

CHANGE OF REGISTRATION AUTHORIZATION FORM

IMPORTANT INFORMATION – PLEASE READ

- **An Account Application must accompany this form.** If you do not indicate the fund(s) for your investment on the Account Application, your investment selection will remain the same. If you specify an alternate fund on the Account Application, the exchange from the current to the new fund, which may be a taxable event, will not be processed until after the transfer to the new account is completed.
- A change of registration requires that a new account be established. Please note that privileges on your current account will not automatically carry over to your new account. You must reapply for any privileges you would like us to establish on your Account Application. If changing the registration on a non-money market fund, you will also be required to elect a cost basis reporting method for the new account(s).
- This form can be used to change the registration of one or more accounts. If you have several accounts and would like to use one form, their current registrations must all be the same and the new registrations must also be the same. If they are not the same, you will need to obtain additional copies of this form.
- If your existing account has the checkwriting privilege, please make sure that all outstanding checks are paid before submitting this form. We will be unable to honor checks with your old registration and account number if you transfer all shares to your new account.
- Please enclose any share certificates that may be outstanding for your account. Unless instructed otherwise, we will deposit the certificates in your new account. If you are enclosing share certificates, please use the registered/certified/overnight mailing address provided on this form.
- You will receive a confirmation showing your new account number. Please use this number for all future transactions and inquiries about your new account.
- Additional documentation may be required for certain registration changes. Please see the Account Application.
- Please complete Sections 2A and 2B if the transfer is to be processed as a gift or due to a death. Otherwise complete Section 2B only. To ensure accurate cost basis reporting, you must indicate the type of transfer request and provide transfer details.
- Do not use this form for IRA or Keogh plans. For special forms or assistance in completing this form, please call **1-800-645-6561**.

Please print all items except signatures. Use blue or black ink only. Please sign in Section 3.

1. Please provide your current account information.

Fund Name and Account Number

Fund Name and Account Number

Name of Owner or Custodian

Name of Joint Owner (if any), Corporate Officer, Partner, Trustee, etc.

2. How would you like to register your NEW account?

Please transfer (Please choose one – if nothing is checked, we will default to all)

All shares OR part _____ shares or _____ dollars, and register the new account as follows:

Name of New Owner, Custodian, Trustee, Executor, or Other Representative

Name of New Joint Owner (if any), Minor, Trust or Estate

Please note this information must be identical to the information provided in Section 1 of the Dreyfus Family of Funds Account Application, which must accompany this form.

2A. Reason for Transfer (Gift or Death Transfers Only)

To ensure accurate cost basis reporting, indicate the reason for transfer and provide details.

Gift

Fair Market Value Acceptance _____
Signature of New Owner

If accepting account will use Average Cost, the new owner must sign above indicating acceptance of shares at fair market value on the date of gift if the shares are transferred at a loss.

Death (Inheritance)

Date of Death _____ (required) Alternate Date _____ or Alternate Value _____ (optional)

For joint account holders only, please consider the following for purposes of determining cost basis.

If the reason for transfer is due to death (inheritance), 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 transferred as 100% non-covered on non-spousal accounts.

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

2B. Cost Basis Information

Unless you specify otherwise below, the cost basis method on your current account will be used to deplete the transfer of the shares. To have the transfer(s) processed either Pro Rata or by using an alternate cost basis transfer processing method, select either 1 or 2 below. For accounts using the Average Cost method, shares are depleted in First In First Out (FIFO) order unless you select option 1 (Pro Rata Transfer Processing).

1) Pro Rata Transfer Processing*:

If you are transferring only a portion of your account, or transferring your account to multiple recipients, you have the option to have the transfer(s) processed proportionately from all tax lots in your account so that the tax lots in the receiving account(s) maintain the same cost basis characteristics across each new account (i.e., if the transfer is to multiple recipients) or as the originating account (i.e., if a partial transfer is to one recipient). This Pro Rata transfer processing election will only apply to the transfer(s) processed per this transfer request.

Check this box to indicate you wish to have the transfer(s) processed pro rata across all tax lots rather than based on the cost basis method on your account or an alternate cost basis transfer processing method.

*The cost basis method on your account will not be impacted by this election.

2) Alternate Transfer Processing*:

If you have a cost basis method other than Average Cost on your account, you may choose an alternate transfer processing method for this transfer. Do not make a selection if your transfer is to be processed using the Pro Rata method or using the cost basis method on your account. This selection will only apply to the transfer(s) processed per this transfer request.

