BNY MELLON | Dreyfus

AFFIDAVIT OF DOMICILE

NOTE: This Affidavit must be completed and executed in the presence of a Notary.

State of)
:ss.:
County of)

_____ being duly sworn, deposes and says that:
(Name of Surviving Tenant/Executor/Administrator/Trustee)

- he/she resides at _____ State of _____
(Street Address and City) (State)

  and is _____ of _____/
(If Corporate Fiduciary, State Title of Affiant and Name of Corporation; Otherwise Leave Blank)

  Surviving Tenant/Executor/Administrator/Trustee of the Estate of _____ ,
(Name of Decedent)

  Deceased, who died at _____ on the____ day of _____ , _____ ;
(Street Address, City, State, Zip Code) (Date) (Month) (Year)

- at the time of his/her death the domicile (legal residence) of decedent was at _____,
(Street Address and City)

  County of _____ , State of _____ ;
(County) (State)

- decedent resided at such address for approximately _____ years prior to death and was not a resident of any
(Number of Years)

  other State at the time of his/her death; and

- all debts of and taxes and claims against the decedent's Estate have been paid or provided for.

This Affidavit is made for the purpose of securing the transfer of mutual funds shares owned by decedent at the time of his/her death.

_____
(Signature of Surviving Tenant/Executor/Administrator/Trustee)

_____
Phone Number

FOR NOTARY PUBLIC USE ONLY:
Sworn to (or affirmed) before me this

_____ day of _____ , 20___

_____
(Notary Signature)

My commission expires _____
(Affix seal.)

MAILING INSTRUCTIONS

Mail this form 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

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