determine the % contributed by the decendent and, therefore, the proper step up percentage to indicate below.
Please adjust my cost basis using% of the assets transferred from the joint account(s) indicated in Section 1. Any remaining percentage will be carried over at the current cost basis on the account.
☐ Please check this box if you would like to request a step up in basis on a Trust account. Please make sure to consult with your tax advisor prior to doing so.
We strongly recommend you consult your tax advisor with any cost basis questions.
2B. Cost Basis Information
Unless you specify otherwise below, the cost basis method on your current account will be used to deplete the transfer of the shares. To have the transfer(s) processed either Pro Rata or by using an alternate cost basis transfer processing method, select either 1 or 2 below. For accounts using the Average Cost method, shares are depleted in First In First Out (FIFO) order unless you select option 1 (Pro Rata Transfer Processing).
1) Pro Rata Transfer Processing*:
If you are transferring only a portion of your account, or transferring your account to multiple recipients, you have the option to have the transfer(s) processed proportionately from all tax lots in your account so that the tax lots in the receiving account(s) maintain the same cost basis characteristics across each new account (i.e., if the transfer is to multiple recipients) or as the originating account (i.e., if a partial transfer is to one recipient). This Pro Rata transfer processing election will only apply to the transfer(s) processed per this transfer request.
☐ Check this box to indicate you wish to have the transfer(s) processed pro rata across all tax lots rather than based on the cost basis method on your account or an alternate cost basis transfer processing method.
*The cost basis method on your account will not be impacted by this election.
2) <u>Alternate Transfer Processing*</u> :
If you have a cost basis method other than Average Cost on your account, you may choose an alternate transfer processing method for this transfer. Do not make a selection if your transfer is to be processed using the Pro Rata method or using the cost basis method on your account. This selection will <u>only</u> apply to the transfer(s) processed per this transfer request.
□ First In First Out (FIFO) □ Last In First Out (LIFO) □ High Cost, First Out (HIFO) □ Low Cost, First Out (LOFO)
□ Specific Lot
Date of Purchase/ # of shares
Date of Purchase /
Date of Furchase/ # of stidles

You will need to make a similar election on future transfers, if applicable, and redemptions will be processed according to the cost basis method on your account.

3. Signature(s) of Current C	wner(s)		
All current owners/executors/surviving t	enant(s), must sign below an	d obtain a MEDALLION SIGN	NATURE GUARANTEE* in Section 4
PLEASE SIGN HERE:			
Individual/Custodian/Beneficiary/Trustee/Corporate Offic	er/Partner, etc.	Joint Owner (if any)/Beneficiary/Sec	cond Trustee/Corporate Officer/Partner, etc.
Title/Capacity	Date	Title/Capacity	Date
Phone Number		Phone Number	
Check this box if you are acting inMedallion Signature Guar		r trustee and the current	trustee is incapacitated.
Your signature(s) must be guarantee		Medallion :	Signature Guarantee

*A Medallion Signature Guarantee is a stamped or typewritten assurance from a financial institutional (guarantor) that a signature or endorsement is genuine. Please check with your financial institution to be certain their guarantee will meet the requirements stated 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, the BNY Mellon Family of Funds Account Application and all enclosures to: BNY Mellon Institutional Department P.O. Box 534442 Pittsburgh, PA 15253-4442

For registered, certified or overnight mail, please mail to: BNY Mellon Institutional Department Attention: 534442 500 Ross Street, 154-0520 Pittsburgh, PA 15262



THE BNY MELLON FAMILY OF FUNDS

FINANCIAL INTERMEDIARY FULLY DISCLOSED ACCOUNT APPLICATION (DO NOT USE FOR KEOGH, IRA PLANS OR BUSINESS ACCOUNTS)

For special forms or assistance completing this application, call your financial representative.

Customer Identification Program Notice Important Information About Procedures for Opening a New Account

USA PATRIOT Act, Bank Secrecy Act, and Anti-Money Laundering

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity that opens an account. What this means for you: When you open an account, we will ask for information that will allow us to identify you. Until you provide the information or documents requested, we may not be able to open an account or effect any additional transactions for you.

- Individuals When an individual opens an account, the following information is required: full legal name, residential address, date of birth and Social Security Number. We may also request other information that will allow us to identify the individual and we may need to obtain a driver's license, passport, or other identifying documents.
- Legal Entities When corporations, partnerships, trusts, and other legal entities open an account, the following information is required: full legal name, physical address, and Tax Identification Number. We may also request other information that will allow us to identify the entity and may need to obtain certified articles of incorporation, partnership agreement, trust instrument, or other identifying documents. The Financial Crimes Enforcement Network's ("FinCEN") Customer Due Diligence Requirements for Financial Institutions ("CDD Rules") require financial institutions to identify and verify the identity of beneficial owners of legal entity customers, subject to certain exclusions and exemptions.

Unlawful Internet Gambling Enforcement Act ("Act") Notice: Transactions associated with unlawful internet gambling are prohibited. Specifically, the Act prohibits any person engaged in the business of betting or wagering (as defined in the Act) from knowingly accepting payments in connection with the participation of another person in unlawful internet gambling. Shareholders of BNY Mellon Family of Funds ("Funds") must not initiate or receive wire transfers, checks, drafts or other debit/credit transactions that are restricted by the Act. For more information, please refer to: https://www.federalreserve.gov/newsevents/pressreleases/files/bcreg20081112a1.pdf.

