Add/Change or Removal of Dealer Authorization Form

Complete this form if you wish to add, change, or remove the Dealer/Service Agent authorized to act on your behalf in connection with your mutual fund account(s). Your instructions will become effective within three days of receipt of this form by the funds’ transfer agent.

1. Name and Address of Shareholder(s)
   Please complete this section exactly as shown on your account(s) is/are registered.

   Name of Owner or Custodian

   Name of Joint Owner (if any) Corporate Officer, Partner, Trustee, etc.

   Street Address

   City State Zip Code

2. Existing Accounts
   Please list all mutual fund accounts to be covered by this form.

   Account Number

   Account Number

   Account Number

   Account Number

   • Complete sections 3 & 4 when removing an existing Dealer/Service Agent and adding a new Dealer/Service Agent.
   • Complete section 3 when removing an existing Dealer/Service Agent and not designating a new Dealer/Service Agent.
   • Complete section 4 when adding a Dealer/Service Agent to your account.

3. Former Dealer Information
   □ Check if removing a Dealer/Service Agent (a notary is not required)
   Please provide the name and related information for the Dealer/Service Agent you are removing from your mutual fund account(s).

   Former Dealer/Service Agent Name and Dealer Code  Former Representative Name and Number

   Branch Office Address, Street Branch #

   City State Zip Code
4. **New Dealer Information**

- Check if adding a Dealer/Service Agent.

Please provide the name and related information for your new Dealer/Service Agent.

I/we hereby represent and warrant that the firm named below is authorized to purchase and redeem shares of the fund(s) on my/our behalf.

<table>
<thead>
<tr>
<th>Dealer Name</th>
<th>Dealer #</th>
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<table>
<thead>
<tr>
<th>Branch Address</th>
<th>Branch #</th>
<th>Phone Number</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Zip Code</th>
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Name of Representative (Salesperson) and Number, if any

5. **Please sign here:**

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<tr>
<th>Individual/Custodian/Trustee/Corporate Officer/Partner, etc.</th>
<th>Title/Capacity</th>
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<tr>
<th>Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.</th>
<th>Title/Capacity</th>
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**Notary Required**
If you are adding or changing a dealer/Service Agent.

**FOR NOTARY PUBLIC USE ONLY:**
Sworn to (or affirmed) before me this _____ day of ________________, 20__

(Notary Signature)

My commission expires ______________ (Affix seal)

**FOR NOTARY PUBLIC USE ONLY:**
Sworn to (or affirmed) before me this _____ day of ________________, 20__

(Notary Signature)

My commission expires ______________ (Affix seal)

**MAILING INSTRUCTIONS**

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

For Registered, Certified or Overnight Mail, please send to:

BNY Mellon Institutional Department
4400 Computer Drive
Westborough, MA 01581