

SHAREHOLDER SERVICES FORM

IMPORTANT INFORMATION - PLEASE READ

- Do not use this form for IRA or Keogh plans. For assistance in completing this form, or for other shareholder forms, please call your financial representative.
- This form can be used to add or change shareholder services on one or more accounts. If you have several accounts and would like to add or change optional services for each of them using one form, their current registrations must all be the same. If they are not the same, you will need to obtain additional copies of this form.
- Dividends by Automated Clearing House (ACH) permits electronic transfer of dividends or dividends and capital gains, if any, to your designated bank account. Please note that your bank may charge a fee for this service. This bank must be an ACH member.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES. USE BLUE OR BLACK INK ONLY.

1	CURRENT/FROM 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	2 ACCOUNT ADDRESS					
STREET APT. NO.						
	CITY STATE ZIP CODE					
	Please check this box if you would like to update the address on your account to the above. Please note P.O. boxes are not allowed. For additional information, please call the number on your account statement. (See Section 8. You need to have your signature notarized if your account has a stop mail on it.)					
	PHONE NUMBER CELL PHONE NUMBER					
	E-MAIL ADDRESS					
	☐ If you are not a U.S. citizen, please check this box and specify country of legal residence.					
	COUNTRY OF LEGAL RESIDENCE					
3	ACCOUNT SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER					
•	Individual Accounts: Specify the Social Security Number of the owner.					
•	Joint Accounts: Specify the Social Security Number of the first named owner here and the second named owner below.					
•	• Uniform Gifts/Transfers to Minors Accounts: Specify minor's Social Security Number. Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (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 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.					
•	• Corporations, Partnerships, Estates, Other Entities or Trust Accounts: Specify the Taxpayer Identification Number or Social Security Number of the legal entity or organization that will report income and/or gains resulting from your investments in the Fund					
	In <u>addition</u> to the above, joint accounts must <u>also</u> specify the Social Security Number of the second named owner here.					

If you use this form for more than one account, the shareholder services you elect in Sections 4 through 8 will apply to each account specified in Section 1 above, if applicable to your Fund(s).

4	DIVIDEND AND CAPITAL GAINS DISTRIBUTION OPTIONS Unless you choose an option below, your current dividend and capital gains distribution will remain unchanged.					
	FOR ACH (Electronic Transfer) to a bank, please attach a voided check in Section 7 from the bank to be credited.					
	Dividends Check One: \square Reinvest \square ACH to Bank \square Mail Check \square Sweep to Account listed below					
	Capital Gains Check One:					
	Sweep account number registered in the name(s) of					
5	CHECKWRITING PRIVILEGE					
_	See your Fund's current prospectus for availability or charges.					
	☐ Yes, I want the Checkwriting Privilege.					
	For joint accounts, only one signature will be required on each check unless you select the all signatures required box below. If you want only one signature to be required on each check, you must obtain a Notary in Section 9.					
	Please note that if you do not check the box below, the signature of one joint account owner is on behalf of himself and as attorney-in-fact on behalf of each other joint account owner by appointment. This agreement and appointment shall not be affected by the subsequent disability or incompetency of any joint account owner, and revocation will only be effective two business days after receipt by BNY Mellon Transfer, Inc. (the Transfer Agent) of a signed notice from any joint account owner. All signatures required on checks (joint accounts only).					
	Your signature in Section 9 must be the same as your signature on your checks.					
6	AUTOMATIC ASSET BUILDER					
	Would you like to establish a systematic investment plan?					
	Permits you to purchase shares automatically on a regular basis by electronically transferring a specified dollar amount from your bank account to your Fund account(s).					
	☐ Yes, I (we) want Automatic Asset Builder (minimum of \$100)					
	You must attach a pre-printed voided check to this form in the area designated next to Section 7. Money will be transferred only from the bank account indicated on the voided check.					
	Account Number Amount \$					
	Account Number Amount \$					
	Account Number Amount \$					
	Check the investment cycle that is most convenient for you to have your bank account debited.					
	☐ Bi-monthly (twice a month) ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually					
	Starting month Date(s)					
NO	TE: If a date falls on a non-business day, your Fund account will be credited on the next business day.					
_	TELECEDVICE DRIVILECES					
7	TELESERVICE PRIVILEGES See your Fund's current prospectus for availability or charges.					
	☐ Check this box if you already have the TeleTransfer and/or Wire Redemption Privileges and are only updating your bank information.					
	If you check this box, you must attach a pre-printed voided check from your bank account in this Section 7 and must obtain Notary in Section 9 for each account owner. Money will be wired or transferred only to the bank account indicated on the voided check.					
	TeleTransfer					