Escheatment Notice: Your property may be transferred to the appropriate state if no activity occurs in your Fund accounts within the time period specified by state law.

If required information is missing, your application may be rejected. If an account is established pending receipt of requested information, it may be restricted to liquidating transactions only and closed if requested information is not received within specified time frames.

Payment Instructions

For first class mail, please mail this form and all enclosures to: BNY Mellon Institutional Department

P.O. Box 534442

Pittsburgh, PA 15253-4442

For registered, certified or overnight mail please mail to:

BNY Mellon Institutional Department

Attention: 534442

500 Ross Street, 154-0520 Pittsburgh, PA 15262 You may use this application to open any one of the following account types.

Please note the type of documentation required and, if completing this application electronically, all items except the signature may be filled in electronically. Signatures must be hand-written and the signed application should be sent to the address found on page 1.

All information should be printed clearly.

NOTE: If any party to the application is not a U.S. citizen or resident alien, he/she will also need to provide a copy of his/her passport, alien ID card, or other government issued document with residence and photograph.

■ Individual - Complete sections 1A, 2A, 3A, 3F and sections 4 through 11.

Account is owned by one person.

■ Joint - Complete sections 1A & B, 2A & B, 3A & B, 3F and sections 4 through 11.

Account is owned by two or more people. Tenancy with right of survivorship is presumed unless tenancy in common is indicated in Section 1B.

■ Gifts or Transfers to Minors - Complete sections 1C, 2A, 2C, 3A, 3F and sections 5 through 11.

UGMA or UTMA-Account established for the benefit of a minor, but administered by an adult custodian. The laws pertaining to custodial accounts and the age of majority vary by state. Please check with the laws of the state in which the custodial arrangement was made. Only the custodian can act on the account, and the custodian must sign this form. The assets must be transferred to the minor when age of majority is reached.

■ Trust - Complete sections 1D, 2D, 3C, 3D (if applicable), 3F, and 5 through 12. Obtain a Medallion Signature Guarantee.

Account is established to invest assets held in a trust.

You will need to provide:

- a copy of the pages of the trust agreement that show the name of the trust, the date of the trust instrument, and a listing of all trustees and their signatures unless the account is being established via a change of registration from another account in the name of the same trust and only the name(s) of the trustee(s) are being changed; and
- if a testamentary trust, a copy of the first page and the signature page(s) of the probated will as well as a copy of the provision within the probated will that confirms the creation of the trust.
- Estate Complete sections 1E, 2D, 3E, 3F, and 5 through 12. Obtain a Medallion Signature Guarantee.

You will need to provide:

• a court certified copy of the appointment of the administrator, executor, or personal representative certified within the last 6 months unless the account is being established via a change of registration.

THE BNY MELLON FAMILY OF FUNDS

FINANCIAL INTERMEDIARY FULLY DISCLOSED ACCOUNT APPLICATION

(DO NOT USE FOR KEOGH, IRA PLANS OR BUSINESS ACCOUNTS)

For special forms or assistance completing this application, call your financial representative.

1. HOW WOU	ULD YOU	JLIKE	TO RE	GISTER YOUR	ACCOUNT?		
 ☐ Individual –	Complete	section	s 1A, 2A, 3	A, 3F and section	s 4 through 11.		
☐ Joint – Com	plete sect	ions 1A	& B, 2A &	B, 3A & B, 3F and	sections 4 through 11.		
UGMA or UTMA-Active age of majority	ccount establi vary by state	shed for th . Please ch	ne benefit of a	a minor, but administere laws of the state in whi	C, 3A, 3F and sections ed by an adult custodian. The l ch the custodial arrangement rred to the minor when age of	aws pertaining to cu was made. Only the	custodian can act on
☐ Trust – Com	plete secti	ons 1D, 2	D, 3C, 3D	(if applicable), 3F,	and 5 through 12.		
Other includ (11D not requ	-			Complete sections	1E, 2D, 3E, 3F, and 5 th	rough 12.	
A. Owner – You	u may elec	t a Tran	sfer on De	eath ("TOD") bene	eficiary in section 4. (N	ot available for Lo	ouisiana residents)
(Full Legal Name)	First Name	lı	nitial	Last Name	Social Security Number		Date of Birth
Phone Number					Cell	Phone Number	
Citizenship	□ U.S. [Resid	ent Alien		Country		
	Other	(please :	specify) ernment issu	ed document with resi	dence and photograph (see	(Please provid note on page 2).)	e passport, alien ID
Tax Residence		_		pecify)			
B. Joint Owne			,	,	Country		
(Full Legal Name)	First Name	lı	nitial	Last Name	Social Security Number		Date of Birth
Phone Number					Cell	Phone Number	
Citizenship	□ U.S. □	Resid	ent Alien		Country		
				ed document with resi	•	(Please provid note on page 2).)	e passport, alien ID
Tax Residence	□ U.S. □	Other	(please sp	pecify)	Country		
C. Custodian a	and Minor	□Unif	orm Gifts	to Minors Act ("U	GMA") 🔲 Uniform Tr	ransfers to Minc	rs Act ("UTMA")
(Minor's Full Legal	Name) First	Name	Initial	Last Name	Social Security Number		Date of Birth
(Custodian Full Le	gal Name) Fii	st Name	Initial	Last Name	Social Security Number		Date of Birth
Phone Number					Cell	Phone Number	
Custodian Citiz	zenship [☐U.S.	☐ Resid	ent Alien	Country		
		Other	(please sp	ecify) r (see Note on page 2)	,	(Pleas	e provide passport,
Custodian Tax	Residence	□U.S	. 🗆 Othe	er (please specify)	Country	/	
State in which	custodial	arrange	ment was	made*			

