

CERTIFICATION OF DURABLE POWER OF ATTORNEY

(Date)

From: _____

(Name and Address)

(Phone Number)

To: Dreyfus Shareholder Services

The Durable Power of Attorney (**copy attached**) is a true copy and as of the date hereof I have no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or notice of facts indicating same. The Principal is alive, has not repudiated the Power of Attorney, and the Power of Attorney is still in full force and effect.

Thank you,

(Signature)

Notarization (Required)

State of _____

SS:

County of _____

Sworn to before me this _____ day of _____ 20 _____

Notary Public: _____

My commission expires: _____

Mailing Instructions

Mail this completed letter to:
Dreyfus Institutional Department
P.O. Box 9882
Providence, RI 02940-8082

Send registered, certified or overnight mail to:
Dreyfus Institutional Department
4400 Computer Drive
Westborough, MA 01581