

PAYROLL SAVINGS

Before completing this form, please check on the availability of this service with your payroll department.

Please Print All Items Except Signatures

1. DREYFUS ACCOUNT INFORMATION

Please provide this information exactly as shown on your Dreyfus account's registration.

Name of Dreyfus Mutual Fund

Dreyfus Mutual Fund Account Number

Name(s) of Registered Owner(s) on Your Dreyfus Account

Address

City

State

Zip Code

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

(_____)
Telephone Number

Taxpayer Identification Number on Account

2. AMOUNT

Please indicate the dollar amount you would like to invest at each pay period. You may wish to ask your employer if you can have investments made on a different time frequency (i.e., every other pay period, etc.).

\$ _____ or check box for Total Net Pay

Dollar Amount (minimum of \$100)

3. EMPLOYEE/EMPLOYER INFORMATION

Your Name

Your Social Security Number

Your Employer's Name

Your Employer's Telephone Number

Your Employer's Address

City

State

Zip Code

4. VERIFICATION

To verify your Dreyfus account number, please attach any one of the following here: investment slip, transaction advice, account statement or voided redemption check from your Dreyfus mutual fund account.

5. SIGNATURE

I hereby authorize my employer to automatically deduct from my paycheck and transmit to the Dreyfus mutual fund account indicated above the amount specified in Section 2. I understand that I may change this amount or cancel this authorization only by written notification to my employer. Any such notification will be effective only after my Employer has had a reasonable time to act on it. If monies to which I am not entitled are transmitted by my Employer to my Dreyfus mutual fund account, I authorize my Employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies.

I understand that it is solely the responsibility of my Employer, and not MBSC Securities Corporation, The Dreyfus Corporation, or my Dreyfus mutual fund or Dreyfus Transfer, Inc., the Dreyfus mutual fund's transfer agent (Transfer Agent) or any other person, to arrange for these transactions. I authorize MBSC Securities Corporation, my Dreyfus mutual fund, and the Transfer Agent to follow the instructions of my Employer in connection with these transactions, including the redemption of mutual fund shares, and I agree not to make any claim against MBSC Securities Corporation, The Dreyfus Corporation or any Dreyfus mutual fund or the Transfer Agent, for following the instructions of my Employer. I understand that the Dreyfus Payroll Savings Plan may be terminated or modified at any time without notice.

X

Employee's Signature

Date

Take this completed form to your Employer's payroll department. Your Employer must complete the reverse side of this form.

Payments directed to retirement programs are deemed current year contributions.

PAYROLL SAVINGS

To Be Completed by Employer and Sent to Address Below

Your employee wishes to establish a Dreyfus Payroll Savings program in his/her Dreyfus mutual fund account as indicated on the reverse side. Please transmit authorized payments to BNY Mellon (ABA #011001234) with instructions to credit the Dreyfus mutual fund name and Dreyfus mutual fund account number indicated below. Payments should be sent via the Automated Clearing House (ACH) using the following format (from Section 1 on the reverse side):

Dreyfus Mutual Fund Name _____

Dreyfus Mutual Fund Account Number

1	1	1																	
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If you have your own direct deposit form for employees, please feel free to use it instead of this form. Please be sure to include all the information on the front of this form. If you have any questions, please call your financial representative.

Please send a completed copy of this form 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

Date **X** _____
Employer Payroll Department Name (Please Print)

Employer Payroll Department Name (Please Print)