

INDIVIDUAL RETIREMENT ACCOUNT BENEFICIARY DESIGNATION FORM

IMPORTANT INFORMATION — PLEASE READ

Complete this form to name or change your Dreyfus mutual fund account IRA beneficiary designation. By changing your beneficiary information on this form, you revoke any prior beneficiary designation you have made with respect to the assets in the Dreyfus IRA types you indicate below. Please list all beneficiary information even if you are only updating information for one of your beneficiaries. If designating more than three primary or secondary beneficiaries, check the box below and attach a separate sheet of paper to this form with all beneficiary information. If more than one person is named and no percentages are indicated, payment shall be made in equal shares to your surviving beneficiaries.

If no beneficiary survives you, or if no beneficiary designation is in effect at your death, the balance in your Dreyfus IRA(s) will be paid to your estate. Any secondary beneficiary you name will receive all or a portion of your Dreyfus IRA balance(s) only if all primary beneficiaries die before you. For example, if you name two primary beneficiaries but one of them dies before you, the entire balance will be paid to the surviving beneficiary. To name a trust as a primary or secondary beneficiary, write the name and address of the trustee, then give the name and date of the trust agreement.

Your beneficiary designation shall apply only to your Dreyfus mutual fund account IRA types indicated below, and not to any Dreyfus brokerage account.

☐ I am attaching to this form a separate sheet with beneficiary instructions.				
1. Account Information:				
IRA Shareholder's Name				
Social Security Number				
Address				
City	State	Zip Code		
E-mail Address	ail Address Phone Number			
2. IRA Plan Type:				
Check all IRA plan types in which you would like to apply the designation(s) you make below. If you have more than one IRA of the same type (e.g., two traditional IRAs), Dreyfus will apply this change in beneficiary information to all IRA's of the same type. Any beneficiary designation will apply to all investments within the IRA type indicated. You should complete a separate form for each IRA type in which you would like to name different beneficiaries and/or allocate different percentages.				
☐ All Dreyfus mutual fund account IRA types☐ Roth IRA	☐ Traditional IRA☐ SEP IRA	☐ Traditional Rollover IRA ☐ Other		

Check this box if	you do not w	ant beneficiaries	to receive	general	marketing	material	about I	Dreyfus	products
and services.									

3. Beneficiary Designation

Primary Beneficiary(ies):

1. First Name		Last Name	
Address			
City	State		Zip Code
Soc. Sec. No./Tax ID		Date of Birth	
Relationship to IRA Shareholder			
% of Share			
Custodian, if beneficiary is a minor	(account owner	cannot be designated as custod	lian)
E-mail Address		Phone Number	
2. First Name		_Last Name	
Address			
City	State		Zip Code
Soc. Sec. No./Tax ID		Date of Birth	
Relationship to IRA Shareholder			
% of Share			
Custodian, if beneficiary is a minor	(account owner	cannot be designated as custod	lian)
E-mail Address	·	_	•
3. First Name		Last Name	
Address			
City	State		Zip Code
Soc. Sec. No./Tax ID		Date of Birth	
Relationship to IRA Shareholder			
% of Share			
Custodian, if beneficiary is a minor	(account owner	cannot be designated as custod	lian)
E-mail Address	(account owner	Phone Number	•

3. Beneficiary Designation (continued)

Secondary Beneficiary(ies):

1. First Name	La:	st Name
Address		
City	State	Zip Code
Soc. Sec. No./Tax ID	D	ate of Birth
Relationship to IRA Shareholder		
% of Share		
Custodian, if beneficiary is a minor	(account owner or primary benefi	ciary cannot be designated as custodian)
E-mail Address	Ph	one Number
2. First Name	La:	st Name_
Address		
City	State	Zip Code
Soc. Sec. No./Tax ID	D	ate of Birth
Relationship to IRA Shareholder		
% of Share		
Custodian, if beneficiary is a minor	(account owner or primary benefi	ciary cannot be designated as custodian)
E-mail Address	Ph	one Number
3. First Name	La:	st Name
Address		
City	State	Zip Code
Soc. Sec. No./Tax ID	D	ate of Birth
Relationship to IRA Shareholder		
% of Share		
Custodian, if beneficiary is a minor	(account owner or primary benefi	ciary cannot be designated as custodian)
E-mail Address	` '	one Number

4. Signat	ture:					
Signature o	of IRA Shareholder X	Da	te			
	By signing, I hereby revoke any prior beneficiary designation I have made with respect to my Dreyfus IRA.					
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neturn to:	For first class mail, please mail this form to: Dreyfus Institutional Department	For registered, certified or overnight of Dreyfus Institutional Department	man, piease man to:			
	P.O. Box 9882 Providence, RI 02940-8079	4400 Computer Drive Westborough, MA 01581				
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