

AUTO-EXCHANGE AUTHORIZATION FORM

This privilege is only available for existing accounts, and cannot be used to open a new account. For more information, including those Funds eligible to participate, please call toll free at 1-800-645-6561 or check your Fund's prospectus.

Please Print All Items Except Signatures

PLEASE EXCHANGE FROM (You may list only **one** "FROM" account on each form):

Name of Dreyfus Mutual Fund Mutual Fund Account Number

Name(s) of Registered Owner(s) on Your Dreyfus Account

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.

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Telephone Number Taxpayer Identification Number of Account

TO:

Name of Dreyfus Mutual Fund Mutual Fund Account Number

EXCHANGE AMOUNT:

\$ _____ or _____ shares
Dollar Amount (minimum of \$100) Number of Shares (minimum current value of \$100)

FREQUENCY OF EXCHANGE (Please check only **one** box):

Semi-monthly Monthly Quarterly Semi-annually Annually

Starting month _____ Date(s) _____

AND TO: Complete this section *only* if you are requesting an Auto-Exchange to an additional Fund account.

Name of Dreyfus Mutual Fund Mutual Fund Account Number

EXCHANGE AMOUNT:

\$ _____ or _____ shares
Dollar Amount (minimum of \$100) Number of Shares (minimum current value of \$100)

FREQUENCY OF EXCHANGE (Please check only **one** box):

Semi-monthly Monthly Quarterly Semi-annually Annually

Starting month _____ Date(s) _____

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

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this
_____ day of _____, 20__

(Notary Signature)

My commission expires _____ (Affix seal)

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this
_____ day of _____, 20__

(Notary Signature)

My commission expires _____ (Affix seal)

NOTARY REQUIRED

- If your “FROM” account registration is different than the “TO” account registration.
- Each account owner’s signature on the “FROM” account must be notarized.
- If you are using this form to update your address and your account has a stop mail.

To cancel the Auto-Exchange Privilege, you may notify the Transfer Agent in writing; to select a new fund, you may cancel and file a new Auto-Exchange Authorization Form with the Transfer Agent at the address listed below. Enrollment in or cancellation of the Auto-Exchange Privilege is effective three business days after the Transfer Agent receives the appropriate notification.

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

An Auto-Exchange is treated as a sale of the exchanged shares for federal income tax purposes. Payments directed to retirement programs from non-retirement accounts are deemed current year contributions.