AUTO-EXCHANGE AUTHORIZATION FORM

Auto-Exchange allows you to have a specified dollar or share amount exchanged automatically from one of your mutual fund accounts to another one or more of your other mutual fund accounts. Exchanges can be made automatically semi-monthly, monthly, quarterly, semi-annually or annually.

This Auto-Exchange Privilege is only available for existing accounts, and cannot be used to open a new account. For more information, including those Funds eligible to participate, please call your financial representative or check your Fund’s prospectus.

Please Print All Items Except Signatures

PLEASE EXCHANGE FROM (You may list only one “FROM” account on each form):

Name of Mutual Fund

Mutual Fund Account Number

Name(s) of Registered Owner(s) on Your Account

Street 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.

Telephone Number

Taxpayer Identification Number on Account

TO:

Name of Mutual Fund

Mutual Fund Account Number

EXCHANGE AMOUNT:

$ ___________________________ or ___________________________ shares

Dollar Amount (minimum of $100) or Number of Shares (minimum current value of $100)

FREQUENCY OF EXCHANGE (Please check only one box):

☐ Semi-monthly

☐ Monthly

☐ Quarterly

☐ Semi-annually

☐ Annually

Starting month ___________________________ Date(s) ___________________________

AND TO: Complete this section only if you are requesting an Auto-Exchange to an additional Fund account.

Name of Mutual Fund

Mutual Fund Account Number

EXCHANGE AMOUNT:

$ ___________________________ or ___________________________ shares

Dollar Amount (minimum of $100) or Number of Shares (minimum current value of $100)

FREQUENCY OF EXCHANGE (Please check only one box):

☐ Semi-monthly

☐ Monthly

☐ Quarterly

☐ Semi-annually

☐ Annually

Starting month ___________________________ Date(s) ___________________________
AUTO-EXCHANGE AUTHORIZATION FORM

PLEASE SIGN HERE:

<table>
<thead>
<tr>
<th>Individual/Custodian/Trustee/Corporate Officer/Partner, etc.</th>
<th>Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title/Capacity</td>
<td>Title/Capacity</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

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)

NOTARY REQUIRED

• If your “FROM” account registration is different than the “TO” account registration.
• Each account owner’s signature on the “FROM” account must be notarized.
• If you are using this form to update your address and your account has a stop mail.

To cancel the Auto-Exchange Privilege, you may notify the Transfer Agent in writing; to select a new fund, you may cancel and file a new Auto-Exchange Authorization Form with the Transfer Agent at the address listed below. Enrollment in or cancellation of the Auto-Exchange Privilege is effective three business days after the Transfer Agent receives the appropriate notification.

Mail this completed Auto-Exchange Authorization form to: BNY Mellon Institutional Department
P.O. Box 9882
Providence, RI 02940-8082

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

An Auto-Exchange is treated as a sale of the exchanged shares for federal income tax purposes. Payments directed to retirement programs from non-retirement accounts are deemed current year contributions.

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