

# MULTI-PURPOSE CERTIFICATION FORM

**FOR USE BY CORPORATIONS, TRUSTS, PARTNERSHIPS, ESTATES, OR OTHER ENTITIES ONLY**

## IMPORTANT INFORMATION — PLEASE READ

- This form is to be completed by those authorized to transact on the account.
- This form should not be used to change the registration or address of an account. For assistance in completing this form or other shareholder forms, please call toll free **1-800-346-3621**.
- For trust accounts complete this form if one of the following applies:
  - 1) A trustee is not named in the account registration.  
OR
  - 2) Any trustee named in the account registration will act independently.  
OR
  - 3) Any person not named as a trustee in the registration is authorized to transact on the account.
- If completing for multiple accounts, only the authorized person(s) you name will be able to act on each account you specify in Section 1. Also, if completing for multiple accounts, all accounts on this form must be for the same type of registered owner.

**PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES  
USE BLUE OR BLACK INK ONLY**

## 1 PLEASE PROVIDE YOUR ACCOUNT INFORMATION

**Registered Owner is (please check only one):**

- Corporation/Incorporated Association . . . . . **Complete Sections 1, 2 & 3**
- Trust . . . . . **Complete Sections 1, 2 & 4**
- Partnership . . . . . **Complete Sections 1, 2 & 4**
- Estate . . . . . **Complete Sections 1, 2 & 4**
- Other Entity: \_\_\_\_\_ **Complete Sections 1, 2 & 4**

(Such as Non-Profit Organization, Religious Organization, Sole Proprietorship, Investment Club, Non-Incorporated Association, etc.)

NAME OF REGISTERED OWNER

FUND NAME

ACCOUNT NUMBER OR WRITE "NEW" FOR NEW ACCOUNTS

FUND NAME

ACCOUNT NUMBER OR WRITE "NEW" FOR NEW ACCOUNTS

TAXPAYER ID NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)(NO P.O. BOXES)

CITY

STATE

ZIP CODE

( )

( )

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

E-MAIL ADDRESS

## 2 PLEASE PROVIDE AUTHORIZED PERSON(S) AND REQUIRED INFORMATION

The following named persons are currently officers/trustees/general partners/other authorized signatories of the registered owner, and any \_\_\_\_\_ \* of them ("Authorized Person(s)") is/are currently authorized under the applicable governing document to act with full power to sell, assign or transfer securities of the Fund(s) for the registered owner and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

\*Insert a number. Unless otherwise indicated, the Transfer Agent may honor instructions of any one of the persons named below.

**First Authorized Person**

Full Legal Name Title Specimen Signature

Date of Birth Social Security Number

U.S.  Other (please specify)  U.S.  Other (please specify)  
Citizenship (Trustees only) Tax Residence (Trustees only)

Residential Address (no P.O. boxes) Street City State Zip Code

Phone Number Evening Phone Number Daytime

Employment Status  Employed  Self-Employed  Retired/Not Employed

Occupation Type of Business

Business Name, if self-employed

Employer's Name

Employer's Address

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are closely associated with such official or an immediate family member of such official (including spouse, parents, siblings, children, and in-laws):

Yes  No

If yes, please provide name of official, office held, and country \_\_\_\_\_

**Second Authorized Person**

Full Legal Name Title Specimen Signature

Date of Birth Social Security Number

U.S.  Other (please specify)  U.S.  Other (please specify)  
Citizenship (Trustees only) Tax Residence (Trustees only)

Residential Address (no P.O. boxes) Street City State Zip

Phone Number Evening Phone Number Daytime

Employment Status  Employed  Self Employed  Retired/Not Employed

Occupation Type of Business

Business Name, if self-employed

Employer's Name

Employer's Address

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are closely associated with such official or an immediate family member of such official (including spouse, parents, siblings, children, and in-laws):

Yes  No

If yes, please provide name of official, office held, and country \_\_\_\_\_

**Third Authorized Person**

Full Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Specimen Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

U.S.  Other (please specify) \_\_\_\_\_  U.S.  Other (please specify) \_\_\_\_\_

Citizenship (Trustees only) \_\_\_\_\_ Tax Residence (Trustees only) \_\_\_\_\_

Residential Address (no P.O. boxes) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number Evening \_\_\_\_\_ Phone Number Daytime \_\_\_\_\_

Employment Status  Employed  Self-Employed  Retired/Not Employed

Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name, if self-employed \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are closely associated with such official or an immediate family member of such official (including spouse, parents, siblings, children, and in-laws):

Yes  No

If yes, please provide name of official, office held, and country \_\_\_\_\_

The Transfer Agent may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named in the Multi-Purpose Certification Form last received by the Transfer Agent. The Transfer Agent may, without inquiry, act only upon the instruction of ANY ONE Authorized Person(s) placing a request to sell, assign or transfer securities by telephone or online through the Dreyfus.com website pursuant to any applicable privileges, regardless of any number set forth above. The Transfer Agent and the Fund shall not be liable for any claims, expenses (including legal fee(s)) or losses resulting from the Transfer Agent having acted upon any instruction reasonably believed to be genuine.

