BNY MELLON
INVESTMENT MANAGEMENT

KEOGH PLAN 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 (including 401(k) Plan), governmental 457(b) Plan or 403(b) Plan to your Keogh Plan Account. If this is a new Keogh Plan Account, please contact us at the number listed below as additional documentation is required. All items should be printed except signatures. If you have any question, please call us at **1-800-358-0910**.

When completed, please forward this information to:
BNY Mellon Shareholder Services
P.O. Box 534434
Pittsburgh, PA 15253-4434

For Registered, Certified or Overnight Mail, please mail to:
BNY Mellon Shareholder Services
Attention: 534434
500 Ross Street, 154-0520
Pittsburgh, PA 15262

1. PARTICIPANT INFORMATION

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

Address _____ City _____ State _____ Zip _____

Social Security # _____ Phone Number ( ) _____ Cell Phone Number ( ) _____

Employer Sponsor of Keogh _____

2. INFORMATION REGARDING ACCOUNT TO BE TRANSFERRED

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

Name of Institution Currently Holding Your IRA, Qualified Plan (e.g. 401(k) Plan), Governmental 457(b) Plan or 403(b) Plan Account _____

Address _____ City _____ State _____ Zip _____

Current IRA or Plan Account # _____ Phone Number ( ) _____

Please check the box indicating the source of your retirement funds you wish to transfer or directly roll over.
(Please be sure that the information here is consistent with Section 3).

❑ Traditional (Regular) IRA ❑ Rollover IRA ❑ SEP-IRA ❑ Qualified Plan (e.g. 401(k) Plan), Governmental 457(b) Plan or 403(b) Plan

3. TRANSFER INFORMATION

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

❑ **Direct Transfer.** I authorize the Trustee/Custodian of my Keogh plan to directly transfer the assets to my Keogh Plan Account.

Please transfer ❑ All (100%) or ❑ a part $_____ or _____% of the account listed in Section 2 to my Keogh Plan Account. All amounts transferred must be in ***cash***.

❑ **Direct Rollover Qualified Plan (e.g. 401(k) Plan), Governmental 457(b) Plan or 403(b) Plan Direct Rollover.** I authorize the Plan Administrator/Trustee/Custodian of my IRA, Governmental 457(b) Plan or 403(b) Plan to directly rollover the proceeds of my eligible rollover distribution directly to my Keogh Plan Account.

Please transfer ❑ All (100%) or ❑ a part $_____ or _____% of the account listed in Section 2 to my Keogh Plan Account. All amounts transferred must be in ***cash***.

4. INVESTMENT SELECTION

If a Keogh Plan account has already been established, please provide the account number below.

Account Number: _____

Please indicate your Keogh Plan investment selection. (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.

	Fund Code	% of Contribution
Fund Name:_____		
Fund Name:_____		
Fund Name:_____		
Fund Name:_____		

5. PARTICIPANT 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.

_____ / /

Signature Date

6. AUTHORIZATION OF EMPLOYER/PLAN ADMINISTRATOR OF KEOGH PLAN

_____ _____

Print Name Signature

7. MEDALLION SIGNATURE GUARANTEE

Contact the resigning custodian/trustee to determine if needed.

If required, your signature(s) should be guaranteed as described below:

The Transfer Agent has adopted standards and procedures pursuant to which Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

TO BE COMPLETED BY THE BANK OF NEW YORK MELLON

The Bank of New York Mellon has established an account under a Prototype Profit Sharing or Money Purchase Plan for the individual named on this form under the terms and conditions set forth in the applicable Custodial Agreement and will deposit the transferred assets into such account upon receipt.

Instructions to Plan Administrator/Trustee/Custodian of institution currently holding your account
Please forward a check as directed in Section 3, made payable to:

BNY Mellon Shareholder Services
P.O. Box 534434
Pittsburgh, PA 15253-4434

Please include the following Reference Number on the check: _____

_____ / /

The Bank of New York Mellon Signature Date

Fund shares are distributed by BNY Mellon Securities Corporation

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