

CHANGE OF ADDRESS AUTHORIZATION FORM

INSTRUCTIONS:

- Use this form to change the address on your Dreyfus account(s).
- Please print all items except signatures.
- Please have all registered owners of the accounts to be changed sign in Section 4.
- For shareholders changing their address from a non-U.S. address to a U.S. address please provide a copy of any of the following documents reflecting your new U.S. address: passport, driver's license, voter identity card or one of the following documents dated within three months of this request — current bank account statement or current telephone or utility bill.

- Mail this completed form to:

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

- Send registered, certified or overnight mail to:

Dreyfus Shareholder Services
4400 Computer Drive
Westborough, MA 01581

For more information, please call toll-free 1-800-645-6561.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES.

1. PLEASE CHANGE THE ADDRESS ON

The following accounts (please list separately):

Account Number(s)

2. FROM:

Address

()
City State Zip Code Telephone Number

3. TO:

Mailing Address

City State Zip Code

Permanent Residential Address (if different from mailing address)(no P.O. boxes)

()
City State Zip Code Telephone Number

E-mail Address

(Over) →

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4. SIGNATURE(S):

Please have all registered owners or required authorized signers of all the accounts to be changed sign below. Please note, if an account is registered to more than one person, all registered owners must sign.

By checking this box, I would like to remove the STOP MAIL on the above account(s). I understand that each owner's signature(s) must be Notarized.*

Print Name: _____

Signature: _____

Individual/Custodian/Trustee/Corporate Officer/Partner, etc.

Title/Capacity

Date

Print Name: _____

Signature: _____

Joint Owner (if any)/Second Trustee, Corporate Officer, Partner, etc.

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*:

Your signature(s) must be notarized when removing a stop mail on an account.

IMPORTANT INFORMATION:

- If the bank account information for Dreyfus teletransfer or the wire redemption privilege on your accounts has changed, please call toll free **1-800-645-6561** for additional information.