

FINANCIAL INTERMEDIARY ACCOUNT APPLICATION MONEY MARKET MUTUAL FUNDS

- **This application is for use by a financial intermediary that has a mutual fund selling and/or service agreement with MBSC Securities Corporation (“MSBC”) to establish fully disclosed customer accounts, the intermediary’s omnibus account, or an account in the name of the intermediary for the benefit of its client.**
- Please complete all fields in blue or black ink. If you are completing this application electronically, all items except the signature may be filled in electronically. Signatures must be hand-written and the signed application should be mailed or e-mailed to the appropriate address found on page 3.
- For assistance in completing this form, please call Dreyfus toll free at 1-800-346-3621 or by e-mail at DreyfusServ@dreyfus.com

Customer Identification Program Notice Important Information About Procedures for Opening a New Account

USA PATRIOT Act, Bank Secrecy Act, and Anti-Money Laundering

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity that opens an account. What this means for you: When you open an account, we will ask for information that will allow us to identify you. Until you provide the information or documents requested, we may not be able to open an account or effect any additional transactions for you.

Escheatment Notice: Your property may be transferred to the appropriate state if no activity occurs in your Fund accounts within the time period specified by state law.

1. FINANCIAL INTERMEDIARY INFORMATION

Name

Dealer Number/Branch Number

2. ACCOUNT INFORMATION

Account Registration

Date of Birth (if applicable)

Social Security/Tax Identification Number*

Mailing Address

City

State

Zip Code

*Note: If this is the Social Security/Tax Identification Number of the client of the Financial Intermediary, a valid IRS Form W-9 (most current version posted on the IRS website) signed by the client must accompany the application.

Please provide physical address below if different from above or if mailing address is a PO Box.

Street Address

City

State

Zip Code

3. FUND SELECTION

1. Fund Name: _____

Share Class (if applicable): _____

One of the following: CUSIP, NASDAQ Symbol or Fund Code _____

2. Fund Name: _____

Share Class (if applicable): _____

One of the following: CUSIP, NASDAQ Symbol or Fund Code _____

4. WIRE INSTRUCTIONS

Wire redemption proceeds (and, if no other wire instructions are provided in Section 5.B. below, dividend and capital gains distributions) to:

Name of Commercial Bank ABA#

Individual and/or Department Name

Account or Nominee Name Account #

Address of Bank City State Zip Code

5. DISTRIBUTION OPTIONS

A. Check one box:

- Reinvest all dividends and capital gains. Pay all dividends and capital gains.
 Pay all dividends and reinvest capital gains. Reinvest all dividends and pay capital gains.

If no box is checked, all dividends and capital gains will be reinvested.

B. If you would like dividends and/or capital gains wired to an account other than that set forth in Section 4 above, please provide wire instructions here:

Name of Commercial Bank ABA#

Individual and/or Department Name

Account or Nominee Name Account #

Address of Bank City State Zip Code

6. SIGNATURE

By signing below, I certify that I am authorized to act on behalf of the Financial Intermediary named herein. The Financial Intermediary acknowledges and agrees that the account applied for pursuant to this application is covered by the mutual fund selling and/or service agreement between the Financial Intermediary and MBSC.

The Financial Intermediary acknowledges that mutual fund shares are not FDIC-insured. They are not bank deposits, bank obligations or bank-guaranteed. They pose investment risks, including the possible loss of principal.

PLEASE SIGN HERE:

By: _____
Signature of Authorized Person Date

Name Title

Financial Intermediary Name Telephone Number E-mail Address

For First Class Mail, please mail this form and all enclosures to:
Dreyfus Institutional Department
P.O. Box 9882
Providence, RI 02940-8082

For Registered, Certified or Overnight Mail please mail to:
Dreyfus Institutional Department
4400 Computer Drive
Westborough, MA 01581

If E-mailing this form, please send to:
DreyfusServ@dreyfus.com

