

ACH DEBIT AND CREDIT AUTHORIZATION AGREEMENT

Use this form to authorize BNY Brokerage Services to automatically transfer money between your bank checking account and Brokerage Account. The debit and credit on your bank account will be done through the Automated Clearing House System (ACH). If you have any questions, please call a BNY Brokerage Account Representative at 1-800-843-5466.

1. Type of Automatic Transfer

To authorize automatic transfers, please check the appropriate box(es) and provide the information requested.

- ☐ Please move money from my bank account to my Brokerage Account sweep fund each month. \$ _____
- ☐ Please debit my bank account to purchase mutual fund shares each month.
Please purchase shares in _____
Name of Mutual Fund
- ☐ Please sell shares in my mutual fund and deposit the money in my bank account each month.
Please sell shares in _____
Name of Mutual Fund

1A. DATE

Check the transfer schedule you prefer.

- ☐ Monthly _____
specify date
- ☐ Semi-Monthly _____
specify dates
- ☐ Quarterly _____
specify dates
- ☐ Semi-Annually _____
specify dates
- ☐ Annually _____
specify date

2. Bank Account Information

Please attach a voided check from your bank account. The account title must match your Brokerage Account title.

Account Title: _____
Name of Bank: _____
Bank Account #: _____
ABA Transit Routing #: _____

3. Brokerage Account Information

Account Title: _____
Brokerage Account #: _____
SSN or Tax ID #: _____

4. Authorization and Agreement

No Notary required only when adding ACH/FED Wire where both are individual accounts at BNY Brokerage Account and the banking institution. All other banking instruction additions will require a Notary in Section 4.

I/we hereby authorize Pershing LLC ("Pershing"), a subsidiary of The Bank of New York Mellon Corporation to initiate debits and/or credits to and/or from my/our bank checking account. In the case of any credit entries made in error to my/our bank account, Pershing has the authority to initiate, if necessary, debit entries and adjustments for any entries made in error and to credit and/or debit the same to such checking account indicated on this form. Furthermore, my/our bank is authorized to act in accordance with the instructions on this form.

This authority shall remain in full force and effect until Pershing has received written notification from me, or either account holder for joint accounts, of its termination in such time and in a manner as to afford Pershing and the bank a reasonable opportunity to act on it.

I/We acknowledge that I/we are responsible for all systematic purchases made in my/our account even if there are insufficient funds in my/our bank account to cover the purchases.

Account holder signature: _____ Date: _____

Joint holder signature: _____ Date: _____

5. Notary

Important Information

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this

_____ day of _____, 20____

(Give official capacity of official administering oath.)

My commission expires _____

(AFFIX SEAL.)

X _____
Signature of Notary Public