

# MULTI-PURPOSE CERTIFICATION FORM

**FOR USE BY CORPORATIONS, TRUSTS, PARTNERSHIPS, ESTATES, OR OTHER ENTITIES ONLY**

## IMPORTANT INFORMATION — PLEASE READ

- This form is to be completed by those authorized to transact on the account.
- This form should not be used to change the registration or address of an account. For assistance in completing this form or other shareholder forms, please call toll-free **1-800-645-6561**.
- For trust accounts complete this form if one of the following applies:
  - 1) A trustee is not named in the account registration.  
OR
  - 2) Any trustee named in the account registration will act independently.  
OR
  - 3) Any person not named as a trustee in the registration is authorized to transact on the account.
- If completing for multiple accounts, only the authorized person(s) you name will be able to act on each account you specify in Section 1. Also, if completing for multiple accounts, all accounts on this form must be for the same type of registered owner.

**PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES  
USE BLUE OR BLACK INK ONLY**

## 1 PLEASE PROVIDE YOUR ACCOUNT INFORMATION

**Registered owner is (please check only one):**

- Corporation/Incorporated Association . . . . . **Complete Sections 1, 2, 3 & 5 (if applicable)**
- Trust . . . . . **Complete Sections 1, 2 & 4**
- Partnership . . . . . **Complete Sections 1, 2, 4 & 5**
- Estate . . . . . **Complete Sections 1, 2 & 4**
- Other Entity: \_\_\_\_\_ **Complete Sections 1, 2, 4 & 5 (if applicable)**  
(Such as Non-Profit Organization, Religious Organization, Sole Proprietorship, Investment Club, Non-Incorporated Association, etc.)

**Please note: If you are a non-publicly traded Corporation (S or C), Limited Liability Corporation, Partnership (limited or general), Non-Profit Organization (provide Control Prong only), Investment Club or Religious Organization, you must complete Section 5 as applicable.**

|   |  |       |          |
|---|--|-------|----------|
| NAME OF REGISTERED OWNER  |  |       |          |
| FUND NAME   | ACCOUNT NUMBER OR WRITE "NEW" FOR NEW ACCOUNTS |       |          |
| FUND NAME   | ACCOUNT NUMBER OR WRITE "NEW" FOR NEW ACCOUNTS |       |          |
| TAXPAYER ID NUMBER  |  |       |          |
| MAILING ADDRESS   | CITY   | STATE | ZIP CODE |
| PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)(NO P.O. BOXES) | CITY   | STATE | ZIP CODE |
| ( )   | ( )  |       |          |
| DAYTIME PHONE NUMBER  | EVENING PHONE NUMBER                           |       |          |
| E-MAIL ADDRESS  |  |       |          |

## 2 PLEASE PROVIDE AUTHORIZED PERSON(S) AND REQUIRED INFORMATION

The following named persons are currently officers/trustees/general partners/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:

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

**First Authorized Person**

Full Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Specimen Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

U.S.  Other (please specify) \_\_\_\_\_  U.S.  Other (please specify) \_\_\_\_\_  
Citizenship (Trustees only) Tax Residence (Trustees only)

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

Phone Number Evening \_\_\_\_\_ Phone Number Daytime \_\_\_\_\_

Employment Status  Employed  Self-Employed  Retired/Not Employed

Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name, if self-employed \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are 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 \_\_\_\_\_

**Second Authorized Person**

Full Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Specimen Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

U.S.  Other (please specify) \_\_\_\_\_  U.S.  Other (please specify) \_\_\_\_\_  
Citizenship (Trustees only) Tax Residence (Trustees only)

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

Phone Number Evening \_\_\_\_\_ Phone Number Daytime \_\_\_\_\_

Employment Status  Employed  Self-Employed  Retired/Not Employed

Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name, if self-employed \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are 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 \_\_\_\_\_

**Third Authorized Person**

Full Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Specimen Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

U.S.  Other (please specify) \_\_\_\_\_  U.S.  Other (please specify) \_\_\_\_\_

Citizenship (Trustees only) \_\_\_\_\_ Tax Residence (Trustees only) \_\_\_\_\_

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

Phone Number Evening \_\_\_\_\_ Phone Number Daytime \_\_\_\_\_

Employment Status  Employed  Self-Employed  Retired/Not Employed

Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name, if self-employed \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are 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 \_\_\_\_\_

The Transfer Agent may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named in the Multi-Purpose Certification Form last received by the Transfer Agent. The Transfer Agent may, without inquiry, act only upon the instruction of ANY ONE Authorized Person(s) placing a request to sell, assign or transfer securities by telephone or online through the Dreyfus.com website pursuant to any 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.

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### 3 CERTIFICATION OF OFFICERS — FOR CORPORATIONS AND INCORPORATED ASSOCIATIONS ONLY

Either a MEDALLION SIGNATURE GUARANTEE or seal is required in this Section.

