BNY MELLON
INVESTMENT MANAGEMENT

PAYROLL SAVINGS

Before completing this form, please check on the availability of this service with your payroll department.

Please Print All Items Except Signatures

1. ACCOUNT INFORMATION

Please provide this information exactly as shown on your account's registration.

Name of Mutual Fund

Mutual Fund Account Number

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

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 that P.O. boxes are not allowed. For additional information, please call the number on your account statement.

( ) Phone Number

( ) Cell Phone Number

Taxpayer Identification Number of Account

E-mail Address

2. AMOUNT

Please indicate the dollar amount you would like to invest at each pay period. You may wish to ask your employer if you can have investments made on a different time frequency (e.g., every other pay period, etc.).

$ _____ or check box for Total Net Pay ❑

Dollar Amount (minimum of $100)

3. EMPLOYEE/EMPLOYER INFORMATION

Your Name

Your Social Security Number

Your Employer's Name

( ) Your Employer's Telephone Number

Your Employer's Address

City State Zip Code

4. VERIFICATION

To verify your account number, please attach any one of the following here: investment slip, transaction advice, account statement or voided redemption check from your mutual fund account.

BNY MELLON
INVESTMENT MANAGEMENT

5. SIGNATURE

I hereby authorize my employer to automatically deduct from my paycheck the amount specified in Section 2 and transmit to the mutual fund account indicated in Section 1. I understand that I may change this amount or cancel this authorization only by written notification to my employer. Any such notification will be effective only after my employer has had a reasonable time to act on it. If monies to which I am not entitled are transmitted by my employer to my mutual fund account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies.

I understand that it is solely the responsibility of my employer, and not BNY Mellon Securities Corporation, BNY Mellon Investment Adviser, Inc., or my mutual fund or BNY Mellon Transfer, Inc., the mutual fund's transfer agent (Transfer Agent), or any other person, to arrange for these transactions. I authorize BNY Mellon Securities Corporation, my mutual fund, and the Transfer Agent to follow the instructions of my employer in connection with these transactions, including the redemption of mutual fund shares, and I agree not to make any claim against BNY Mellon Securities Corporation, BNY Mellon Investment Adviser, Inc., or any mutual fund or the Transfer Agent, for following the instructions of my employer. I understand that the Payroll Savings Plan may be terminated or modified at any time without notice.

X _____
Employee's Signature

_____
Date

Take this completed form to your employer's payroll department.

Payments directed to retirement programs are deemed current year contributions.

To Be Completed by Employer and Sent to Address Below

Your employee wishes to establish a Payroll Savings Plan in his/her mutual fund account as indicated on the reverse side. Please transmit authorized payments to BNY Mellon (ABA #011001234) with instructions to credit the mutual fund name and mutual fund account number indicated below. Payments should be sent via the Automated Clearing House (ACH) using the following format (from Section 1 on the reverse side):

Mutual Fund Name _____

Mutual Fund Account Number 1 1 | 1 | | | | | | | | | | | | | | | |

If you have your own direct deposit form for employees, please feel free to use it instead of this form. Please be sure to include all the information on the front of this form. If you have any questions, please call one of our account representatives toll-free at **1-800-645-6561**.

Please send a completed copy of this form 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

_____ X _____
Date Employer Payroll Department Signature

_____
Employer Payroll Department Name (Please Print)

© 2024 BNY Mellon Securities Corporation