



BNY MELLON
INVESTMENT MANAGEMENT

TRANSFER REQUEST FORM

Please complete this form if you wish to transfer or directly roll over all or a portion of your current IRA, Qualified Plan (such as a 401(k) Plan), Governmental 457(b) Plan or 403(b) Plan to The Bank of New York Mellon Custodial IRA. If you are requesting a direct rollover from an employer sponsored retirement plan, contact the plan provider for additional instructions.

All items should be printed except signatures.

If you are transferring or directly rolling over a passbook/certificate type account or an insurance type IRA, the passbook, certificate or insurance policy must be submitted with this form to complete the transfer.

If this transfer/direct rollover is to establish an IRA with us, please be sure to complete and enclose a current Individual Retirement Account Application along with this form. If you have any questions, please call your Financial Representative.

When completed, mail this form to:

BNY Mellon Institutional Department
P.O. Box 9882
Providence, RI 02940-8082

For registered, certified or overnight mail, mail to:
BNY Mellon Institutional Department
4400 Computer Drive
Westborough, MA 01581

1. IRA REGISTRATION

Name (first, middle initial, last) _____ Date of Birth _____

Address _____ 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.

Social Security Number _____ Daytime Phone Number _____ Evening Phone Number _____

E-mail Address _____

Inherited IRA — Check this box if this is a direct rollover or transfer of an Inherited IRA or IRA.

2. CURRENT ACCOUNT INFORMATION

Please provide the following information about your current trustee or custodian and your current retirement account.

Name of Institution _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Current IRA Number or Plan Name and Account Number _____

Registration _____

Please check the box(es) indicating the source of the retirement funds you wish to transfer or directly rollover.

(Please be sure that the information here is consistent with Section 3A).

- Traditional (Regular) IRA Roth IRA Traditional Rollover IRA Inherited IRA SEP-IRA/SIMPLE IRA
 Qualified Plan (i.e. 401(k) Plan), Governmental 457(b) Plan or 403(b) Plan (Non-Roth) Roth 401(k)/403(b) Plan

Note: A rollover from an employer sponsored plan of both Roth and Non-Roth money will require that you complete two separate forms if electing to rollover assets to both a Traditional and Roth IRA. Contact us for more information.

3A. TRANSFER INFORMATION

Please check the box that applies to the type of transaction you are requesting:

- IRA Direct Transfer.** I authorize the current Trustee/Custodian of my IRA to liquidate and directly transfer my IRA assets to an IRA of the same type (e.g., Traditional IRA to Traditional IRA or Roth IRA to Roth IRA). Please complete Section 3B.
- IRA Transfer in Kind
- Traditional IRA to Roth IRA (conversion).** I authorize the current Trustee/Custodian of my Traditional IRA to distribute the assets from my Traditional IRA and to transfer the proceeds of the distribution directly to a Roth IRA. Please complete Sections 3B and 3C.
- Employer Sponsored Plan (Non-Roth Account) Direct Rollover.** I authorize the Plan Administrator/Trustee/Custodian of my employer sponsored plan to directly rollover the proceeds of my eligible distribution to a:
 - Traditional Rollover IRA
 - Roth IRA (conversion)
- Roth 401(k)/403(b) Plan Direct Rollover.** I authorize the Plan Administrator/Trustee/Custodian of my Roth 401(k) Plan or Roth 403(b) Plan to directly rollover the proceeds of my eligible distribution to a Roth IRA.

3B. INSTRUCTIONS FOR CURRENT IRA TRUSTEE/CUSTODIAN

Please liquidate and then transfer All(100%) or a part \$_____ or _____% of the account listed in Section 2 to my IRA. All amounts transferred must be in **cash**.

- immediately (I am aware of any penalties which may be applied); or
- IRA Transfer in Kind; or
- at maturity date of my Certificate of Deposit.

If your IRA is currently in a Certificate of Deposit, please be sure to indicate date of maturity here:

_____.

Please send us this Transfer Request Form at least three weeks prior to the maturity date of your CD.

Note: If neither box is checked above, we will immediately begin the process of transferring your account.

3C. FEDERAL INCOME TAX WITHHOLDING — Applies to Traditional IRA to Roth IRA conversion

The Trustee/Custodian of your non-Roth IRA is required to withhold 10% of your distribution for federal income tax purposes unless you elect otherwise below. If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not elect out of withholding, withholding will be based on the gross amount of your distribution even though all or a portion of your distribution may not be subject to tax (e.g., if you have made non-deductible contributions to your IRA). Amounts withheld and not rolled over to your Roth IRA may be subject to a 10% penalty for premature distributions (in addition to regular income tax) if you're under age 59½.