First In First Out (FIFO)

Last In First Out (LIFO)

High Cost, First Out (HIFO)

Low Cost, First Out (LOFO)

Specific Lot

Date of Purchase _____ / _____ / _____ # of shares _____

Date of Purchase _____ / _____ / _____ # of shares _____

Date of Purchase _____ / _____ / _____ # of shares _____

You will need to make a similar election on future transfers, if applicable, and redemptions will be processed according to the cost basis method on your account.

3. Signature(s) of Current Owner(s)

All current owners/executors/surviving tenant(s), must sign below and obtain a MEDALLION SIGNATURE GUARANTEE* in Section 4.

PLEASE SIGN HERE:

Individual/Custodian/Trustee/Corporate Officer/Partner, etc.		Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.	
Title/Capacity	Date	Title/Capacity	Date
Phone Number		Phone Number	

Check this box if you are acting in the capacity of a successor trustee and the current trustee is incapacitated.

4. Medallion Signature Guaranteed By*:

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

Medallion Signature Guarantee

**A Medallion Signature Guarantee is a stamped or typewritten assurance from a financial institutional (guarantor) that a signature or endorsement is genuine. Please check with your financial institution to be certain their guarantee will meet the requirements stated below.*

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.

Mailing Instructions

Please mail this form, the Dreyfus Family of Funds Account Application and all enclosures to:

Dreyfus Shareholder Services
P.O. Box 9879
Providence, RI 02940-8079

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

Dreyfus Shareholder Services
4400 Computer Drive
Westborough, MA 01581

DREYFUS FAMILY OF FUNDS ACCOUNT APPLICATION

Do not use this application for IRA, Keogh plans or business accounts.

For special forms or if you need assistance completing this application, please call us at 1-800-645-6561.

Customer Identification Program Notice Important Information About Procedures for Opening a New Account

USA PATRIOT Act, Bank Secrecy Act, and Anti-Money Laundering

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity that opens an account. What this means for you: When you open an account, we will ask for information that will allow us to identify you. Until you provide the information or documents requested, we may not be able to open an account or effect any additional transactions for you.

- **Individuals** - When an individual opens an account, the following information is required: full legal name, residential address, date of birth and Social Security Number. We may also request other information that will allow us to identify the individual and we may need to obtain a driver's license, passport, or other identifying documents.
- **Legal Entities** - When corporations, partnerships, trusts, and other legal entities open an account, the following information is required: full legal name, physical address, and Tax Identification Number. We may also request other information that will allow us to identify the entity and may need to obtain certified articles of incorporation, partnership agreement, trust instrument, or other identifying documents. The Financial Crimes Enforcement Network's (FinCEN) Customer Due Diligence Requirements for Financial Institutions (CDD Rules) require financial institutions to identify and verify the identity of beneficial owners of legal entity customers, subject to certain exclusions and exemptions.

Unlawful Internet Gambling Enforcement Act ("Act") Notice: Transactions associated with unlawful internet gambling are prohibited. Specifically, the Act "prohibits any person engaged in the business of betting or wagering (as defined in the Act) from knowingly accepting payments in connection with the participation of another person in unlawful internet gambling." Shareholders of Dreyfus or BNY Mellon mutual funds ("Funds") must not initiate or receive wire transfers, checks, drafts or other debit/credit transactions that are restricted by the Act. For more information, please refer to: <https://www.federalreserve.gov/newsevents/pressreleases/files/bcreg20081112a1.pdf>.

Escheatment Notice: Your property may be transferred to the appropriate state if no activity occurs in your Fund accounts within the time period specified by state law.

If required information is missing, your application may be rejected. If an account is established pending receipt of requested information, it may be restricted to liquidating transactions only and closed if requested information is not received within specified time frames.

Payment Instructions

Please mail application and payment to:

Dreyfus Shareholder Services
P.O. Box 9879
Providence, RI 02940-8079

Please send registered, certified and overnight mail to:

Dreyfus Shareholder Services
4400 Computer Drive
Westborough, MA 01581

This application must be filed with Dreyfus Transfer, Inc. ("Transfer Agent") before any redemption can be honored.

You will receive a confirmation showing your Fund account number, dollar amount received, shares purchased and price paid per share.

You may use this application to open any one of the following account types.