^{*}If no state is indicated, the state listed in the registration address will be presumed.

D. Trust Name of Trust Taxpayer ID Number Date of Trust Instrument For the Benefit of Type of Trust Name of Grantor Country where Trust established ☐ U.S. Other (please specify) Tax Residence ☐ U.S. ☐ Other (please specify) _____ Country First Trustee (Full Legal Name) First Name Social Security Number Date of Birth Initial Last Name Permanent Residential Address (no P.O. boxes) Street City Zip Code State Phone Number Cell Phone Number ☐ U.S. ☐ Other (please specify) _____ Citizenship Country Tax Residence ☐ U.S. ☐ Other (please specify) ___ Country **Second Trustee** (Full Legal Name) First Name Initial Last Name Social Security Number Date of Birth Permanent Residential Address (no P.O. boxes) Street City State Zip Code

	·	
Phone Number	Cell Ph	one Number
Citizenship 🗆 U.S. 🗆 Other (please specify)	Country	
Tax Residence 🗆 U.S. 🗆 Other (please specify)	Country	
E. Other Entity (such as Estate, Sole Proprietorship, I	Non-Incorporated Associati	on, etc.)
Full Legal Name		
		Taxpayer ID Number
Tax Residence 🗌 U.S. 🔲 Other (please specify)	Country	

2. PLEASE PROVIDE YOUR ADDRESS INFORMATION.

A. Owner/Custodian				
Mailing Address		City	State	Zip Code
Permanent Residential Address (if different from m	nailing address) (no P.O.	boxes) City	State	Zip Code
E-Mail Address				
B. Joint Owner				
Permanent Residential Address (if different from o	wner's permanent reside	ential address) (no P.O	. boxes) City	State Zip Code
C. Minor \square Check here if same as custo	odian's residential a	ddress.		
Permanent Residential Address (if different from c	ustodian's permanent re	esidential address) (no	P.O. boxes) City	State Zip Code
D. Trust or Other Legal Entity (such as	s Estate)			
Mailing Address		City	State	Zip Code
Physical Address (if different from mailing address) (no P.O. boxes)	City	State	Zip Code
E-Mail Address				
3. PLEASE PROVIDE ADDITION	AL REQUIRED	INFORMATIO	٧.	
A. Owner/Custodian				
Employment Status	☐ Self Employe	d 🗆 Retir	ed No	t Employed
Occupation		Т	ype of Business	
Business Name (if self employed)				
Employer's Name				
Employer's Address				
If retired or not employed, indicate source	ce of income:			
☐ Retirement Savings	☐ Social Securit	y/Pension		
☐ Spousal Support	☐ Other (please	specify)		

B. Joint Owner				
Employment Status	☐ Employed	☐ Self Employed	Retired	\square Not Employed
Occupation			Type of Bu	isiness
Business Name (if self emp	ployed)			
Employer's Name				
Employer's Address				
If retired or not empl	oyed, indicate sou	rce of income:		
☐ Retirement Saving	S	☐ Social Security/Per	sion	
☐ Spousal Support		\square Other (please speci	fy)	
C. First Trustee				
Employment Status	☐ Employed	☐ Self Employed	Retired	☐ Not Employed
Occupation			Type of Bu	isiness
Business Name (if self emp	ployed)			
Employer's Name				
Employer's Address				
D. Second Trustee (if applicable)			
Employment Status	☐ Employed	☐ Self Employed	Retired	\square Not Employed
Occupation			Type of Bu	ısiness
Business Name (if self emp	ployed)			
Employer's Name				
Employer's Address				

E. Authorized Person (must be same name as provided in section 12)
Executor/Administrator/Personal Representative (Not for Power of Attorney appointment.)

(Full Legal Name) First Name	Initial	Last Name	Social Security Number		Date of Birth
Title					
Permanent Residential Address (no	P.O. boxes)		City	State	Zip Code
Phone Number			Cell	Phone Number	
Additional Authorized Persexecutor/Administrator/Persor					
(Full Legal Name) First Name	Initial	Last Name	Social Security Number	-	Date of Birth
Title					
Permanent Residential Address (no	P.O. boxes)		City	State	Zip Code
Phone Number			Cell	Phone Number	
F. Political/Military Officia	ıls				
Please indicate if any accou in the U.S. or any other cou member of such official (inc	ntry or jurisdi	ction, or is closely	associated with such o		
□Yes □No					
If yes, please provide name	of official, off	ice held, and cour	ntry		

^{*}A related party includes a custodian, trustee, or beneficiary, or any principal shareholder, beneficial owner or authorized person listed in sections 3E and 12A.