I, \_\_\_\_\_, Secretary of the above-named registered owner, do hereby certify that at a meeting on \_\_\_\_\_ at which a quorum was present throughout, the Board of Directors of the Corporation/the officers of the Incorporated Association duly adopted a resolution, which is in full force and effect and in accordance with the registered owner's charter and by-laws, which resolution did the following: (1) empowered the above-named Authorized Person(s) to effect securities transactions for the registered owner on the terms described above; (2) authorized the Secretary to certify, from time to time, the names and titles of the Authorized Persons of the registered owner and to notify the Transfer Agent when changes to Authorized Persons occur; and (3) authorized the Secretary to certify that such a resolution has been duly adopted and will remain in full force and effect until the Transfer Agent receives a duly executed amendment to the Form.

Witness my hand on behalf of the Corporation/Incorporated Association this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Secretary or other authorized officer who is not an Authorized Person on this account

\_\_\_\_\_  
MEDALLION SIGNATURE GUARANTEE OR SEAL

The undersigned officer (other than the Secretary) hereby certifies that the foregoing instrument has been signed by the Secretary of the Corporation/Incorporated Association.

\_\_\_\_\_  
Certifying Officer of the Corporation or Incorporated Association

\_\_\_\_\_  
MEDALLION SIGNATURE GUARANTEE OR SEAL

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### 4 CERTIFICATION FOR TRUSTS, PARTNERSHIPS, ESTATES AND OTHER ENTITIES

**MEDALLION SIGNATURE GUARANTEE is required in this Section.**

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

X

\_\_\_\_\_  
CERTIFYING TRUSTEE(S)/GENERAL PARTNER(S)/OTHER(S)

X

\_\_\_\_\_  
CERTIFYING TRUSTEE(S)/GENERAL PARTNER(S)/OTHER(S)

\_\_\_\_\_  
MEDALLION SIGNATURE GUARANTEE

\_\_\_\_\_  
DATE

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#### **MEDALLION SIGNATURE GUARANTEE REQUIREMENT:**

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.

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## 5. IF YOU ARE A CORPORATION, PARTNERSHIP OR OTHER LEGAL ENTITY SUBJECT TO FINCEN CUSTOMER DUE DILIGENCE REQUIREMENTS, PLEASE COMPLETE THE CERTIFICATION BELOW.

### CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITIES

#### I. GENERAL INSTRUCTIONS

##### What is this certification?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entities. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

##### Who has to complete this certification?

This certification must be completed by the person opening a new account with a Fund on behalf of a legal entity.

For the purposes of this certification, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

##### What information do I have to provide?

This certification requires you to provide the name, address, date of birth and Social Security Number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 10 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 10 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (i.e., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to ten individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections. Thus, a completed certification will contain the identifying information of at least one individual (under section (ii)), and up to eleven individuals (i.e., one individual under section (ii) and ten 10 percent equity holders under section (i)).

We may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this certification.

**5. IF YOU ARE A CORPORATION, PARTNERSHIP OR OTHER LEGAL ENTITY SUBJECT TO FINCEN CUSTOMER DUE DILIGENCE REQUIREMENTS, PLEASE COMPLETE THE CERTIFICATION BELOW. (CONT'D)**

**II. CERTIFICATION OF BENEFICIAL OWNER(S)**

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

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b. Name and Address of Legal Entity for Which the Account is Being Opened:

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c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10 percent or more of the equity interests of the legal entity listed above<sup>1</sup>:

| % Ownership of Equity Interests | Name | Date of Birth | Address<br>(Residential or Business Street Address) | For U.S. Persons:<br>Social Security Number | For non-U.S. Persons:<br>Passport Number and Country of Issuance, or other similar identification number <sup>2</sup> |
|---------------------------------|------|---------------|---|---|---|
|                                 |      |               |   |   |   |
|                                 |      |               |   |   |   |
|                                 |      |               |   |   |   |
|                                 |      |               |   |   |   |
|                                 |      |               |   |   |   |
|                                 |      |               |   |   |   |
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|                                 |      |               |   |   |   |
|                                 |      |               |   |   |   |
|                                 |      |               |   |   |   |

<sup>1</sup>If no individual meets this definition, please write "Not Applicable."

<sup>2</sup>In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**5. IF YOU ARE A CORPORATION, PARTNERSHIP OR OTHER LEGAL ENTITY SUBJECT TO FINCEN CUSTOMER DUE DILIGENCE REQUIREMENTS, PLEASE COMPLETE THE CERTIFICATION BELOW. (CONT'D)**

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

| Name/Title | Date of Birth | Address<br>(Residential or Business<br>Street Address) | For U.S. Persons:<br>Social Security Number | For non-U.S. Persons:<br>Passport Number<br>and Country of<br>Issuance, or other similar<br>identification number <sup>1</sup> |
|------------|---------------|--|---|--|
|            |               |  |   |  |

<sup>1</sup>In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, \_\_\_\_\_ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. THIS FORM WILL REMAIN IN FULL FORCE AND EFFECT UNTIL ANOTHER VALID FORM IS RECEIVED BY THE FUND'S TRANSFER AGENT. ANY MODIFICATION OF THE INFORMATION YOU PROVIDE WILL REQUIRE AN AMENDMENT TO THIS FORM.**

**MAILING INSTRUCTIONS**

**Please mail this form and any required documentation 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

