

BROKERAGE ACCOUNT LINKAGE

By completing this form the balances in two Brokerage Accounts that have the same address will be linked for account billing purposes only. Please return this form to the address above.

Date: / /

Dreyfus:

Please accept this letter as authorization to consider the combined balances for the Brokerage Accounts that have the same address when determining whether an account may qualify for a fee waiver.

Primary Account #: _____ **Account title:** _____

SIGNATURES

(All registrants required to sign for each account.)

Secondary Account #: _____ **Account title** _____

SIGNATURES

(All registrants required to sign for each account.)

To receive multiple Brokerage Account statements in a single mailing please call a Dreyfus Lion Account® Representative at 1-800-THE-LION and ask for the combined statement mailing form.

Please mail this completed form to:
DREYFUS BROKERAGE SERVICES
PO Box 9008
Hicksville, NY 11802-9008

For Registered, Certified or Overnight Mail, please mail to:
DREYFUS BROKERAGE SERVICES
144 Glenn Curtiss Boulevard, 106-9501
Uniondale, NY 11556-0144