

REQUIRED MINIMUM DISTRIBUTION PLAN FORM
 (for non-Roth IRAs and 403(b)(7) plan accounts only)

Please complete this form if you have reached age 70½ and are requesting a periodic distribution from your Dreyfus non-Roth IRA or 403(b)(7) plan account. 403(b)(7) plan participants do not have to commence distributions until April 1 of the calendar year following the later of the year in which the employee attains 70½ or the year in which the employee retires. Complete this form only if you would like to make a change to an existing distribution schedule or if you do not have a distribution schedule established. If you have any questions about this form, please call us toll free at 1-800-645-6561 for IRAs or 1-800-358-0910 for 403(b)(7) plans.

If you would like to take a one time or lump sum distribution, please complete the IRA Distribution Request Form or 403(b)(7) Distribution/Transfer Request Form.

1 ACCOUNT INFORMATION

OWNER'S NAME (First, Middle Initial, Last)

STREET ADDRESS

CITY

STATE

ZIP CODE

Please check this box if you would like to update the address on your account to the above. Please note P.O. Boxes are not allowed. For additional information please call the number on your account statement.

DATE OF BIRTH (MO/DAY/YR)

SOCIAL SECURITY NUMBER

()

()

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

2 DREYFUS RETIREMENT PLAN TYPE(S) AND ACCOUNT NUMBER(S)

Select the plan type and reference your account number(s) from which you will receive your Required Minimum Distribution (RMD). Note that Required Minimum Distributions are based on the value of each of your Dreyfus retirement accounts within a given plan. Distributions will be withdrawn from each of these fund accounts proportionately.


Plan Type(s): TRADITIONAL (REGULAR) IRA ROLLOVER IRA SEP-IRA 403(b)(7) PLAN ACCOUNT

Fund Account Number(s): _____

Fund Account Number(s): _____

3 PURPOSE OF REQUEST

Check Only One: ESTABLISH a new automatic withdrawal plan.

If you check this box,  CHANGE an existing automatic withdrawal plan. provide ONLY the information that is changing.

4 DISTRIBUTION OPTIONS AVAILABLE

A. Please calculate and send me the required minimum distribution based on the Uniform Lifetime table or, if applicable, the Joint Life and Last Survivor Life Expectancy table. This calculation is based on current IRS regulations. **If your sole primary beneficiary is your spouse who is greater than 10 years younger than you, please fill out the section below.**

Beneficiary Name (first and last name)	Beneficiary Date of Birth (month/day/year)	Beneficiary SS#
	____ / ____ / _____	_____ - ____ - _____

Your beneficiary must be the one previously designated by you. If you would like to change your beneficiary information, please call 1-800-645-6561 for IRA's or 1-800-358-0910 for 403(b)(7) plans and request the Beneficiary Designation Form.

4 DISTRIBUTION OPTIONS AVAILABLE (continued)

- B. I want an amount greater than the required minimum distribution as specified below. The amount entered will be divided according to the schedule you choose below. **Important for 403(b)(7) Plans:** 20% federal tax withholding may be applied on the amount over the RMD. The Special Tax Notice Regarding Plan Payments describes this tax and the rollover rules.

Fund Account Number _____ Dollar Amount \$ _____

Fund Account Number _____ Dollar Amount \$ _____

5 FEDERAL INCOME TAX WITHHOLDING

The Bank of New York Mellon is required to withhold 10% of your required minimum distribution for Federal income tax purposes unless you elect otherwise below. If you elect not to have withholding apply to your distribution, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not elect out of withholding, **by checking the box below**, withholding will be based on the gross amount of your distribution even though a portion of your distribution may not be subject to tax (e.g., if you have made non-deductible contributions to your IRA or 403(b)(7) Plan).

- I **do** want income tax withholding applied to my IRA or 403(b)(7) plan distribution and understand that withholding will be applied at the rate of 10% unless a different withholding percentage is specified _____% (minimum of 10%).
- I **do not** want income tax withholding applied to my IRA or 403(b)(7) plan distribution.
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6 STATE INCOME TAX WITHHOLDING

Depending on your state of residency, state income tax withholding may be required from your distribution. If applicable, you may elect a withholding rate that is above your state's minimum withholding rate. Certain states may permit you to elect to not have withholding apply. If a minimum withholding rate is required by your state, the custodian will withhold applicable state taxes regardless of your election below. The custodian does not withhold state taxes for all states. To the extent permitted by applicable state law, an election to not have Federal income tax withheld will also apply to state income taxes. To review the impact of state withholding for your state of residence, please speak to your tax consultant.