Please note the type of documentation required.

All information should be printed clearly.

NOTE: If any party to the application is not a U.S. citizen or resident alien, he/she will also need to provide a copy of his/her passport, alien ID card, or other government issued document with residence and photograph.

■ **Individual – Complete sections 1A, 2A, 3A, 3F and sections 4 through 9.**

Account is owned by one person.

■ **Joint – Complete sections 1A & B, 2A & B, 3A & B, 3F and sections 4 through 9.**

Account is owned by two or more people. Tenancy with right of survivorship is presumed, unless tenancy in common is indicated in 1B.

■ **Gifts or Transfers to Minors – Complete sections 1C, 2A, 2C, 3A, 3F and sections 5 through 9.**

Uniform Gifts to Minors Act (UGMA) and Uniform Transfers to Minors Act (UTMA). Account is established as an irrevocable gift or transfer of assets to a minor. An adult custodian administers the account.

■ **Trust – Complete sections 1D, 2D, 3C, 3D, 3F and sections 5 through 10. Obtain Medallion Signature Guarantee.**

Account is established to invest assets held in a trust.

You will need to provide

- A copy of the pages of the trust agreement that show the name of the trust, the trust date, and a listing of all trustees and their signatures unless the account is being established via a change of registration from another account in the name of the same trust and only the name(s) of the trustee(s) are being changed

■ **Estate – Complete sections 1E, 2D, 3E, 3F and sections 5 through 10. Obtain Medallion Signature Guarantee.**

You will need to provide

- A court certified copy of the appointment of the administrator, executor, or personal representative certified within the last 6 months unless the account is being established via a change of registration

If your account does not fall into one of these categories, please call us at **1-800-645-6561**.

DREYFUS FAMILY OF FUNDS ACCOUNT APPLICATION

Do not use this Application for IRA, Keogh Plans or business accounts.

For special forms or if you need assistance completing this Application, please call us at **1-800-645-6561**.

1. How would you like to register your account?

- Individual – please complete sections 1A, 2A, 3A, 3F and sections 4 through 9
- Joint – please complete sections 1A & B, 2A & B, 3A & B, 3F and sections 4 through 9
- Gifts or Transfers to Minors – please complete sections 1C, 2A, 2C, 3A, 3F and sections 5 through 9
Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA)-Account established for the benefit of a minor, but administered by an adult custodian. The laws pertaining to custodial accounts and the age of majority vary by state. Please check with the laws of the state in which the custodial arrangement was made. Only the custodian can act on the account, and the custodian must sign this form. The assets must be transferred to the minor when age of majority is reached.
- Trust – please complete sections 1D, 2D, 3C, 3D, 3F and sections 5 through 10 } You must provide all documentation specified in the instructions on page 2 for each of these registration types.
- Other (please specify) – please complete sections 1E, 2D, 3E, 3F and sections 5 through 10

_____ Call **1-800-645-6561** and ask to speak to a representative.
(such as Estate, Sole Proprietorship, Non-Incorporated Association, etc.)

A. Owner – You may elect a Transfer on Death (TOD) Beneficiary in section 4. (Not available for Louisiana residents)

(Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
Phone Number Evening		Phone Number Daytime		
Citizenship	<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Other (please specify) _____ (Please provide passport, alien ID card or other (see Note on page 2))	
Tax Residence	<input type="checkbox"/> U.S.	<input type="checkbox"/> Other (please specify) _____		

B. Joint Owner

(Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
Phone Number Evening		Phone Number Daytime		
Citizenship	<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Other (please specify) _____ (Please provide passport, alien ID card or other (see Note on page 2))	
Tax Residence	<input type="checkbox"/> U.S.	<input type="checkbox"/> Other (please specify) _____		

C. Custodian and Minor Uniform Gifts to Minors Act (UGMA) Uniform Transfers to Minors Act (UTMA)

(Minor's Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
Phone Number Evening		Phone Number Daytime		
Custodian Citizenship	<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Other (please specify) _____ (Please provide passport, alien ID card or other (see Note on page 2))	
Custodian Tax Residence	<input type="checkbox"/> U.S.	<input type="checkbox"/> Other (please specify) _____		

State in which custodial arrangement was made* _____

*If no state is indicated the state listed in the registration address will be presumed.