4. For new accounts registered as individual or joint with rights of survivorship, would you like to add a transfer on death (TOD) beneficiary?

A Transfer on Death (TOD) designation transfers ownership of your shares to your beneficiary or beneficiaries upon your death. For joint account holders, shares are transferred to your beneficiaries upon the death of the last surviving account owner. TOD registration is only available on accounts registered to an individual or to joint owners with rights of survivorship or tenants by entirety with an address in any state within the United States other than Louisiana. TOD registration is not available for residents of Louisiana. If an account owner adds a TOD registration to his account while a resident of a state other than Louisiana and later becomes a resident of Louisiana, then the TOD registration shall be void at such time as the account owner becomes a resident of Louisiana. Because TOD registration can affect tax strategies and estate planning, you may want to consult a financial planner or attorney before requesting this type of registration, particularly if you reside in a community property state. If you have any guestions about TOD registration, please call your financial representative.

Beneficiary designation(s)

Please provide your designated beneficiary information in the boxes below. (If you wish to designate more than two primary or more than two secondary beneficiaries, please attach a separate sheet.) These beneficiary designations will remain in full force and effect until another properly completed form or other written instructions are received. If you designate more than one primary beneficiary, or more than one secondary beneficiary, please be sure that the percentages you assign to all primary beneficiaries add up to 100%, and that the percentages you assign to all secondary beneficiaries add up to 100%. If no percentages are designated, an even split among primary and an even split among secondary beneficiaries will be assumed. Any fractional shares that remain upon dividing the account among multiple primary beneficiaries, and any fractional shares that remain upon dividing the account among multiple secondary beneficiaries, will revert to the first named primary and first named secondary beneficiary, respectively. Any secondary beneficiary you name will receive all or a portion of your account balance only if all primary beneficiaries pre-decease you.

peneficiaries, will revert to	the first name	ed primary and fir	st named secondary
designate a custodian and	provide the m	ninor's date of bir	th.
ot want beneficiaries to rec	eive general m	arketing commun	ications on products
Date of Birth	Social Sec	urity Number	Relationship
es)	City	State	Zip Code
	Custodian, if	beneficiary is a minor	
Phone Numbe	er	Cell Phone	Number
Date of Birth	Social Sec	urity Number	Relationship
es)	City	State	Zip Code
	Custodian, if	beneficiary is a minor	
Phone Numbe	⊃r	Cell Phone	Number
	Date of Birth Date of Birth Date of Birth	Date of Birth Custodian, if Inches In	Date of Birth Custodian, if beneficiary is a minor Date of Birth Social Security Number Custodian, if beneficiary is a minor Date of Birth Custodian, if beneficiary State Custodian, if beneficiary Number Custodian, if beneficiary is a minor

Permanent Residential A % Percentage of Shares			Social	Security Number	Relationship
	Address (no P.O. boxes)		City	State	Zip Cod
	6				
ercentage of States	<u> </u>		Custodiar	n, if beneficiary is a mino	pr
-mail Address		Phone Num	nber	Cell Phor	e Number
econdary Beneficiary					
Name of Beneficiary		Date of Birth	Social	Security Number	Relationship
Permanent Residential A	Address (no P.O. boxes)		City	State	Zip Cod
%	6				
ercentage of Shares			Custodiar	n, if beneficiary is a mind	or
	OICATE THE FUN		RINVESTM	IENT.	e Number
5. PLEASE IND	of the Fund(s) and indicand's prospectus for minim	ND(S) FOR YOUF	RINVESTM	IENT. applicable) and the doll One of the following: CUSIP, NASDAQ Symbol	ar amount of your in
5. PLEASE IND	of the Fund(s) and indica	ND(S) FOR YOUF	re selecting (if a	One of the following:	ar amount of your in
5. PLEASE IND	of the Fund(s) and indicand's prospectus for minim	ND(S) FOR YOUF	re selecting (if a	One of the following:	ar amount of your in AMOUNT
5. PLEASE IND	of the Fund(s) and indicand's prospectus for minim	ND(S) FOR YOUF	re selecting (if a	One of the following:	ar amount of your in

5A. COST BASIS METHOD ELECTION

City

Name of Representative (Salesperson) and Number, if any

Note - This election will not be applied to money market fund accounts. If you are opening a money market fund account and at a later date process an exchange to open a fluctuating NAV fund account, you should make your cost basis selection at that time. Federal regulations require that we report to the IRS on Form 1099-B the cost basis information on mutual fund shares purchased on or after January 1, 2012 (covered shares), and redeemed on or after that date. Please choose one of the cost basis reporting methods listed below for your account(s). If no method is selected, the Fund(s) will report cost basis using Average Cost. Specific Lot Identification is also a cost basis method option and is offered at the time of your redemption or exchange transaction. ☐ First In, First Out (FIFO) ☐ Last In, First Out (LIFO) ☐ High Cost, First Out (HIFO) ☐ Low Cost, First Out (LOFO) ☐ Average Cost Please consult your tax professional to determine which cost basis method is best for your personal tax situtation. Changing your cost basis method: If the cost basis method for your account(s) is Average Cost, you may retroactively change your cost basis method only before the date of the first redemption or transfer of covered shares. You may change your cost basis method for future purchases at any time. Changes to or from the Average Cost method must be made in writing or via bnymellonim.com/us. Changes to or from all other methods may be made in writing, via bnymellonim.com/us or by telephone. 6. WHO IS YOUR FINANCIAL REPRESENTATIVE? If shares are being purchased through a financial intermediary, then the name of your financial intermediary must appear in this section. I/we represent and warrant that the firm named below is authorized to purchase and redeem Fund shares on my/our behalf. Firm Name Phone Number Cell Phone Number Branch Address

