

CHANGE OF ADDRESS AUTHORIZATION FORM

INSTRUCTIONS:

- Use this form to change the address on your account(s).
- Please print <u>all</u> 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 Shareholder Services

P.O. Box 9879

Providence, RI 02940-8079

• Send registered, certified or overnight mail to: BNY Mellon Shareholder Services

4400 Computer Drive Westborough, MA 01581

For	· mo	re information	, please call toll-fre	ee 1-800-645-6561.		
			PLEASE	PRINT ALL ITEMS EXC	EPT SIGNATURES.	
1.	PLEASE CHANGE THE ADDRESS ON					
	The following accounts (please list separate Account Number(s)					
2.	FR	POM:				
		Address				
		City	State	Zip Code	() Phone Number	() Cell Phone Number
_	TO		State	Zip Code	Phone Number	Cell Phone Number
J.		'•				
		Mailing Address				
		City		State		Zip Code
	Permanent Residential Address (if different from mailing address)(no P.O. boxes)					
					()	()
		City	State	Zip Code	Phone Number	Cell Phone Number
		E-mail Address				(Over)



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4. SIGNATURE(S):

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 Signature: Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc. Title/Capacity Date FOR NOTARY PUBLIC USE ONLY: FOR NOTARY PUBLIC USE ONLY: Sworn to (or affirmed) before me this Sworn to (or affirmed) before me this _____ day of _____ , 20___ _____ day of _____ , 20___ (Notary Signature) (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.

Please have all registered owners or required authorized signers of all the accounts

IMPORTANT INFORMATION:

• If the bank account information for Teletransfer or the Wire Redemption privilege on your accounts has changed, please call toll free 1-800-645-6561 for additional information.