

REDEMPTION AUTHORIZATION FORM

Do not use this form for IRA or Keogh plans.

Instructions

- If the proceeds of this redemption are to be reported under a Taxpayer Identification Number other than the one listed on the account, please have your financial representative call **1-800-242-8671**.
- Print clearly in blue or black ink. Please complete all sections and sign this form.
- Mail completed form to:
Dreyfus Institutional Department
P.O. Box 9882
Providence, RI 02940-8082
- Please send registered, certified and overnight mail to:
Dreyfus Institutional Department
4400 Computer Drive
Westborough, MA 01581
- Send originals only. No copies or facsimiles. You may wish to keep a copy for your files.

1. ACCOUNT HOLDER INFORMATION

Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

2. DREYFUS ACCOUNT NUMBER(S)

I would like to redeem as follows:

Fund Account # _____ \$ _____ or Entire Balance
Dollar/share amount

Fund Account # _____ \$ _____ or Entire Balance
Dollar/share amount

Fund Account # _____ \$ _____ or Entire Balance
Dollar/share amount

3. REDEMPTION DUE TO DEATH

Date(s) of Death _____

Surviving joint tenants, to ensure accurate cost basis reporting, please indicate if you are the spouse by checking the box: Spouse. For non-spouse, please indicate the %* of joint property contributed by the decedent: _____ %.

*If no percentage is indicated, the shares will be redeemed as 100% non-covered on non-spousal accounts.

We strongly recommend you consult your tax advisor with any cost basis issues.

4. REDEMPTION INSTRUCTIONS

Make check payable as shown on account's registration and mail to the address of record.

Your signature must be Medallion Signature Guaranteed if the redemption amount is greater than \$100,000 or if the redemption amount is \$10,000 or greater and the address of record has been changed within the last 30 days.*

Send the proceeds directly to my bank account currently on file:

Wire

Automated Clearing House (ACH)

Send proceeds to an alternate bank account via wire:

Bank Name: _____

ABA Routing Number: _____

Bank Account Number: _____

Bank Account Registration: _____

*Your signature must be Medallion Signature Guaranteed.**

Make check payable to a third party and mail to the address provided below:

Name of third party: _____

Address: _____

City

State

Zip Code

*Your signature must be Medallion Signature Guaranteed.**

5. ACKNOWLEDGEMENT AND SIGNATURES

Signature of Account Owner/Custodian/Trustee/Corporate Officer/Partner, etc.

Signature of Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.

*If you are not the owner, but are acting on the owner's behalf, please note the appropriate capacity in which you are acting. Your signature must be Medallion Signature Guaranteed.**

Print Name

Print Name

Date

Date

Title/Capacity

Title/Capacity

Medallion Signature Guarantee* By: Your signature(s) must be guaranteed here as described below.

Your signature(s) must be guaranteed here as described below if:

1. The check is payable to a third party or is being mailed to an alternate address.
2. The proceeds are being sent to a bank account currently not on file.
3. The proceeds are greater than \$100,000.
4. The proceeds are \$10,000 or greater and the address of record has been changed within the last 30 days.
5. You are not currently an authorized signer of record, but are acting on the owner's behalf.

*Medallion Signature Guarantees: Dreyfus Transfer, Inc. (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.