D. Trust

Name of Trust _____

Taxpayer ID Number _____

Date of Trust Instrument _____

For the Benefit of _____

Type of Trust _____

Name of Grantor _____

Country where Trust established U.S. Other (Specify) _____

Tax Residence U.S. Other (please specify) _____

First Trustee

(Full Legal Name) First Name Initial Last Name Social Security Number Date of Birth

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

Phone Number Evening _____

Phone Number Daytime _____

Citizenship U.S. Other (please specify) _____

Tax Residence U.S. Other (please specify) _____

Second Trustee

First Name Initial Last Name Social Security Number Date of Birth

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

Phone Number Evening _____

Phone Number Daytime _____

Citizenship U.S. Other (please specify) _____

Tax Residence U.S. Other (please specify) _____

E. Other Entity (such as Estate, Sole Proprietorship, Non-Incorporated Association, etc.)

Full Legal Name _____

Taxpayer ID Number _____

Tax Residence U.S. Other (please specify) _____

2. Please provide your address information.

A. Owner/Custodian

Mailing Address _____ City _____ State _____ Zip _____

Permanent Residential Address (if different from mailing address) (no P.O. boxes) _____ City _____ State _____ Zip _____

E-Mail Address _____

B. Joint Owner

Permanent Residential Address (if different from owner's permanent residential address) (no P.O. boxes) _____ City _____ State _____ Zip _____

C. Minor Check here if same as custodian's residential address

Permanent Residential Address (if different from custodian's permanent residential address) (no P.O. boxes) _____ City _____ State _____ Zip _____

D. Trust or Other Legal Entity

Mailing Address _____ City _____ State _____ Zip _____

Physical Address (if different from mailing address) (no P.O. boxes) _____ City _____ State _____ Zip _____

E-Mail Address _____

3. Please provide additional required information.

A. Owner/Custodian

Employment Status Employed Self Employed Retired Not Employed

Occupation _____ Type of Business _____

Business Name (if self employed) _____

Employer's Name _____

Employer's Address _____

If retired or not employed, indicate source of income:

Retirement Savings Social Security/Pension

Spousal Support Other (please specify) _____

E. Authorized Person

*e.g., Executor/Administrator/Personal Representative/etc.

(Full Legal Name) First Name Initial Last Name Social Security Number Date of Birth

Title

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

Evening Phone Number Daytime Phone Number

Additional Authorized Person

*e.g., Executor/Administrator/Personal Representative/etc.

(Full Legal Name) First Name Initial Last Name Social Security Number Date of Birth

Title

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

Evening Phone Number Daytime Phone Number

F. Political/Military Officials

Please indicate if any account owner or related party* is either a senior military, government or political official in the U.S. or any other country or jurisdiction, or is 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 _____

*A related party includes a custodian, trustee, or beneficiary, or any principal shareholder, beneficial owner, or authorized person listed in sections 3E and 10.

4. For new accounts registered as Individual or Joint with rights of survivorship, would you like to add a Transfer on Death (TOD) Beneficiary?

A Transfer on Death (TOD) designation transfers ownership of your shares to your beneficiary or beneficiaries upon your death. For joint account holders, shares are transferred to your beneficiaries upon the death of the last surviving account owner. **TOD registration is only available on accounts registered to an individual or to joint owners with rights of survivorship or tenants by entirety with an address in any state within the United States other than Louisiana. TOD registration is not available for residents of Louisiana. If an account owner adds a TOD registration to his account while a resident of a state other than Louisiana and later becomes a resident of Louisiana, then the TOD registration shall be void at such time as the account owner becomes a resident of Louisiana.** Because TOD registration can affect tax strategies and estate planning, you may want to consult a financial planner or attorney before requesting this type of registration, particularly if you reside in a community property state. If you have any questions about TOD registration, please call us at **1-800-645-6561**.

Beneficiary designation(s)

Please provide your designated beneficiary information in the boxes below. (If you wish to designate more than two primary or more than two secondary beneficiaries, please attach a separate sheet.) These beneficiary designations will remain in full force and effect until another properly completed form or other written instructions are received. **If you designate more than one primary beneficiary, or more than one secondary beneficiary, please be sure that the percentages you assign to all primary beneficiaries add up to 100%, and that the percentages you assign to all secondary beneficiaries add up to 100%.** If no percentages are designated, an even split among primary and an even split among secondary beneficiaries will be assumed. Any fractional shares that remain upon dividing the account among multiple primary beneficiaries, and any fractional shares that remain upon dividing the account among multiple secondary beneficiaries, will revert to the first named primary and first named secondary beneficiary, respectively. Any secondary beneficiary you name will receive all or a portion of your account balance only if all primary beneficiaries pre-decease you.