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### 3 CERTIFICATION OF OFFICERS — FOR CORPORATIONS AND INCORPORATED ASSOCIATIONS ONLY

Either a MEDALLION SIGNATURE GUARANTEE or corporate seal is required in this Section.

I, \_\_\_\_\_, Secretary of the above-named registered owner, do hereby certify that at a meeting on \_\_\_\_\_ at which a quorum was present throughout, the Board of Directors of the corporation/the officers of the association duly adopted a resolution, which is in full force and effect and in accordance with the registered owner's charter and by-laws, which resolution did the following: (1) empowered the above-named Authorized Person(s) to effect securities transactions for the registered owner on the terms described above; (2) authorized the Secretary to certify, from time to time, the names and titles of the Authorized Persons of the registered owner and to notify the Transfer Agent when changes to Authorized Persons occur; and (3) authorized the Secretary to certify that such a resolution has been duly adopted and will remain in full force and effect until the Transfer Agent receives a duly executed amendment to the Certification form.

Witness my hand on behalf of the corporation/association this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Secretary or other authorized officer who is not an Authorized Person on this account

\_\_\_\_\_  
MEDALLION SIGNATURE GUARANTEE OR CORPORATE SEAL

The undersigned officer (other than the Secretary) hereby certifies that the foregoing instrument has been signed by the Secretary of the Corporation/Association.

\_\_\_\_\_  
Certifying Officer of the Corporation or Incorporated Association

\_\_\_\_\_  
MEDALLION SIGNATURE GUARANTEE OR CORPORATE SEAL

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### 4 CERTIFICATION FOR TRUSTS, PARTNERSHIPS, ESTATES AND OTHER ENTITIES

MEDALLION SIGNATURE GUARANTEE is required in this Section.

\_\_\_\_\_  
CERTIFYING TRUSTEE(S)/GENERAL PARTNER(S)/OTHER(S)

\_\_\_\_\_  
CERTIFYING TRUSTEE(S)/GENERAL PARTNER(S)/OTHER(S)

\_\_\_\_\_  
MEDALLION SIGNATURE GUARANTEE

\_\_\_\_\_  
DATE

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#### **MEDALLION SIGNATURE GUARANTEE REQUIREMENT:**

*THE TRANSFER AGENT HAS ADOPTED STANDARDS AND PROCEDURES PURSUANT TO WHICH MEDALLION SIGNATURE GUARANTEES IN PROPER FORM GENERALLY WILL BE ACCEPTED FROM DOMESTIC BANKS, BROKERS, DEALERS, CREDIT UNIONS, NATIONAL SECURITIES EXCHANGES, REGISTERED SECURITIES ASSOCIATIONS, CLEARING AGENCIES AND SAVINGS ASSOCIATIONS PARTICIPATING IN THE NEW YORK STOCK EXCHANGE MEDALLION SIGNATURE PROGRAM (MSP), THE SECURITIES TRANSFER AGENTS MEDALLION PROGRAM (STAMP) AND THE STOCK EXCHANGES MEDALLION PROGRAM (SEMP). NOTARIZATION BY A NOTARY PUBLIC IS NOT AN ACCEPTABLE GUARANTEE.*

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**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. THIS FORM WILL REMAIN IN FULL FORCE AND EFFECT UNTIL ANOTHER VALID FORM IS RECEIVED BY THE FUNDS' TRANSFER AGENT. ANY MODIFICATION OF THE INFORMATION YOU PROVIDE WILL REQUIRE AN AMENDMENT TO THIS FORM.**

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#### **MAILING INSTRUCTIONS**

**When completed, please forward this information to:**

Dreyfus Institutional Department  
P.O. Box 9882  
Providence, RI 02940-8082

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

Dreyfus Institutional Department  
4400 Computer Drive  
Westborough, MA 01581