INSTRUCTIONS:

• Use this form to change the address on your account(s).
• Please print all items except signatures.
• Please have all registered owners of the accounts to be changed sign in Section 4.
• For shareholders changing their address from a non-U.S. address to a U.S. address please provide a copy of any of the following documents reflecting your new U.S. address: passport, driver’s license, voter identity card or one of the following documents dated within three months of this request — current bank account statement or current telephone or utility bill.

Mail this completed 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

For more information, please call your financial representative.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES.

1. PLEASE CHANGE THE ADDRESS ON

The following accounts (please list separately):

Account Number(s)

___________________________________________
___________________________________________
___________________________________________
___________________________________________

2. FROM:

Address

(       )

City State Zip Code Telephone Number

3. TO:

Mailing Address

City State Zip Code

Permanent Residential Address (if different from mailing address)(no P.O. boxes)

(       )

City State Zip Code Telephone Number

E-mail Address
4. SIGNATURE(S):

Please have all registered owners or required authorized signers of all the accounts to be changed sign below. Please note, if an account is registered to more than one person, all registered owners must sign.

☐ By checking this box, I would like to remove the STOP MAIL on the above account(s). I understand that each owner’s signature(s) must be Notarized.

Print Name: ___________________________________________

Signature: ____________________________________________
Individual/Custodian/Trustee/Corporate Officer/Partner, etc.

Title/Capacity ___________________________ Date ____________

Print Name: ___________________________________________

Signature: ____________________________________________
Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.

Title/Capacity ___________________________ Date ____________

FOR NOTARY PUBLIC USE ONLY: Sworn to (or affirmed) before me this ______ day of ______________, 20____

(Notary Signature) ______________________________________
My commission expires _______________ (Affix seal) My commission expires _______________ (Affix seal)

Notary Required*: Your signature(s) must be notarized when removing a stop mail on an account.

IMPORTANT INFORMATION:

• If the bank account information for teletransfer or the wire redemption privilege on your accounts has changed, please call your financial representative for additional information.