If a beneficiary is a minor, you must designate a custodian and provide the minor's date of birth.

Please check this box if you do not want beneficiaries to receive general marketing communications on Dreyfus products and services.

Primary Beneficiary

Name of Beneficiary		Date of Birth	Social Security Number	
Street Address		City	State	Zip
%				
Percentage of Shares		Custodian, if beneficiary is a minor		
E-mail Address		Phone Number		

Primary Beneficiary

Name of Beneficiary		Date of Birth	Social Security Number	
Street Address		City	State	Zip
%				
Percentage of Shares		Custodian, if beneficiary is a minor		
E-mail Address		Phone Number		

Secondary Beneficiary

Name of Beneficiary		Date of Birth	Social Security Number	
Street Address		City	State	Zip
%				
Percentage of Shares		Custodian, if beneficiary is a minor		
E-mail Address		Phone Number		

Secondary Beneficiary

Name of Beneficiary		Date of Birth	Social Security Number	
Street Address		City	State	Zip
%				
Percentage of Shares		Custodian, if beneficiary is a minor		
E-mail Address		Phone Number		

5A. Cost Basis Method Election

Note - This election will not be applied to money market fund accounts. If you are opening a money market fund account and at a later date process an exchange to open a fluctuating NAV fund account, you should make your cost basis selection at that time.

Federal regulations require that we report to the IRS on Tax Form 1099-B the cost basis information on mutual fund shares purchased on or after January 1, 2012 (covered shares), and redeemed on or after that date.

Please choose one of the cost basis reporting methods listed below for your account(s). If no method is selected, the Fund(s) will report cost basis using **Average Cost**. Specific Lot Identification is also a cost basis method option and is offered at the time of your redemption or exchange transaction.

- First In, First Out (FIFO)
- Last In, First Out (LIFO)
- High Cost, First Out (HIFO)
- Low Cost, First Out (LOFO)
- Average Cost

Please consult your tax professional to determine which cost basis method is best for your personal tax situation.

Changing your cost basis method: If the cost basis method for your account(s) is Average Cost, you may retroactively change your cost basis method only before the date of the first redemption or transfer of covered shares. You may change your cost basis method for future purchases at any time. Changes to or from the Average Cost method must be made in writing or via Dreyfus.com. Changes to or from all other methods may be made in writing, via Dreyfus.com or by telephone.

SHAREHOLDER PRIVILEGES (Refer to the Fund Prospectus to determine availability and for additional terms.)

6. Would you like Checking Privileges?

Checkwriting Privilege. Unless you check "No," you will automatically receive the checkwriting privilege

No

Either/Or Checking (Agreement to Permit Single Signature.)—**Joint Accounts Only. Unless you check "NO," only one signature will be required for the Checkwriting Privilege.** Your signatures constitute agreement to permit redemptions by a single joint owner through the use of a redemption check. The signature of one joint owner is on behalf of such person and as attorney in fact on behalf of each other joint owner by appointment. This agreement and appointment shall not be affected by the subsequent disability or incompetency of any joint owner, and revocation will only be effective two business days after receipt by the Transfer Agent of a "Medallion Signature Guaranteed" letter signed by both joint owners (or their legal representatives).

7. Would you like Dreyfus Automatic Asset Builder®?

Permits you to purchase shares automatically on a regular basis by electronically transferring a specified dollar amount (minimum of \$100) from your bank account to your Fund account(s).

Yes, I (we) want Dreyfus Automatic Asset Builder®.

You must attach a voided check to this Application in the area designated next to Section 8. Money will be transferred only from the bank account indicated on the voided check.

Fund Name _____ Amount \$ _____

Fund Name _____ Amount \$ _____

Fund Name _____ Amount \$ _____

Fund Name _____ Amount \$ _____

Check the investment cycle that is most convenient for you to have your bank account debited.

Bimonthly (twice a month) Monthly Quarterly Semiannually Annually

Starting month _____ Date(s) _____

NOTE: If a date falls on a non-business day, your Fund account will be credited on the next business day.

