

FINANCIAL INTERMEDIARY ACCOUNT APPLICATION

- This application is for use by a financial intermediary that has a mutual fund selling/servicing agreement with MBSC Securities Corporation ("MSBC") to establish an omnibus account in the name of the intermediary 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 sent to the address found on page 3.
For assistance in completing this form, please call Dreyfus toll free at 1-800-242-8671 or by e-mail at institutionalservicing@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

Street Address (no P.O. Boxes)

City State Zip Code

1. Contact Name

Phone E-mail

2. Contact Name

Phone E-mail

2. ACCOUNT INFORMATION

Account Registration

Social Security/Tax Identification Number

Mailing Address

City State Zip Code

### 3. DUPLICATE STATEMENTS

If you would like duplicate statements, please provide address here:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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

### 4. 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 \_\_\_\_\_

### 5. COST BASIS METHOD ELECTION (not applicable to money market fund accounts)

Please choose one of the cost basis reporting methods listed below for your account(s). If no method is selected, the Fund(s) will report cost basis using **Average Cost**. Specific Lot Identification is also a cost basis method option and is offered at the time of your redemption or exchange transaction.

First In, First Out (FIFO)

High Cost, First Out (HIFO)

Average Cost

Last In, First Out (LIFO)

Low Cost, First Out (LOFO)

### 6. WIRE INSTRUCTIONS

Wire redemption proceeds (and, if no other wire instructions are provided in Section 7.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 \_\_\_\_\_

## 7. 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 6 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 \_\_\_\_\_

## 8. SIGNATURE

The undersigned Financial Intermediary acknowledges and agrees that the account applied for pursuant to this application is covered by the mutual fund selling/servicing 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.**

**Taxpayer Identification Number Certification:** Under the penalties of perjury, I (we) certify that [1] the Social Security Number(s) or Taxpayer Identification Number(s) shown in Section 1 of this application is (are) my (our) correct Taxpayer Identification Number(s), [2] I (we) am (are) not subject to backup withholding either because: (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified that I (we) am (are) subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service ("IRS") has notified me (us) that I (we) am (are) no longer subject to backup withholding, [3] I (we) am (are) a U.S. person (including a U.S. resident alien) and [4] the Foreign Account Tax Compliance Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here: \_\_\_\_\_. NOTE: Strike out item [2] if you have been notified that you are subject to backup withholding by the IRS and you have not received a notice from the IRS advising you that backup withholding has been terminated.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN HERE:

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

\_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Financial Intermediary Name \_\_\_\_\_

**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:**  
institutionalservicing@dreyfus.com