- I **do** want state income tax withholding applied to my IRA or 403(b)(7) plan account distribution at a rate of _____% .
- I **do not** want state income tax withholding applied to my IRA or 403(b)(7) plan account distribution.
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7 PERIODIC DISTRIBUTIONS

Periodic Distribution Schedule

Complete this section to set up a regular schedule of distributions. If an amount is entered in Section 4B above, it will be divided according to the schedule you choose below. **Please choose a date that has not already passed from the date we receive this document.**

For First-Year RMD options, see Page 3.

Please make distributions on the following schedule:

_____ Monthly _____ Quarterly _____ Semiannually _____ Annually

Beginning distribution date: ____ / ____ / ____ *

MONTH DAY YEAR

***Dreyfus Money Market Fund investors only**

A December payment of a periodic distribution you select above can only be processed between the 1st and 15th day of December. If you enter a day after the 15th of the month, your December distribution (if applicable) will be made on or about December 15th. Distributions in non-money market funds scheduled for December will be processed on the day you select above.

7 PERIODIC DISTRIBUTIONS (continued)

First-Year RMD

If neither of the below apply, do not complete this section. Complete only the Periodic Distribution Schedule on the previous page.

Annual RMDs from non-Roth IRAs generally must be distributed by December 31st of each year, beginning with the year in which you reach age 70½. Annual RMDs from 403(b)(7) plan accounts generally must be distributed each year by December 31st, beginning with the later of the year in which you reach age 70½ or the year in which you retire. However, if this is your first RMD, you are permitted to postpone your RMD by three months until April 1st of the following year. For example an IRA owner that attains age 70½ this year may postpone the first RMD until April 1st of next year. This postponement may only apply to your first RMD. If you postpone your first RMD, the IRS requires that you take your second RMD by December 31st of that same year.

I have previously postponed my first RMD until this year. I would like to take my first RMD immediately upon receipt of this form. Instruction must be received prior to April 1st.

I wish to postpone my first RMD until next year (date between January 1 and April 1).

Date of first RMD: _____ / _____ / _____
MONTH DAY YEAR

8 DISTRIBUTION INSTRUCTIONS

Option A: I want my distribution(s) credited to an existing Dreyfus non-retirement account. Fund Account #: _____
(If you select this option, the distribution amount must meet the fund's required minimum for subsequent investments (usually \$100). **If you are not a registered owner on the non-retirement Dreyfus account, a Medallion Signature Guarantee (see Section 9) is required.**

Option B: I want my distribution check(s) sent to the alternate payee address indicated below. **Please note: A Medallion Signature Guarantee* is required in this case. If alternate address is a bank, please include your bank account number below.**

Alternate Payee

Alternate Address (Street or PO Box)

(Apt. No.)

(City)

(State)

(Zip Code)

Bank Account Number

Please note: If alternate payee is a charity, Federal income tax withholding will not be applied.

Option C (select one of the following):

I want my distribution(s) sent by Automated Clearing House (ACH) to my bank. Attach a voided check from your bank account. **A Medallion Signature Guarantee* is required if the bank account is not individually registered to you.** Money will be transferred only to the bank account indicated on the voided check. Upon receipt of this form, Dreyfus Transfer, Inc.(the "Transfer Agent") is authorized to credit my bank account indicated below using the ACH option.

I understand that these services are governed by the prospectus provisions and the rules of the ACH. I further understand that either option may be terminated or modified at any time without notice by Dreyfus or the Transfer Agent.

I want my distribution(s) sent by Automated Clearing House (ACH) to the bank account on file that has received previous distributions from Dreyfus. **A Medallion Signature Guarantee* is not required.**

PLEASE ATTACH VOIDED CHECK HERE.

Option D: Please send my check to the current address of record on my account.

If you did NOT select one of the above-listed options, Option D will be used as the default method of distribution.

Please note: Requests for \$100,000 or more require a **Medallion Signature Guarantee.***

