



NAME OF FUND: _____

FUND ACCOUNT NUMBER (If existing shareholder): _____

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For information or assistance, please contact the BNY Mellon Institutional Services: broker representatives please call 1-800-242-8671 option 1, and bank representatives/financial advisors please call 1-800-346-3621 option 1.

INVESTOR CERTIFICATION: I hereby certify that:

- (1) I have read the prospectus for the above Fund in which I am investing and agree to be bound by the terms thereof.
- (2) I am of legal age.
- (3) I have submitted a completed and signed account application prior to or with this form.
- (4) I am a full-time employee of the FINRA member firm or bank specified below, which has entered into an agreement with BNY Mellon Securities Corporation ("BNYMSC") pertaining to the sale of Fund shares.
- (5) Any purchases authorized hereunder are for personal investment purposes and the shares acquired hereunder shall not be resold except through redemption by the Fund.
- (6) Any purchases authorized hereunder are being, or will be, made for myself or for my spouse or minor child as outlined in the Fund's prospectus.

I agree to notify BNY Mellon in writing of any change in the foregoing and agree not to purchase any additional Fund shares at net asset value unless I am entitled to do so under the Fund's prospectus. I further agree that BNY Mellon shall have the right at any time to verify the foregoing by contacting my employer specified below. I understand that the privilege to purchase Fund shares at net asset value may be modified or terminated at any time.

Applicant's Name: _____
(Please Print)

Applicant's Signature: _____ Date: _____

FINRA MEMBER FIRM/BANK CERTIFICATION: *The name and authorized signature of the FINRA member firm or bank must appear in this section or the form cannot be processed.* The undersigned authorizes the above named applicant to purchase shares of the Fund at net asset value and certifies that:

- (1) Said applicant is a full time employee of the undersigned FINRA member firm or bank.
- (2) Any purchases are being made for the applicant or for the applicant's spouse or minor child.
- (3) The undersigned will notify BNY Mellon in writing of any change in the foregoing, and BNYMSC and the Fund will be entitled to rely on this certification until after receipt of such notice, plus a reasonable amount of time to act thereon.

Name of FINRA Member Firm or Bank Dealer Code

Branch Address Branch #

City State Zip Code Phone No. (Include Area Code)

Name of Employee Rep #

Authorized Signature Title Date
(Other than signature of investor)

INSTRUCTIONS: This form only needs to be completed once for each Fund account in order to qualify for purchases at net asset value.

RETURN FORM TO: BNY Mellon Institutional Department, P.O. Box 534442, Pittsburgh, PA 15253-4442

SEND REGISTERED, CERTIFIED OR OVERNIGHT MAIL TO: BNY Mellon Institutional Department
Attention: 534442
500 Ross Street, 154-0520
Pittsburgh, PA 15262