

REQUIRED MINIMUM DISTRIBUTION REQUEST FORM (for Qualified Keogh Plans only)

Please complete this form if you have reached age 70½ and are requesting a distribution from your Dreyfus Keogh Plan. You should complete this form to establish a distribution schedule or if you would like to make a change to an existing distribution schedule. If you have any questions about this form, please call us toll free at 1-800-358-0910, Monday through Friday, between 9:00 AM and 5:00 PM, Eastern Time.

1 ACCOUNT INFORMATION

PARTICIPANT'S NAME (First, Middle Initial, Last) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH (MO/DAY/YR) _____ SOCIAL SECURITY NUMBER _____

() _____ () _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

2 DREYFUS RETIREMENT PLAN TYPE 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 Distributions will be withdrawn from each of these fund accounts proportionately. If you have more than one plan, your RMD must be calculated and distributed separately from each plan. You should complete a separate form for each Keogh plan in which you are a participant.

KEOGH PROFIT SHARING PLAN

Fund Code and Account Number _____

Fund Code and Account Number _____

Fund Code and Account Number _____

Fund Code and Account Number _____

KEOGH MONEY PURCHASE PLAN

Fund Code and Account Number _____

Fund Code and Account Number _____

Fund Code and Account Number _____

Fund Code and Account Number _____

3 DISTRIBUTION OPTIONS (select one of options A through C)

A. Please send me the RMD only based on the Uniform Life Expectancy Table. Dreyfus will calculate your RMD based on current IRS regulations. **If you have a spouse beneficiary greater than 10 years younger than you, please complete the section below.** Your beneficiary must be the one previously designated by you. If you would like to confirm your beneficiary information, please call 1-800-358-0910. You may change your beneficiary designation by submitting a Keogh Beneficiary Designation Form.

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

B. I want an amount greater than the Required Minimum Distribution. The amount entered below will be divided according to the schedule you choose in section 5B. **Important:** 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 Code and Fund Account Number _____ Dollar Amount \$ _____

Fund Code and Fund Account Number _____ Dollar Amount \$ _____

3 DISTRIBUTION OPTIONS (continued)

- c. I want to close the account(s) listed below. **Important:** 20% federal tax withholding may be applied. *The Special Tax Notice Regarding Plan Payments* describes this tax and the rollover rules. Contact Dreyfus if you would like to roll over the portion of your distribution greater than the RMD amount.

Fund Code and Fund Account Number _____

Fund Code and Fund Account Number _____

4 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 Keogh qualified plan).

- I **do** want income tax withholding applied to the RMD portion of my Keogh qualified 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 the RMD portion of my Keogh qualified plan distribution.

(Several states require state income tax withholding. If your Keogh is registered in one of these states, the custodian will withhold applicable state taxes. To the extent permitted by applicable state law, an election to not have income tax withheld will also apply to state income taxes.)

5 PERIODIC DISTRIBUTIONS

Complete this section to request an initial RMD (A below) and/or to set up a regular schedule of distributions (B below). **If you do not set up a distribution schedule in section B, the distribution you request will only be made once.**

Required Minimum Distributions must generally begin by April 1st of the year following the year in which you reach age 70½. Therefore, if you have attained age 70½ during the current calendar year, you may postpone your RMD until April 1st of next year. This postponement only applies if this is your first RMD. If you choose to postpone your first RMD the IRS requires that you take your second RMD for the second calendar year by December 31st of that same year.

If you have attained age 70½ in the previous calendar year and you have postponed your first RMD until this year, complete section A-1 and section B.

If you have attained or will attain age 70½ during the current calendar year and you wish to postpone your first RMD until next year, complete section A-2 and section B.

If neither of the above apply complete section B only.

A-1. Previously Postponed First Year RMD

I would like to take my first RMD immediately upon receipt of this form. *Instruction must be received prior to April 1st.*

A-2. Postpone First Year RMD Until Next Year

I would like to defer my first RMD until next year (date between January 1 and April 1).

Indicate date of first RMD: ____ / ____ on or about the: ____ day of the month*
MONTH YEAR

B. Periodic Distribution Schedule

Complete section B to set up a schedule of payments.

Please make distributions on the following schedule:

_____ Monthly _____ Quarterly _____ Semiannually _____ Annually

Beginning distribution date: ____ / ____ on or about the: ____ day of the month*
MONTH YEAR

***Dreyfus Money Market Fund investors only**

A December payment of a periodic distribution you select in B. 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 in B. above.

6 DISTRIBUTION INSTRUCTIONS (select one of option A through D)

- 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 is required (see page 4).

6 DISTRIBUTION INSTRUCTIONS (continued)

- 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

- Option C:** 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 above 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.

- 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.

7 PARTICIPANT AUTHORIZATION

I understand and agree that any distributions are fully taxable to me as ordinary income in the year in which they are distributed unless I have made non-deductible contributions to my account(s) in which case the portion of the distribution representing non-deductible contributions will not be subject to tax.

The undersigned warrants that I have full authority and am of legal age to purchase shares pursuant to this form, have received a current Fund Prospectus and agree to be bound by its terms, and that all representations accompanying this form pursuant to the regulatory authority of any State, are true. I agree that the Transfer Agent, the Fund in which I am investing, The Dreyfus Corporation or any subsidiary 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 genuine.

I 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.

If I am requesting a distribution in excess of the Required Minimum Distribution, I certify that I have read the *Special Tax Notice Regarding Plan Payments* and that I understand that I have the right to a period of at least 30 days to review my election to receive either a direct rollover or distribution of the amount in excess of the Required Minimum Distribution. I hereby waive that right and request a distribution as soon as administratively possible.

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify [1] that the Social Security Number or Taxpayer Identification Number shown in Section 1 of this form is my correct Taxpayer Identification Number, [2] that I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, [3] I am 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 Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant/Beneficiary Signature

Date

PLEASE ATTACHED VOIDED CHECK HERE.

8 AUTHORIZATION FROM PLAN ADMINISTRATOR (EMPLOYER)

Direction and Certification: I hereby direct Dreyfus Transfer, Inc., as Service Agent for The Bank of New York Mellon, Custodian, to make the distribution requested by the Participant as set forth above.

I hereby certify that the Joint and Survivor and Pre-retirement Survivor Annuity requirements have been complied with (i.e., an annuity is being provided or is not required, or has been validly waived), the distribution being requested is permitted under the terms of the Plan, and the information provided above is accurate.

Administrator's/Executor's Name (Please Print): _____ Capacity _____

Signature: _____ Date _____

***Medallion Signature Guarantee** (Only required in certain cases. Please review your form carefully and/or contact Dreyfus to determine if a Medallion Signature Guarantee is needed. **Please note:** Notarization by a Notary Public is not an acceptable guarantee.)

Affix Medallion Signature Guarantee Here

MEDALLION SIGNATURE GUARANTEE:

If required, your signature(s) must be guaranteed as described below:

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.

Please mail this completed form 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