State

County

Dealer Code

Zip Code

Branch Code

SHAREHOLDER PRIVILEGES These privileges are subject to the terms set forth in the Fund's prospectus.	
7. WOULD YOU LIKE CHECKING PRIVILEGES?	
An initial investment by check requires an 8 business day hold. Funds will not be available for checkwriting during this time. If accepting the checkwriting privilege, a checkbook will not be issued until initial investment funds have cleared. Allow approximately 2 weeks after our receipt of your initial investment for receipt of your checkbook.	

☐ Checkwriting privilege. By checking this box I accept the checkwriting privilege.

For Joint Accounts Only if accepting the checkwriting privilege above (check one box below):

One Signature Required (Agreement to permit Single Signature)—I agree to permit a single signature for check-
writing. Your signatures constitute agreement to permit redemptions by a single joint owner through the use of a
redemption check. The signature of one joint owner is on behalf of such person and as attorney-in-fact on behalf
of each other joint owner by appointment. This agreement and appointment shall not be affected by the subse-
quent disability or incompetency of any joint owner, and revocation will only be effective two business days after
receipt by the Transfer Agent of a Medallion Signature Guaranteed** letter signed by both joint owners (or their
legal representatives).

☐ All Signatures Required

8. WOULD YOU LIKE AUTOMATIC ASSET BUILDER?

	nits you to purchase shares automati OO) from your bank account to your		sis by electronically tran	sferring a specified dollar	amount (minimum
	Yes, I (we) want Automatic Asset Builder.				
You must attach a voided check to this Application in the area designated next to section 9. Money will be trans only from the bank account indicated on the voided check.				be transferred	
	Fund Name			Amount \$	
	Fund Name				
	Fund Name			Amount \$	
	Fund Name			Amount \$	
Check the investment cycle that is most convenient for you to have your bank account debited.			k account debited.		
	☐ Bi-monthly (twice a month)	☐ Monthly	Quarterly	☐ Semi-annually	☐ Annually
	Starting month		Date(s)		

NOTE: If a date falls on a non-business day, your Fund account will be credited on the next business day.

9. WOULD YOU LIKE TELETRANSFER AND WIRE REDEMPTION PRIVILEGES?

TeleTransfer

Permits electronic transfer of money between your designated bank account and your Fund account by telephone or online through the bnymellonim.com/us.

Wire Redemption

Permits proceeds of redemption requests initiated by telephone, letter or online through the bnymellonim.com/us to be transmitted by Fed wire to your designated Federal Reserve Member Bank.

Yes, I (we) want **TeleTransfer** and **Wire Redemption** privileges.

You must attach a voided check to this application in the area designated at the left of this section. (Starter checks not accepted.) Money will be wired or transferred to the bank account indicated on the voided check.

The Fund(s) will require the Transfer Agent to employ reasonable procedures, such as requiring a form of personal identification, to confirm that instructions relayed by telephone and online are genuine and, if it does not follow such procedures, it may be liable for any losses due to unauthorized or fraudulent instructions. Neither a Fund nor its Transfer Agent will be liable for following instructions reasonably believed to be genuine.

