

AUTOMATIC WITHDRAWAL PLAN APPLICATION

IMPORTANT INFORMATION — PLEASE READ

- Do not use this form for IRA or Keogh plans. For assistance in completing this form, please call your financial representative.
- A \$5,000 minimum investment is required to establish the Automatic Withdrawal Plan. If shares are held in unsigned certificate form, certificates valued at a minimum of \$5,000 must be returned with this form.
- A separate form is required for each account.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES • PLEASE USE BLUE OR BLACK INK ONLY

1 CURRENT ACCOUNT INFORMATION

FUND NAME AND ACCOUNT NUMBER

NAME OF OWNER OR CUSTODIAN

NAME OF JOINT OWNER (IF ANY), CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.

2 ACCOUNT ADDRESS

STREET OR P.O. BOX APT. NO.

CITY STATE ZIP CODE

Please check this box if you would like to update the address on your account to the above. Please note P.O. boxes are not allowed. For additional information please call the number on your account statement.

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DAYTIME PHONE NUMBER EVENING PHONE NUMBER

- Please check this box if this is a new address.
- If you are not a U.S. citizen, please check box. Specify country of legal residence and call your Financial Representative for Form W-8BEN.

COUNTRY OF LEGAL RESIDENCE

3 ACCOUNT SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER

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- **Individual Accounts:** Specify the Social Security Number of the owner.
- **Joint Accounts:** Specify the Social Security Number of the first named owner here and of the second named owner below.
- **Uniform Gifts/Transfers to Minors Accounts:** Specify minor's Social Security Number.
- **Corporations, Partnerships, Estates, Other Entities or Trust Accounts:** Specify the Taxpayer Identification Number or Social Security Number of the legal entity or organization that will report the income and/or gains resulting from your investments in the Fund.
- **In addition** to the above, joint accounts must also specify the Social Security Number of the second named owner here.

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4 WITHDRAWAL INSTRUCTIONS

(Please choose one)

Send check to Account Registration Address.

OR

Send check to Alternate Payee and/or Alternate Address (specify below). **A Medallion Signature Guarantee is required (See Section 8).**

ALTERNATE PAYEE OR BANK NAME

ADDRESS

CITY STATE ZIP CODE

BANK ACCOUNT NUMBER

OR

By ACH to my bank. Attach a voided check from your bank account. **A Medallion Signature Guarantee is required (see Section 8).** Money will be transferred only to the bank account indicated on the voided check.

PLEASE ATTACH A VOIDED CHECK HERE.

Upon receipt of this form, Dreyfus Transfer, Inc. (Transfer Agent) is authorized to credit my (our) bank account indicated above using the Automated Clearing House (ACH) option. I(we) understand that these services are governed by the Fund's prospectus provisions and the rules of the ACH. I(we) further understand that either option may be terminated or modified at any time without notice by Dreyfus or the Transfer Agent.

5 AMOUNT OF WITHDRAWAL (Please choose one)

Amount of withdrawal requested: \$ _____
(minimum \$50)

OR

Number of shares to be withdrawn _____

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6 WITHDRAWAL SCHEDULE (Please choose one and specify dates)

Withdrawals to be made

Semi-annually on _____ Monthly on _____

Annually on _____ Quarterly on _____

8 MEDALLION SIGNATURE GUARANTEED BY:

Your signature(s) must be guaranteed here as described below. If you are having your withdrawal checks sent to an Alternate Payee or Alternate Address, or by ACH to your bank, your signature(s) must be guaranteed as described below:

7 SIGNATURE(S) AND TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

By signing below, you certify and agree that:

- You have received a current fund prospectus and agree to its terms.
- You appoint the Transfer Agent, and any successor named at a later time in the prospectus of the fund(s) in which you have invested, as the Transfer Agent for receipt of all dividends and distributions.

Taxpayer Identification Number Certification

Under the penalties of perjury, I (we) certify:

[1] that the Social Security Number(s) or Taxpayer Identification Number(s) shown in Section 3 of this form is (are) my (our) correct Taxpayer Identification Number(s);

[2] that I (we) am (are) not subject to backup withholding either because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified that I (we) am (are) subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service (IRS) has notified me (us) that I (we) am (are) no longer subject to backup withholding;

[3] I (we) am (are) a U.S. person (including a U.S. resident alien); and

[4] the Foreign Account Tax Compliance Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here:

_____. NOTE:

Strike out item [2] if you have been notified that you are subject to backup withholding by the IRS and you have not received a notice from the IRS advising you that backup withholding has been terminated.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN HERE:

Individual/Custodian/Trustee/Corporate Officer/Partner, etc.

Title/Capacity Date

Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.

Title/Capacity Date

The Transfer Agent has adopted standards and procedures pursuant to which Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

9 MAILING INSTRUCTIONS

For first class mail, please mail this form and all enclosures to:

Dreyfus Institutional Department
P.O. Box 9882
Providence, RI 02940-8082

For registered, certified or overnight mail, please mail to:

Dreyfus Institutional Department
4400 Computer Drive
Westborough, MA 01581