AFFIDAVIT OF DOMICILE

NOTE: This Affidavit must be completed and executed in the presence of a Notary.

State of                               )
County of                               )

______________________________ being duly sworn, deposes and says that:

• he/she resides at ________________________________________________________________ State of _______________
  and is ____________________________________________________________ of ________________________________ /
  (IF CORPORATE FIDUCIARY, STATE TITLE OF AFFIANT AND NAME OF CORPORATION; OTHERWISE LEAVE BLANK)

Surviving Tenant/Executor/Administrator/Trustee of the Estate of ____________________________,

Deceased, who died at ____________________________________________________________ on the __ day of ____________ ;

• at the time of his/her death the domicile (legal residence) of decedent was at ____________________________,
  County of ____________, State of ______________ ;

• decedent resided at such address for approximately ___________ years prior to death and was not a resident of any
  other State at the time of his/her death; and

• all debts of and taxes and claims against the decedent’s Estate have been paid or provided for.

This Affidavit is made for the purpose of securing the transfer of mutual funds shares owned by decedent at the time of
his/her death.

__________________________________________________________
(SIGNATURE OF SURVIVING TENANT/EXECUTOR/ADMINISTRATOR/TRUSTEE)

__________________________
PHONE NUMBER

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this

_______ day of _____________________________ , 20___

________________________________________________________
(NOTARY SIGNATURE)

MAILING INSTRUCTIONS

Mail this form and all enclosures to:
BNY Mellon Shareholder Services
P.O. Box 9879
Providence, RI 02940-8079

For registered, certified or overnight mail, please mail to:
BNY Mellon Shareholder Services
4400 Computer Drive
Westborough, MA 01581

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