10. WOULD YOU LIKE TO QUALIFY FOR A REDUCED SALES CHARGE?

A. L	ETTER OF INTENT (for Class A shares) Invest	or's Statement of Intention ar	nd Price Agreem	nent
MIN	IIMUM INITIAL PURCHASE: \$5,000			
sha "pu I int of t	EASE NOTE: Future purchases, and purchases (including Class C shares) of any Eligit rchaser" (as described under Right of Acceed, but am not obligated, to invest in shalk Letter of Intent, in an aggregate amount in the contract of the con	ole Fund (as defined under Ric cumulation below) may be use res of Eligible Funds during the	ght of Accumula d to equal or ex e 13-month perio	ation below) by you and any related sceed the minimum amount checked. and from the date of my submission
	nmitment"). (Check one box only.)			- t
_	550,000 to less than \$100,000	\$250,000 to less than \$		☐ \$1,000,000 and over
_	\$100,000 to less than \$250,000	\$500,000 to less than \$		
Let	ject to the conditions specified herein and ter of Intent will be made at the public off nmitment, as described in the then-curren	ering price applicable to a sin	gle transaction	in the amount of the LOI Purchase
refl Inte	on completion of the LOI Purchase Commi ect any reduced sales load applicable to s ent. The adjustment will be made in the for licable to a single purchase in the amount	hares purchased during the 9 rm of additional shares credit	O-day period pr ed to my accou	ior to submission of this Letter of
	RMS OF ESCROW			
	Out of my initial purchase (or subsequent purchase Agent in shares. All dividends and any capital gain the exchange privilege (as described in the Fund's	distributions on the escrowed share		
2.	If I complete the LOI Purchase Commitment with	in the 13-month period, the escrow	ed shares will be p	romptly released to me.
	If my total purchases pursuant to this Letter of Int (including shares representing the escrowed amou purchases I actually made (which will reduce the n the Transfer Agent will redeem the number of escipaid by me and the amount of sales loads which I will be credited to my account. Full and fractional shar	int) during the 13-month period will to umber of shares in my account) unlo rowed shares necessary to obtain th would have paid if my total purchase	pe adjusted to refle ess I have redeeme de difference betwe es had been made a	ect the sales load applicable to the aggregate and the shares in my account, in which case een the dollar amount of sales loads actually at a single time and any remaining shares will
4.	I hereby irrevocably constitute and appoint the Tra	ansfer Agent my attorney-in-fact to	surrender for rede	mption any or all escrowed shares.
	s Letter of Intent must be received by the Tra Ion Securities Corporation must refer to this	-	fective. All futur	e purchases placed directly with BNY
Ter	ms Accepted:			
Sig	gnature(s) of Investor(s)		Date	
F	Right Of Accumulation (FOR CLASS A SHARES) Please Note: Purchases of shares (including Class ourchases of Class A shares.		efined below) quali	fy towards "Right of Accumulation" for
valu child orde	res may be purchased at the offering price applic ie of the combined present holdings of the "purch dren), as described in the prospectus, of shares o er for this cumulative quantity discount to be made accounts are subject to verification.	naser" (which includes the individual If any Funds that are subject to a sa	al purchasing the sales load, as descr	shares, his or her spouse, and their minor ibed in the prospectus ("Eligible Funds"). In
П	he following accounts qualify for the Right of Accu	umulation or Letter of Intent as desc	ribed above and in	a Fund's prospectus. Account number(s):

11. PLEASE READ CAREFULLY AND SIGN.

Title/Capacity

The undersigned warrant(s) that I (we) have full authority and, if a natural person, am (are) of legal age to purchase shares pursuant to this application, have received a current prospectus for the Fund selected for investment and agree to be bound by the terms of such prospectus, am (are) not a foreign financial institution, and that all representations accompanying this application are true. I agree to obtain the prospectus for any Fund into which I exchange and to be bound by the terms of such Fund's prospectus. I (We) agree that the Transfer Agent, the Fund in which I (we) am (are) investing or shall invest, BNY Mellon Investment Adviser, Inc., BNY Mellon Securities Corporation and any subsidiary or affiliate thereof, and the respective officers, directors, trustees or employees and agents of each of the foregoing will not be liable for any loss, damage, expense or cost (including but not limited to attorneys' fees) for acting upon any instructions or inquiries believed to be genuine.

I authorize the Transfer Agent and the Fund in which I (we) am (are) investing or shall invest to act on telephone or online instructions from any person representing himself or herself to be me and reasonably believed by the Transfer Agent or Fund (as applicable) to be genuine. I understand that I may be responsible for any fraudulent telephone or online order as long as the Transfer Agent or Fund (as applicable) takes reasonable measures to confirm that instructions are genuine.

For Transfer On Death Registrations: I (we) understand that the Transfer Agent follows procedures governing TOD registrations pursuant to the Maryland Uniform Transfer on Death Security Registration Act and authorizes the establishment of a TOD account. In addition, I (we) understand that TOD registrations are only available for account owners who reside in any state within the United States other than Louisiana. TOD registrations are not available for residents of Louisiana.

I (we) acknowledge that mutual fund shares are not Federal Deposit Insurance Company insured. They are not bank deposits, bank obligations or bank-guaranteed. They pose investment risks, including the possible loss of principal.

Taxpayer Identification Number Certification: Under the penalties of perjury, I (we) certification.	ry that [1] the Social Security Number(s) or Taxpayer
Identification Number(s) shown in section 1 of this application is (are) my (our) correct Taxpa	ayer Identification Number(s), [2] I (we) am (are) not
subject to backup withholding either because: (a) I (we) am (are) exempt from backup withholding	olding, or (b) I (we) have not been notified that I (we) am
(are) subject to backup withholding as a result of a failure to report all dividends, or the Inter	rnal Revenue Service (IRS) has notified me (us) that I (we)
am (are) no longer subject to backup withholding, [3] I (we) am (are) 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	om 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 ex-	emption from FATCA reporting code (if any)
here: NOTE: Strike out item [2] if you ha	ve 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 ba	ckup withholding has been terminated.
The IRS does not require your consent to any provision of this document other than the cen	rtifications required to avoid backup withholding.
PLEASE SIGN HERE:	
ndividual/Custodian/Trustee/Executor. etc. Joint Own	or (if any) (Cocond Truston ata (if annliaghla)
inividual/custonial/frustee/executor, etc. Joint Own	er (if any)/Second Trustee, etc. (if applicable)