8. Would you like Dreyfus TeleTransfer and Wire Redemption Privileges?

Dreyfus TeleTransfer

Permits electronic transfer of money between your designated bank account and your Fund account by telephone or online through the Dreyfus.com website.

Wire Redemption

Permits proceeds of redemption requests initiated by telephone, letter or online through the Dreyfus.com website to be transmitted by Fed wire to your designated Federal Reserve Member Bank.

Yes, I (we) want **Dreyfus TeleTransfer** and **Wire Redemption** privileges.

You must attach a voided check to this application in the area designated at the left of this section. (Starter checks not accepted.) Money will be wired or transferred to the bank account indicated on the voided check.

The Funds will require the Transfer Agent to employ reasonable procedures, such as requiring a form of personal identification, to confirm that instructions relayed by telephone and online are genuine and, if it does not follow such procedures, it may be liable for any losses due to unauthorized or fraudulent instructions. Neither a Fund nor its Transfer Agent will be liable for following instructions reasonably believed to be genuine.

ATTACH VOIDED CHECK

9. Please read carefully and sign.

The undersigned warrant(s) that I (we) have full authority and, if a natural person, am (are) of legal age to purchase shares pursuant to this application, have received a current Fund Prospectus for the Fund selected for investment and agree to be bound by the terms of such Prospectus, am (are) not a foreign financial institution, and that all representations accompanying this application are true. I agree to obtain the Prospectus for any Fund into which I exchange and to be bound by the terms of such Fund's Prospectus. I (We) agree that the Transfer Agent, the Fund in which I (we) am (are) investing or shall invest, The Dreyfus Corporation or any affiliate or their officers, directors, trustees or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed to be genuine.

I authorize the Transfer Agent and the Fund in which I (we) am (are) investing or shall invest to act on telephone or online instructions from any person representing himself or herself to be me and reasonably believed by the Transfer Agent or Fund (as applicable) to be genuine. I understand that I may be responsible for any fraudulent telephone or online order as long as the Transfer Agent or Fund (as applicable) takes reasonable measures to confirm that instructions are genuine.

For Transfer On Death Registrations: I (we) understand that the transfer agent follows procedures governing TOD registrations pursuant to the Maryland Uniform Transfer on Death Security Registration Act and authorizes the establishment of a TOD account. In addition, I (we) understand that TOD registrations are only available for account owners who reside in any state within the United States other than Louisiana. TOD registrations are not available for residents of Louisiana.

I (we) acknowledge that mutual fund shares are not FDIC-insured. They are not bank deposits, bank obligations or bank-guaranteed. They pose investment risks, including the possible loss of principal.

Taxpayer Identification Number Certification: Under the penalties of perjury, I (we) certify that [1] the Social Security Number(s) or Taxpayer Identification Number(s) shown in Section 1 of this application is (are) my (our) correct Taxpayer Identification Number(s), [2] I (we) am (are) not subject to backup withholding either because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified that I (we) am (are) subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service ("IRS") has notified me (us) that I (we) am (are) no longer subject to backup withholding, [3] I (we) am (are) a U.S. person (including a U.S. resident alien) and [4] the Foreign Account Tax Compliance Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here: _____ . NOTE: Strike out item [2] if you have been notified that you are subject to backup withholding by the IRS and you have not received a notice from the IRS advising you that backup withholding has been terminated. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN HERE:

Individual/Custodian/Trustee

Joint Owner (if any)/Second Trustee

Title/Capacity

Date

Title/Capacity

Date

10. If you are a trust or other entity, please complete this certification.

NOTE: Retain a copy of this document for your records. Any modification of the information below will require an amendment to this form. This document is in full force and effect until another duly executed form is received by the Transfer Agent.

Name of Registered Owner

Registered Owner is a:

Trust

Other (please specify) _____
(such as Estate, Sole Proprietorship, Non-Incorporated Association, etc.)

The following named persons are currently trustees/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:

Name Title

Specimen Signature

Name Title

Specimen Signature

The Transfer Agent may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named above or in any amendment form last received by the Transfer Agent. Unless the Registered Owner has elected not to have Dreyfus *TeleTransfer* or Wire Redemption privileges, the Transfer Agent may, without inquiry, act only upon the instruction of ANY ONE Authorized Person placing a request to sell, assign or transfer securities by telephone or online through the Dreyfus.com website pursuant to any such 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.

