BNY MELLON | Dreyfus Family of Funds

AFFIDAVIT OF DOMICILE

NOTE: This Affidavit must be completed and executed in the presence of a Notary.

State of)
:ss.:
County of)

_____ being duly sworn, deposes and says that:
(Name of Surviving Tenant/Executor/Administrator/Trustee)

- I reside at _____ State of _____
(Street Address and City) (State)
and is _____ of _____/
(If Corporate Fiduciary, State Title of Affiant and Name of Corporation; Otherwise Leave Blank)
Surviving Tenant/Executor/Administrator/Trustee of the Estate of _____ ,
(Name of Decedent)
Deceased, who died at _____ on the_____ day of _____ , _____ ;
(Street Address, City, State, Zip Code) (Date) (Month) (Year)

- at the time of his/her death the domicile (legal residence) of decedent was at _____ ,
(Street Address and City)
County of _____ , State of _____ ;
(County) (State)

- decedent resided at such address for approximately _____ years prior to death and was not a resident of any
(Number of Years)
other State at the time of his/her death; and

- all debts of and taxes and claims against the decedent's Estate have been paid or provided for.

This Affidavit is made for the purpose of securing the transfer of mutual funds shares owned by decedent at the time of his/her death.

_____
(Signature of Surviving Tenant/Executor/Administrator/Trustee)

_____
Phone Number

FOR NOTARY PUBLIC USE ONLY:
Sworn to (or affirmed) before me this

_____ day of _____ , 20___

_____
(Notary Signature)

My commission expires _____
(Affix seal.)

Please call your financial representative with any questions.

Mail completed 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

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