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

	Wire Redemption Permits proceeds of redemption requests initiated by telephone, letter or online through the bnymellonim.com/us website to be transmitted by Fed wire to your designated Federal Reserve Member Bank.				
	☐ Yes, I (we) want <i>TeleTransfer</i> and the <i>Wire Redemption</i> Privileges.				
	You must attach a voided check from your bank account. Money will be wired or transferred only to the bank account indicated on the voided check.				
	If you check the box above, you must obtain a <i>Notary</i> for each account owner in Section 9.				
	e Fund will require the Transfer Agent to employ reasonable procedures, such as requiring a form of personal identification, to nfirm that instructions relayed by telephone and online are genuine and, if it does not follow such procedures, it may be liable any losses due to unauthorized or fraudulent instructions.				
	PLEASE ATTACH PRE-PRINTED VOIDED CHECK HERE.				
8	AUTO EXCHANGE				
	Frequency: Bi-monthly (twice a month)				
	Starting month Date(s)				
	Amount: Dollars \$ OR Shares				
	Exchange to Account Number registered in the name(s) of				
9	SIGNATURE AND TAXPAYER IDENTIFICATION NUMBER CERTIFICATION OF ACCOUNT OWNERS				
	By signing below, you certify and agree that:				
	• You have received a current Fund prospectus and agree to its terms.				
	• You appoint BNY Mellon Transfer, Inc. (the Transfer Agent), and any successor named at a later time in the prospectus of the Fund(s) in which you have invested, as the Transfer Agent for receipt of all dividends and distributions.				
	• You understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank or the U.S. government, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency. There can be no assurance that any money market fund will be able to maintain a stable net asset value of \$1.00, and the net asset value of bond and equity mutual funds will fluctuate from time to time.				
	Taxpayer Identification Number Certification Under the penalties of perjury, I (we) certify: [1] that the Social Security Number(s) or Taxpayer Identification Number(s) shown in Section 3 of this form is (are) my (our) cor-				

- [1] that the Social Security Number(s) or Taxpayer Identification Number(s) shown in Section 3 of this form is (are) my (our) correct Taxpayer Identification Number(s),
- [2] that I (we) am (are) not subject to backup withholding either because: (a) I (we) am (are) exempt from backup withholding, 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 Internal 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). 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 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: _______.

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

Corporations, Partnerships or Trusts making an ADDITION to or CHANGE in authorized signatories must complete a new Multi-Purpose Certification Form. The Multi-Purpose Certification Form is enclosed for this purpose.

PLEASE SIGN HERE:							
Individual/Custodian/Trustee/Corporate Officer/	Partner, etc.	Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.					
Title/Capacity	Date	Title/Capacity	Date				
NOTARY REQUIRED							
If you are: using this form to update your address and your account has a stop mail OR adding or changing the payment address of all dividends or dividends and capital gains by ACH in Section 4, OR adding Dividend Sweep and your "FROM" account registration is different than the "TO" account registration in Section 4, OR adding or reinstating checkwriting and not all signatures are required on checks for joint accounts in Section 5 OR adding, reinstating or changing TeleTransfer or the wire redemption privilege in Section 7 OR adding Auto Exchange and your "FROM" account registration is different than the "TO" account registration in Section 8. If your account has multiple account owners, each owner must sign and have their signature notarized.							
FOR NOTARY PUBLIC USE ONLY:		FOR NOTARY PUBLIC USE ONLY:					
Sworn to (or affirmed) before me this		Sworn to (or affirmed) before me this					
day of , 20		day of	, 20				
(Notary Signature)		(Notary Signature)					

My commission expires _____ (Affix seal)

MAILING INSTRUCTIONS

Please mail this form to:

BNY Mellon Institutional Department P.O. Box 534442 Pittsburgh, PA 15253-4442

For registered, certified or overnight mail, please mail to:

My commission expires _____ (Affix seal)

BNY Mellon Institutional Department

Attention: 534442 500 Ross Street, 154-0520 Pittsburgh, PA 15262