Date

Title/Capacity

Date

12. IF YOU ARE A TRUST, OR OTHER ENTITY, PLEASE COMPLETE THIS CERTIFICATION.

NOTE: Retain a copy of this application for your records. This document is in full force and effect until another dul	executed form is received by the Transfer Agent.
Name of Registered Owner	
Registered Owner is a:	
☐ Trust	
Other (please specify)(such as sole proprietorship, estate, non-incorpo	ated association, etc.)
Owner, and any* of them ("Aut governing document to act with full power	trustees/executor/other authorized signatories of the Registered norized Person(s)") is/are currently authorized under the applicable to sell, assign or transfer securities of the Fund(s) for the Registered tument necessary to effectuate the authority hereby
Name	Title
Specimen Signature	
Name	Title
Specimen Signature	
MED	LLION SIGNATURE CHARANTEE OR SEAL IS REQUIRED. DATE

The Transfer Agent may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named above or in any amendment form last received by the Transfer Agent. The Transfer Agent may, without inquiry, act only upon the instruction of ANY ONE Authorized Person placing a request to sell, assign or transfer securities by telephone or online through the bnymellonim.com/us website pursuant to any applicable privileges, regardless of any number set forth above. The Fund, the Fund's Transfer Agent and distributor, BNY Mellon Investment Adviser, Inc. and any subsidiary or affiliate thereof, and the respective officers, directors, trustees, employees and agents of each of the foregoing, shall not be liable for, and shall be indemnified and held harmless by the entity named above from and against any loss, damage, expense, or cost (including, but not limited to, attorneys' fees) for acting upon any instructions or inquiries believed genuine.

^{*}Insert a number. Unless otherwise indicated, the Transfer Agent may honor instructions of any one of the persons named above.

Important Information from BNY Mellon Securities Corporation Regarding Your Mutual Fund Account During A Significant Business Disruption

To Our Valued Mutual Fund Shareholders:

At BNY Mellon, we take great pride in the trust that our customers place in us. With that in mind, we want to tell you about our business continuity plan which documents how we will respond to a significant business disruption. Our plan is designed to enable us to promptly resume our business operations while providing you with ways to access your account information during our recovery period.

We maintain a business continuity plan that covers all aspects of the resumption of our business processes in the event of a significant disruption or emergency. Our plan addresses: data back-up and recovery; all mission critical systems; financial and operational assessments; alternative communications with customers, employees, and regulators; alternate physical location of employees; critical supplier and contractor impact; regulatory reporting; and assuring our customers prompt access to their funds and securities. The plan is updated whenever there is a material change to our business, and it is subject to periodic formal reviews, including business risk assessments. Changes to processes, products, or business environments are evaluated, and required modifications to the configuration of our recovery sites (described below) are performed. Current copies of our business continuity plan are maintained by various individuals at our firm.

As part of our business recovery plan, we maintain alternate business resumption sites for our employees that provide us with operational redundancy in the event of an emergency at our primary location. These facilities provide for the relocation of our employees so that we may resume processing operations and trading functions. Each employee's workstation at our relocation sites is equipped with all the software, as well as all the telecommunication equipment, needed for each associate to continue to provide client service. Our alternate sites have centralized faxes and printer rooms where communications are controlled. We also employ telephone rollover technology whereby inbound calls and faxes are re-routed to the appropriate alternate business resumption site.

Whether we are affected by a firm only, single building, business district, citywide or regional disruption, our firm's policy is clear: We will safeguard our employees' lives, make immediate financial and operational assessments, and work to quickly recover and resume operations. In the event of an emergency, our goal is to restore operations and resume transacting business as soon as possible. For additional information during the recovery period, please use the following options:

- Contact your financial representative
- If you are a financial representative or an Institutional Investor, please contact us at 1-800-346-3621
- Visit our web site at www.bnymellonim.com/us

Please note that before you can access your account through www.bnymellonim.com/us, you will need a user ID and password. For account access via Express, you will need your Social Security number and a personal identification number (PIN). You can create or reset your user ID and password by going on to www.bnymellonim.com/us, or your PIN by calling Express. We urge you to take a moment today to make sure that you are able to access your account through www.bnymellonim.com/us and/or Express. This will help to ensure that you have access to your account in the unlikely event of a business disruption.

Regardless of all the effort put into our business continuity plan, we acknowledge that no plan for disaster recovery is infallible. Every emergency situation poses unique challenges, and the unpredictable nature and severity of disasters make it impossible to predict every scenario that could cause a disruption, thus precluding absolute preparedness in all circumstances. While our business continuity plan is tested periodically, such testing may not be able to replicate actual emergency conditions. **Depending upon the emergency, we cannot guarantee that we will follow our plan's stated course of action, and our business recovery plan is subject to modification without notice as conditions require.** Also, certain situations may arise that affect the securities markets and/or the external service providers upon which we rely, and your transactions or requests for funds could be delayed during such a disruption.

Please be assured that, in the event of a disaster, we will work as quickly as possible to provide you with the access to the excellent customer service that you have come to expect.

