

## PAYROLL SAVINGS

Before completing this form, please check on the availability of this service with your payroll department.

**Please Print All Items Except Signatures**

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### 1. DREYFUS ACCOUNT INFORMATION

Please provide this information exactly as shown on your Dreyfus account's registration.

\_\_\_\_\_  
Name of Dreyfus Mutual Fund

\_\_\_\_\_  
Dreyfus Mutual Fund Account Number

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

\_\_\_\_\_  
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 that P.O. boxes are not allowed. For additional information, please call the number on your account statement.

( \_\_\_\_\_ )  
Telephone Number

\_\_\_\_\_  
Taxpayer Identification Number of Account

\_\_\_\_\_  
E-mail Address

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### 2. AMOUNT

Please indicate the dollar amount you would like to invest at each pay period. You may wish to ask your employer if you can have investments made on a different time frequency (e.g., every other pay period, etc.).

\$ \_\_\_\_\_ or check box for Total Net Pay   
Dollar Amount (minimum of \$100)

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### 3. EMPLOYEE/EMPLOYER INFORMATION

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Social Security Number

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

( \_\_\_\_\_ )  
Your Employer's Telephone Number

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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### 4. VERIFICATION

To verify your Dreyfus account number, please attach any one of the following here: investment slip, transaction advice, account statement or voided redemption check from your Dreyfus mutual fund account.

**5. SIGNATURE**

I hereby authorize my employer to automatically deduct from my paycheck the amount specified in Section 2 and transmit to the Dreyfus mutual fund account indicated in Section 1. I understand that I may change this amount or cancel this authorization only by written notification to my employer. Any such notification will be effective only after my employer has had a reasonable time to act on it. If monies to which I am not entitled are transmitted by my employer to my Dreyfus mutual fund account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies.

I understand that it is solely the responsibility of my employer, and not MBSC Securities Corporation, The Dreyfus Corporation, or my Dreyfus mutual fund or Dreyfus Transfer, Inc., the Dreyfus mutual fund's transfer agent (Transfer Agent), or any other person, to arrange for these transactions. I authorize MBSC Securities Corporation, my Dreyfus mutual fund, and the Transfer Agent to follow the instructions of my employer in connection with these transactions, including the redemption of mutual fund shares, and I agree not to make any claim against MBSC Securities Corporation, The Dreyfus Corporation or any Dreyfus mutual fund or the Transfer Agent, for following the instructions of my employer. I understand that the Dreyfus Payroll Savings Plan may be terminated or modified at any time without notice.

**X** \_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Take this completed form to your employer's payroll department.**

Payments directed to retirement programs are deemed current year contributions.

**To Be Completed by Employer and Sent to Address Below**

Your employee wishes to establish a Dreyfus Payroll Savings Plan in his/her Dreyfus mutual fund account as indicated on the reverse side. Please transmit authorized payments to BNY Mellon (ABA #011001234) with instructions to credit the Dreyfus mutual fund name and Dreyfus mutual fund account number indicated below. Payments should be sent via the Automated Clearing House (ACH) using the following format (from Section 1 on the reverse side):

**Dreyfus Mutual Fund Name** \_\_\_\_\_

**Dreyfus Mutual Fund Account Number**

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If you have your own direct deposit form for employees, please feel free to use it instead of this form. Please be sure to include all the information on the front of this form. If you have any questions, please call one of our account representatives toll-free at **1-800-645-6561**.

Please send a completed copy of this 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

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Employer Payroll Department Signature

\_\_\_\_\_  
Employer Payroll Department Name (Please Print)