

**POWER OF ATTORNEY APPOINTMENT AND
INDEMNIFICATION AGREEMENT**

If this Power of Attorney is executed in the State of New York:

CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

I, _____, whose address is _____, do hereby make, constitute and appoint _____, whose address (including street, city, state and zip code) is _____ and whose daytime telephone number is () _____ - _____, and whose signature appears below, my true and lawful attorney-in-fact for me and in my name, place and stead: (1) to purchase, redeem, exchange or transfer shares with respect to those accounts in The Dreyfus Family of Funds listed below (“Dreyfus Funds”); (2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment on checks drawn on such accounts; and (3) to enter into all other lawful transactions with respect to any of such account(s).

I hereby authorize and direct the Dreyfus Funds and Dreyfus Transfer, Inc. (the “Transfer Agent”), and each of their officers, directors, employees and agents, or the successors and assigns of any of them, to treat such transaction requests with the same force and effect as if the requests had come from me personally, including transfers into the name of said attorney-in-fact or direct remittance of the proceeds or redemption to said attorney-in-fact. When making transaction requests pursuant to the authority granted hereunder, said attorney-in-fact will disclose such capacity.

I hereby agree to indemnify and hold The Dreyfus Corporation (“Dreyfus”), the Transfer Agent, and each of the Dreyfus Funds harmless from acting upon instructions, either oral or in writing, believed by any of them to have originated from said attorney-in-fact, and from any and all acts of said attorney-in-fact with respect to the shares held in such account(s).

I hereby revoke any Power of Attorney previously executed by me for the purposes set forth herein. I confirm that this document shall not revoke any other Powers of Attorney previously executed by me for a general, specific or limited purpose. In order to revoke a prior Power of Attorney, I will execute a revocation specifically referring to the power to be revoked. Whenever two or more Powers of Attorney are valid at the same time, the agents appointed on each shall act separately unless specified differently in the documents.

This Power of Attorney shall not be revoked by any subsequent Power of Attorney I may execute unless such subsequent power specifically provides that it revokes this power. This agreement is to remain in full force and effect until revoked by me in writing. Any revocation is to be delivered to the Transfer Agent’s main office and will become effective as soon as the Transfer Agent has had a reasonable amount of time to act upon it. Such revocation will not affect any transactions initiated by the Transfer Agent before such revocation has become effective.


In case of my death, disability, or incompetence, this agreement and appointment shall continue in full force and effect, and Dreyfus, the Transfer Agent and the Dreyfus Funds will not be held responsible for any actions taken prior to the Transfer Agent’s receipt of proper written notice of such change from my properly appointed legal representative, and a reasonable amount of time to act thereon. Such change shall result in the termination of this Power of Attorney, and the Transfer Agent shall thereafter act upon instruction from my properly appointed legal representative.

The following Dreyfus Fund accounts, and any new accounts opened via exchange from such accounts, are affected by this agreement:

Fund Name	Account Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The undersigned has read the foregoing in its entirety before signing.

In Witness Whereof, I have hereunto signed my name this _____ day of _____, 20_____.

PRINCIPAL signs here:*  _____

ACKNOWLEDGMENT

STATE OF _____ COUNTY OF _____ ss.: _____

On this _____ day of _____, 20_____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

If this Power of Attorney is executed in the State of New York:

IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- 1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- 2) avoid conflicts that would impair your ability to act in the principal's best interest;
- 3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- 4) keep a record of all receipts, payments, and transactions conducted for the principal; and
- 5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in this Power of Attorney or in a Statutory Gifts Rider attached to this Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent:

The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

** Attorney-in-fact must sign on next page.*

I have read the foregoing Power of Attorney. I am the person identified therein as attorney-in-fact for the principal named therein.

I acknowledge my legal responsibilities.

ATTORNEY-IN-FACT signs here:  _____

ACKNOWLEDGMENT

STATE OF _____ COUNTY OF _____ ss.: _____

On this ____ day of _____, 20____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Any questions, please call your financial representative.

MAILING INSTRUCTIONS:

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

Note: For accounts registered as a trust, please include a certified copy of the trust agreement that stipulates a Power of Attorney is allowed.

If the principal cannot sign this form, then a certified copy of a durable Power of Attorney must be submitted.