

Direct Deposit Set Up, Change or Deletion

Name (REQUIRED): Full SSN (REQUIRED):

BNY Mellon Acct Number (s) or Company Retired From:

Email: Phone Number:

DIRECT DEPOSIT REQUEST / CHANGE

Bank Name

Routing Number (must be 9 digits)

Account Number

Type of Account

Checking

Savings

Check here if this is joint account. If so, joint account holder must also sign below. If checked and unsigned form will not be processed and a blank form will be returned.

ALL REQUIRED FIELDS MUST BE COMPLETED - ANY INCOMPLETE FIELDS MAY CAUSE THE FORM TO BE RETURNED.

Acknowledgement and Agreement

I ("participant") authorize and direct The Bank of New York Mellon ("BNY Mellon") to deposit future pension payments as they come due using electronic funds transfer to my account at the above noted financial institution.

I agree and acknowledge the following:

1. Any payments made after my death, or paid in error while alive, are trust funds to be held in trust, for the benefit of the Plan and must be returned to the plan.
2. I must notify my former employer or BNY Mellon of any change in the above account information.
3. I may revoke or modify these instructions in writing at any time, to be effective upon receipt of the same by BNYMellon.

I understand that the changes to my direct deposit information may take two payment cycles to become effective upon receipt of this form

Signature (Signature required for processing.) Date

Joint Name Account Agreement

The undersigned, who is a joint tenant in the above reference account or holds a power-of-attorney over such account, hereby agrees that if any funds are credited to the account which represent a payment to the Participant under the Plan made subsequent to the death of such Participant, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to take action necessary to return such funds to the Plan. The preceding two sentences shall not in any way diminish any rights that the undersigned may have to receive any payments under the Plan.

Signature (Signature required for processing.) Date