

IRA CHECKWRITING PRIVILEGE ADDITION FORM (Not for use with Roth IRAs)

IMPORTANT INFORMATION - PLEASE READ

See your Fund's current prospectus for availability or charges.

- Use this form to add the checkwriting privilege to a Dreyfus Traditional or SEP IRA only. This form may not be used to add the checkwriting privilege to a Roth IRA. For assistance in completing this form, please call your Financial Representative.
- The account owner must be age 59½ or over to qualify for this privilege.
- The checkwriting privilege is not available to accounts registered with a foreign address.
- Please be advised that an IRA check redemption is considered an IRA distribution and such distribution will be reported on Form 1099-R to the Internal Revenue Service.
- The availability of the Checkwriting Privilege is contingent upon your election below to not have withholding apply to distributions made from your Dreyfus IRA using this privilege.
- Redemption checks must be drawn for at least the minimum amount stated on the checks.
- Checks will clear only if drawn against funds which have been invested for the number of days required by the Fund's prospectus.

1 CURRENT ACCOUNT INFORMATION

Account Number _____

Account Number _____

Name of Participant _____ / /
Date of Birth

2 ACCOUNT ADDRESS

Street _____ 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.

() ()
Daytime Phone Number Evening Phone Number

Please check this box if this is a new address.

3 ACCOUNT SOCIAL SECURITY NUMBER

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4 CHECKWRITING PRIVILEGE

Yes, I am age 59½ or older and want the checkwriting privilege added to my Dreyfus IRA referenced above. I understand that each redemption check that is redeemed is treated as a distribution from my Dreyfus IRA.

Your signature in Section 5 must be the same as your signature on your checks.

5 SIGNATURE OF ACCOUNT PARTICIPANT

I hereby agree by electing the checkwriting privilege for my Dreyfus IRA and executing this form that any check that I may draw against my Dreyfus IRA which is presented for pay-

ment shall constitute my written instruction to the custodian of my Dreyfus IRA to effect a distribution in the face amount of such check for purposes of Section 2 of the Dreyfus Individual Retirement Custodial Account Agreement. I understand that any such distribution will be reported by the custodian of my Dreyfus IRA to the Internal Revenue Service. I understand that such distributions (other than that portion of the distribution that consists of non-deductible contributions) will be subject to income tax. I hereby elect **not** to have federal or state income tax withheld from distributions using the checkwriting privilege, regardless of the current withholding option that is listed on my account, and understand that I am responsible for payment of estimated tax with respect to such distributions. I further understand that I may incur penalties under the estimated tax rules if my estimated tax payments are not sufficient and that I should consult my tax advisor for further information. If I wish to have withholding applied to distributions from my Dreyfus IRA not using the checkwriting privilege, I should request a regular distribution from my Dreyfus IRA and revoke any election not to have withholding applied to such distributions that are currently in place.

Please sign here.

 X / /
PARTICIPANT DATE

MAILING INSTRUCTIONS

For first class mail, please mail this form to:

Dreyfus Institutional Department
PO Box 9882
Providence, RI 02940-8082

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

Dreyfus Institutional Department
4400 Computer Drive
Westborough, MA 01581