MEDALLION SIGNATURE GUARANTEE OR SEAL IS REQUIRED

DATE

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

**Medallion Signature Guarantees: 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.

Important Information from MBSC Securities Corporation Regarding Your Dreyfus Mutual Fund Account During A Significant Business Disruption

To Our Valued Mutual Fund Shareholders:

We take great pride in the trust that our customers place in us. With that in mind, we want to tell you about our business continuity plan which documents how we will respond to a significant business disruption. Our plan is designed to enable us to promptly resume our business operations while providing you with ways to access your account information during our recovery period.

We maintain a business continuity plan that covers all aspects of the resumption of our business processes in the event of a significant disruption or emergency. Our plan addresses: data back-up and recovery; all mission critical systems; financial and operational assessments; alternative communications with customers, employees, and regulators; alternate physical location of employees; critical supplier and contractor impact; regulatory reporting; and assuring our customers prompt access to their funds and securities. The plan is updated whenever there is a material change to our business, and it is subject to periodic formal reviews, including business risk assessments. Changes to processes, products, or business environments are evaluated, and required modifications to the configuration of our recovery sites (described below) are performed. Current copies of our business continuity plan are maintained by various individuals at our firm.

As part of our business recovery plan, we maintain alternate business resumption sites for our employees that provide us with operational redundancy in the event of an emergency at our primary location. These facilities provide for the relocation of our employees so that we may resume processing operations and trading functions. Each employee's workstation at our relocation sites is equipped with all the software, as well as all the telecommunication equipment, needed for each associate to continue to provide client service. Our alternate sites have centralized faxes and printer rooms where communications are controlled. We also employ telephone rollover technology whereby inbound calls and faxes are re-routed to the appropriate alternate business resumption site.

Whether we are affected by a firm only, single building, business district, citywide or regional disruption, our firm's policy is clear: We will safeguard our employees' lives, make immediate financial and operational assessments, and work to quickly recover and resume operations. In the event of an emergency, our goal is to restore operations and resume transacting business as soon as possible. During the recovery period, you may access your investments electronically using the following options:

- **Call Dreyfus Express, our voice response system, at 1-800-645-6561**
- **Visit our web site at www.dreyfus.com**

Please note that before you can access your account through dreyfus.com, you will need a user ID and password. For account access via Dreyfus Express, you will need your Social Security number and a personal identification number (PIN). You can create or reset your user ID and password by going on to dreyfus.com, or your PIN by calling Dreyfus Express. We urge you to take a moment today to make sure that you are able to access your account through dreyfus.com and/or Dreyfus Express. This will help to ensure that you have access to your account in the unlikely event of a business disruption.

Regardless of all the effort put into our business continuity plan, we acknowledge that no plan for disaster recovery is infallible. Every emergency situation poses unique challenges, and the unpredictable nature and severity of disasters make it impossible to predict every scenario that could cause a disruption, thus precluding absolute preparedness in all circumstances. While our business continuity plan is tested periodically, such testing may not be able to replicate actual emergency conditions. **Depending upon the emergency, we cannot guarantee that we will follow our plan's stated course of action, and our business recovery plan is subject to modification without notice as conditions require.** Also, certain situations may arise that affect the securities markets and/or the external service providers upon which we rely, and your transactions or requests for funds could be delayed during such a disruption.

Please be assured that, in the event of a disaster, we will work as quickly as possible to provide you with the access to the excellent customer service that you have come to expect from Dreyfus.

IMPORTANT DISCLOSURE

MBSC Securities Corporation (“MBSC”), a registered broker-dealer and member of FINRA, serves as the distributor for the mutual funds comprising the Dreyfus Family of Funds.

The Dreyfus mutual funds are offered solely by MBSC and not by BNY Mellon, N.A. or any other bank.

It is important for you to know that Dreyfus mutual funds:

- **Are not insured by the FDIC or any other agency of the United States, BNY Mellon, N.A., any affiliate of BNY Mellon, N.A. or any other bank;**
- **Are not deposits or other obligations of the FDIC or any other agency of the United States, BNY Mellon, N.A., any affiliate of BNY Mellon, N.A. or any other bank;**
- **Are not endorsed or guaranteed by BNY Mellon, N.A., any affiliate of BNY Mellon, N.A. or any other bank;**
- **Are subject to investment risks, including possible loss of the principal amount invested; and**
- **May fluctuate in value, so that they may be worth more or less than when they were purchased.**

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