_____ I do not want income tax withholding applied to my IRA distribution.

(Several states require state income tax withholding. If your IRA is located in one of these states, the custodian will withhold applicable state taxes. To the extent permitted by state law, an election to not have income tax withheld will also apply to state income taxes.)

4A. IRA INFORMATION

Please check the appropriate box(es) indicating information about your IRA:

(Please be sure that the information here is consistent with items in Sections 2 and 3A.)

- I am establishing a new Traditional IRA, Traditional Rollover IRA, Inherited IRA, or SEP IRA and have enclosed a completed application.

(Important: You must submit an Individual Retirement Account Application before your transfer can be completed.)

- I am establishing a new Roth IRA and have enclosed a completed Application.

- I have an existing Traditional IRA, Traditional Rollover IRA, Inherited IRA or SEP IRA.

(Please check one of the following boxes:)

- I would like to use the assets that are transferred to open up a new fund account within my existing IRA. Indicate fund selections in Section 4B.

(Please provide your IRA Number) _____

OR

- I would like the assets that are being transferred to be added to my existing IRA. Indicate fund selections in Section 4B.

(Please provide your IRA Number) _____

- I have an existing Roth IRA.

(Please check one of the following boxes:)

- I would like to use the assets that are transferred to open up a new fund account within my existing Roth IRA. Indicate fund selections in Section 4B.

(Please provide your Roth IRA Number) _____

OR

- I would like the assets that are being transferred to be added to my existing Roth IRA. Indicate fund selections in Section 4B.

(Please provide your Roth IRA Number) _____

4B. INVESTMENT SELECTION

Please indicate your IRA investment selection.

You may invest in any fund for which you have a current prospectus. Prospectuses are available by calling 1-800-645-6561 or online at www.bnymellonim.com/us.

Fund Name: _____ \$ _____ or _____%

Fund Name: _____ \$ _____ or _____%

Fund Name: _____ \$ _____ or _____%

Fund Name: _____ \$ _____ or _____%

(Total must equal 100%.)

If you are investing in a fund with multiple share classes, please specify the share class you are purchasing next to the name of the fund.

5. Dealer/Service Agent

If shares are being purchased through a Dealer/Service Agent, then the name of your Dealer/Service Agent must appear in this section or your Application cannot be processed. This section may be completed by your Dealer/Service Agent.

I represent and warrant that the firm named below is authorized to purchase and redeem fund shares on my behalf.

Dealer Name Dealer #

Branch Address Branch #

City County State Zip Code

Phone Number

Name of Representative (Salesperson) and Number, if any

6. SIGNATURE

By signing below, you acknowledge that mutual fund shares are not 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, and that all mutual fund shares involve certain investment risks, including the possible loss of principal.

You also acknowledge that we do not provide tax advice. It is recommended that you consult your tax advisor regarding the complex tax ramifications with respect to your situation before deciding on the proper transfer or rollover for you.

Signature / /
Date

SIGNATURE GUARANTEE: The Trustee or Custodian preparing to transfer or distribute assets from your IRA, Qualified Plan (including 401(k) Plan), Governmental 457(b) Plan or 403(b) Plan may require your signature to be guaranteed or have other requirements. To avoid delay in processing you may wish to call them for details.

If a signature guarantee is required by your resigning Trustee/Custodian, include here:

Signature Guarantee (include stamp and sign) Date

TO BE COMPLETED BY THE BANK OF NEW YORK MELLON

The Bank of New York Mellon has established an IRA (Prototype IRA under Internal Revenue Code 408 or 408A) for the individual named on this form under the terms and conditions set forth in the Individual Retirement Custodial Account Agreement and will deposit the transferred assets into such IRA upon receipt.

Instructions to Current Plan Administrator/Trustee/Custodian

Please forward a check as directed in Section 3 made payable to:

The Bank of New York Mellon, Custodian FBO_____.

Please include the following Reference Number on the check: _____

**BNY Mellon Institutional Department
P.O. Box 9882
Providence, RI 02940-8082**

**For registered, certified or overnight mail, mail to:
4400 Computer Drive
Westborough, MA 01581**

The Bank of New York Mellon Signature

____ / ____ / ____
Date

Fund shares are distributed by The BNY Mellon Family of Funds.

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