

## NAME CHANGE FORM FOR INDIVIDUAL ACCOUNTS ONLY

#### **INSTRUCTIONS:**

- Use this form for an individual account only. If you have a joint account, or wish to add a joint owner to your individual account, please call your financial representative for the appropriate form.
- Complete this form and sign your former name and new name. Your former signature must be notarized.
- Please enclose any share certificates that may be outstanding for your account. Unless otherwise instructed we will deposit the certificates in your account.
- Please include a copy of your marriage certificate, divorce decree or other legal documents supporting your name change.

• First-class mail, please mail this completed form 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

\* A new account number will not be assigned.

#### **IMPORTANT INFORMATION:**

- If your account has the Checkwriting Privilege, please make sure that all outstanding checks are paid before submitting this form. When we change your name on the account we will send you a new book of checks. We will be unable to honor checks using your former signature.
- If the bank account information for the Telephone Redemption and/or TeleTransfer privileges on your account have been changed, please call your financial representative for additional information.

Please note: A new account number will not be assigned

Name of current registered owner of your account(s).		
Address		
City	State	Zip Code
remove the STOP MAIL	•	s on your account(s) to the above and lease note that P.O. boxes are not allowe ccount statement.
( ) Phone Number	Cell Phone Number	Social Security Number
OUNTS		
	egistered as shown above:	
	-	d Account Number*
	-	d Account Number*



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### **CERTIFICATION**

I hereby certify that	was changed to
	PRINT FORMER NAME
DDUT VEW VALUE	and is one and the same person.
PRINT NEW NAME	
Please change the registration to refle	ect my change of name.
Number or Taxpayer Identification Number shot Taxpayer Identification Number, [2] I am not subackup withholding, or (b) I have not been notification to be a notification of the Internal Revenue Sewithholding, [3] I am a U.S. person (including a ("FATCA") code(s) entered on this form (if any) you are exempt from FATCA reporting (if you a from FATCA reporting code (if any) here:[2] if you have been notified that you are subjective.	own in the "Account Information" Section of this form is my correct ubject to backup withholding either because: (a) I am exempt from fied that I am subject to backup withholding as a result of a failure to ervice ("IRS") has notified me that I am no longer subject to backup U.S. resident alien) and [4] the Foreign Account Tax Compliance Act indicating that I am exempt from FATCA reporting is (are) correct. If are unsure, consult your tax advisor or the IRS), enter your exemption NOTE: Strike out item ect to backup withholding by the IRS and you have not received a
notice from the IRS advising you that backup we The IRS does not require your consent to any to avoid backup withholding.	vithholding has been terminated. y provision of this document other than the certifications required
Please sign your former name and ne	w name.
	/
FORMER SIGNATURE	NEW SIGNATURE
FOR NOTARY PUBLIC USE ONLY:	
Sworn to (or affirmed) before me this	
day of , 20	
Notary Signature)	
My commission expires	(Affix seal)