INSTITUTIONAL CUSTOMER CERTIFICATION

BNY Mellon Securities Corporation ("BNYMSC"), an indirect, wholly owned subsidiary of The Bank of New York Mellon Corporation and a distributor of shares of the BNY Mellon Family of Funds, is a U.S. registered broker-dealer and a member of the Financial Industry Regulatory Authority, Inc. ("FINRA"). As a FINRA member firm, BNYMSC is required to comply with all applicable FINRA rules, including FINRA Rule 2211 regarding suitability. Details of the Rule are available at http://www.finra.org/Industry/Regulation/FINRARules/. By certifying as follows, you will assist BNYMSC in meeting its obligations under Rule 2111.

CERTIFICATION

In connection with any recommended¹ transaction or investment strategy made by BNYMSC, the undersigned certifies on behalf of the applicant that:

- 1) It is establishing an Institutional Account as defined in FINRA Rule 4512(c)²;
- 2) It is capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities; and (ii) will exercise independent judgment in evaluating the recommendations of BNYMSC or its associated persons, unless it has otherwise notified BNYMSC in writing;
- 3) It will notify BNYMSC if anything in this certification ceases to be true; and
- 4) The information contained herein may be shared with BNYMSC's affiliates, or with FINRA or other regulatory agencies as required.

By certifying this information, the undersigned affirms that the above statements are accurate but does not waive any rights afforded under U.S. federal or state securities laws, including without limitation, any rights under Section 10(b) of the Securities Exchange Act of 1934, as amended, and the rules and regulation promulgated thereunder.

NOTE: This certification shall apply with respect to all recommended transactions and investment strategies involving securities that are entered into by the applicant whether for the account of such applicant or for the account of any beneficial owner that has delegated decision making authority to such applicant.

Institutional Account Name:	Address, City, State, Zip Code:
Name of Authorized Signatory:	U.S. Tax ID/EIN (if applicable):
Title of Authorized Signatory:	Telephone: Email Address:
Signature of Authorized Signatory:	Date:

¹ As used in Rule 2111 and interpreted by FINRA.

² The term "Institutional Account" includes, but is not limited to, the account of any person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least US\$50 million as of the date of this application (whether such assets are invested for such person's own account or under management for the account of others).



WHAT DOES BNY MELLON INVESTMENT MANAGEMENT DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: Social Security Number Assets and income Account balances and transaction history Payment history		
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons BNY Mellon Investment Management chooses to share; and whether you can limit this sharing.		

Reasons we can share your personal information	Does BNY Mellon Investment Management share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes—information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes—information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To limit our sharing

Call 1-866-206-5660. Our menu will prompt you through the process.

When you call, you will need to provide:

- The last 4 digits of your Social Security number
- Your zip code
- The first 5 letters of your last name (Provide all letters if your last name is less than 5 letters.)

Please note: If you have previously called or submitted a written request instructing us to limit our sharing of personal information with our affiliates to market to you, your request will apply until you tell us to change your request or for 5 years from when you made the request, whichever is sooner. After that period expires but before any of our affiliates market to you, you will receive a renewal notice that will allow you to continue to limit marketing offers from our affiliates for at least another 5 years.

If you invest in any of the funds providing this notice through a non-affiliated third party, such as a bank, broker-dealer or financial adviser, you will automatically be excluded from personal information sharing with affiliates to market to you. There is no need for you to notify us.

If you are a new customer, we may begin sharing your information 30 days from the date we deliver this notice to you. When you are no longer our customer, we may continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.

Questions?

Call **1-800-847-3560** or visit our website via the following link:

https://im.bnymellon.com/us/en/individual/policies/online-privacy-policy.html

Page 2 Who we are				
Who is providing this notice?	This notice is provided by the BNY Mellon Family of Funds (including Dreyfus money market funds), BNY Mellon Funds Trust, BNY Mellon Investment Adviser, Inc., BNY Mellon Securities Corporation, BNY Mellon Transfer, Inc., BNY Mellon Insurance Agency, Inc. and The Bank of New York Mellon as Custodian for retirement plan accounts sponsored by BNY Mellon Investment Adviser, Inc. Any BNY Mellon Investment Management entities or businesses not listed here			

may provide their own notice.

What we do	
How does BNY Mellon Investment Management protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does BNY Mellon Investment Management collect my personal information?	 We collect your personal information, for example, when you open an account or deposit money give us your income information tell us about your investment or retirement portfolio direct us to buy securities
	We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit some but not all sharing related to:
	 affiliates' everyday business purposes-information about your creditworthiness affiliates from using your information to market to you nonaffiliates to market to you
	State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.
	 Our affiliates include banks and companies whose names include "The Bank of New York," "BNY," "Mellon," "Insight," or "Newton," and other financial companies such as Pershing LLC, and Walter Scott & Partners Limited.
	Your opt-out will also apply to banks or other companies that may become our affiliates in the future.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
	BNY Mellon Investment Management does not share information with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
	■ BNY Mellon Investment Management doesn't jointly market.

Other important information

STATE LAWS: We follow state law where state law provides you with additional privacy protections.

FOR RESIDENTS OF VERMONT If our account records show that you live in Vermont, we will not disclose nonpublic personal information about you to our affiliates for the purpose of enabling them to market their products and services to you. There is no need for you to call to opt out.