

BNY Mellon Investment Servicing Trust Company – Trust Disclaimer and Affidavit for a Trust as Designated Beneficiary**DECEASED ACCOUNT OWNER INFORMATION**

NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ DATE OF DEATH: _____

ACCOUNT INFORMATION

ACCOUNT NUMBER: _____ ☐ TRADITIONAL/ROLLOVER IRA ☐ ROTH IRA ☐ SEP IRA ☐ SIMPLE IRA

YOUR INFORMATION

TRUSTEE'S NAME: _____ NAME OF TRUST: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CELL PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

DEATH CERTIFICATE (REQUIRED): ☐ ENCLOSED ☐ ALREADY PROVIDED (CORRESPONDENCE REF#, IF APPLICABLE _____)

Note: If the trustee wishes to disclaim assets that are due to the trust, this must be done within 9 months of the deceased account owner's date of death.

I believe the trust named above is the designated beneficiary of the above referenced account. As such, the trust irrevocably and unequivocally disclaims, renounces and refuses to accept and waives all rights to the following amounts in the account. (Select one)

☐ All assets due to the trust

☐ A portion of the assets due to the trust. _____ shares (or) _____ % of shares (cannot be stated as a dollar value)

I understand that, as a consequence of the foregoing disclaimer statement, the proceeds of this account will be distributed in accordance with the Custodial Account Agreement and any alternate beneficiary designation of record made by the accountholder, or otherwise in accordance with applicable law.

I hereby certify that this disclaimer is unconditionally valid and effective under all laws based on jurisdiction of domicile applicable to the accountholder and all such laws, if any, applicable to me. I further specifically certify that this disclaimer satisfies, and I have satisfied, all other requirements of federal, state and local law, regulation, court order, and legal process applicable to this disclaimer or to disclaimers of interests in property generally including without limitation, to the extent applicable, Section 2518 of the Internal Revenue Code, qualification, competency, timeliness, content, and notice requirements.

Intending to be legally bound and in consideration of the foregoing request, I hereby agree, for myself, my successors, legal representatives, heirs, and assigns, to at all times indemnify and save harmless the above-named Mutual Fund(s), BNY Mellon Investment Servicing Trust Company, BNY Mellon Investment Servicing (US) Inc., and their successors, legal representatives, and assigns, and the affiliates, officers, directors, employees, and agents of any of them (collectively, the "Indemnified Parties"), from and against any and all claims, liabilities, damages, actions, charges, and expenses, including but not limited to attorney's fees and disbursements, sustained or incurred by any of the Indemnified Parties which result from or arise in connection with the reliance by an Indemnified Party on this document or an Indemnified Party acting in accordance with the contents of this document, including without limitation the distribution of the proceeds of the Account to a person or persons other than the undersigned. I hereby further certify and agree that I understand that none of the Indemnified Parties have offered me legal or tax advice with respect to this document and that this document may not be relied upon by me or the beneficiaries of the Account as tax or legal advice with respect to (1) ownership of the account or its proceeds and (2) any federal or state income, estate, gift, inheritance or excise tax or penalties thereon in any form whatsoever.

By: _____
(Signature of Trustee or Authorized Representative)

Medallion Signature Guarantee Stamp

*The signature(s) must be Medallion Signature Guaranteed or Signature Validation Program stamped by an eligible bank, broker, dealer, credit union, national securities exchange, registered securities association, clearing agency, or savings association. Medallion Signature Guarantees or Signature Validation Program stamps shall be accepted in accordance with policies established by the Mutual Fund named above. Notarization by a Notary Public is not acceptable in lieu of a Medallion Signature Guarantee or Signature Validation Program stamp provided by one of the eligible guarantor institutions listed above.

Mail to the following:**First Class Mail:**

Cromwell Funds
P.O. Box 534498
Pittsburgh, PA 15253-4498

Overnight Mail:

Cromwell Funds
Attention: 534498
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Customer Service:

1-855-625-7333