

## THE DREYFUS FAMILY OF FUNDS

### FINANCIAL INTERMEDIARY FULLY DISCLOSED BUSINESS ACCOUNT APPLICATION (DO NOT USE FOR ESTATE, TRUSTS, INDIVIDUAL ACCOUNTS, KEOGH OR IRA PLANS)

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For special forms or assistance completing this application, call your financial representative.

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#### **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.

- **Individuals** - When an individual opens an account, the following information is required: full legal name, residence address, date of birth and Social Security Number. We may also request other information that will allow us to identify the individual and we may need to obtain a driver's license, passport, or other identifying documents.
- **Legal Entities** - When corporations, partnerships, trusts, and other legal entities open an account, the following information is required: full legal name, physical address, and Tax Identification Number. We may also request other information that will allow us to identify the entity and may need to obtain certified articles of incorporation, partnership agreement, trust instrument, or other identifying documents. The Financial Crimes Enforcement Network's ("FinCEN") Customer Due Diligence Requirements for Financial Institutions ("CDD Rules") require financial institutions to identify and verify the identity of beneficial owners of legal entity customers, subject to certain exclusions and exemptions.

**Unlawful Internet Gambling Enforcement Act ("Act") Notice:** Transactions associated with unlawful internet gambling are prohibited. Specifically, the Act prohibits any person engaged in the business of betting or wagering (as defined in the Act) from knowingly accepting payments in connection with the participation of another person in unlawful internet gambling. Shareholders of Dreyfus or BNY Mellon mutual funds ("Funds") must not initiate or receive wire transfers, checks, drafts or other debit/credit transactions that are restricted by the Act. For more information, please refer to: <https://www.federalreserve.gov/newsevents/pressreleases/files/bcreg20081112a1.pdf>.

**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.

If required information is missing, your application may be rejected. If an account is established pending receipt of requested information, it may be restricted to liquidating transactions only and closed if requested information is not received within specified time frames.

#### **Payment Instructions**

**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

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You may use this application to open any one of the following account types.

**Please note the type of documentation required and, if 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 1.**

**All information should be printed clearly.**

**NOTE: If any party to the application is not a U.S. citizen or resident alien, he/she will also need to provide a copy of his/her passport, alien ID card, or other government issued document with residence and photograph.**

■ **Corporation – Complete sections 1 through 10, and 11A, B and D. Obtain a Medallion Signature Guarantee.**

Account is established for all types of incorporated entities, whether for profit or non-profit.

You will need to provide:

- a copy of certified articles of incorporation;
- a copy of a certificate of good standing from the state of incorporation issued within the last six months; and
- a copy of corporate resolution identifying the authorized signers certified within the last 60 days by an authorized officer.

■ **Partnership or Joint Venture – Complete sections 1 through 10, and 11A, C and D. Obtain a Medallion Signature Guarantee.**

You will need to provide:

- a copy of general partnership/joint venture agreement. If documentation does not identify the current authorized signers, provide a resolution certified within the last 60 days by an authorized member.

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For special forms or assistance completing this application, call your financial representative.

### 1. HOW WOULD YOU LIKE TO REGISTER YOUR ACCOUNT?

- Corporation – Complete sections 1 through 10, and 11A, B and D if applicable.
- Partnership or Joint Venture – Complete sections 1 through 10, and 11A, C and D.
- Other (please specify) – Complete sections 1 through 10, and 11A, C and D if applicable.



You must provide all documentation specified in the instructions on page 2 for each of these registration types.

**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 11D as applicable.**

Full Legal Name \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_

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

Corporate Status:\*  S-Corporation  C-Corporation

\*If the status of the corporation is not indicated, we will default your account to S-Corporation.

### 2. PLEASE PROVIDE YOUR ADDRESS INFORMATION.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address (if different from mailing address) (no P.O. boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### 3. PLEASE PROVIDE ADDITIONAL REQUIRED INFORMATION.

#### A. Corporation, Partnership or Other Legal Entity

State/Country of Organization \_\_\_\_\_

If publicly traded: Ticker Symbol \_\_\_\_\_ Exchange \_\_\_\_\_

Line of Business \_\_\_\_\_

Casino or Gaming Establishment:  Yes  No

**Authorized Person (must be same name as provided in section 11A)**

\*Administrator/Corporate Signer, etc.

(Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
Title				
Permanent Residential Address (no P.O. boxes)			City	State Zip Code
Evening Phone Number			Daytime Phone Number	

**Additional Authorized Person (must be same name as provided in section 11A)**

\*Administrator/Corporate Signer, etc.

(Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
Title				
Permanent Residential Address (no P.O. boxes)			City	State Zip Code
Evening Phone Number			Daytime Phone Number	

**B. Political/Military Officials**

Please indicate if any account owner or related party\* is either a senior military, government or political official in the U.S. or any other country or jurisdiction, or is 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 \_\_\_\_\_

\*A related party includes a custodian, trustee, or beneficiary, or any principal shareholder, beneficial owner, partner or authorized person listed in sections 3A and 11A.

**4. PLEASE INDICATE THE FUND(S) FOR YOUR INVESTMENT.**

Write the entire name of the Fund(s) and indicate the share class you are selecting (if applicable) and the dollar amount of your investment. (Refer to the Fund's prospectus for minimum initial investment).

FUND NAME(S)	CLASS OF SHARES <small>(see prospectus)</small>	One of the following: CUSIP, NASDAQ Symbol OR Fund Code	AMOUNT
			\$
			\$
			\$
			\$

**Make check payable to The Dreyfus Family of Funds.**

## Dividend 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 8, please provide wire instructions here:

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Name of Commercial Bank ABA#

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Individual and/or Department Name

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Account or Nominee Name Account #

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Address of Bank City State Zip Code

**OPTIONAL** - If you would like dividend and/or capital gains distribution checks to be payable to a person or address other than as registered in sections 1 and 2 of this form, please indicate here the person or address to which you would like your distributions to be paid.

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(Full Legal Name) First Name Initial Last Name

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Permanent Residential Address (no P.O. boxes) City State Zip Code

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Physical Address (if different from mailing address)(no P.O. Boxes)

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City State Zip Code

**If you complete this section, your application must be Medallion Signature Guaranteed.\*\***

### 4A. COST BASIS METHOD ELECTION

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*Note - This election will not be applied to money market fund accounts. If you are opening a money market fund account and at a later date process an exchange to open a fluctuating NAV fund account, you should make your cost basis selection at that time.*

Federal regulations require that we report to the IRS on Form 1099-B the cost basis information on mutual fund shares purchased on or after January 1, 2012 (covered shares), and redeemed on or after that date.

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)  
 Last In, First Out (LIFO)  
 High Cost, First Out (HIFO)  
 Low Cost, First Out (LOFO)  
 Average Cost

Please consult your tax professional to determine which cost basis method is best for your personal tax situation.

Changing your cost basis method: If the cost basis method for your account(s) is Average Cost, you may retroactively change your cost basis method only before the date of the first redemption or transfer of covered shares. You may change your cost basis method for future purchases at any time. Changes to or from the Average Cost method must be made in writing or via Dreyfus.com. Changes to or from all other methods may be made in writing, via Dreyfus.com or by telephone.

## 5. WHO IS YOUR FINANCIAL REPRESENTATIVE?

If shares are being purchased through a financial intermediary, then the name of your financial intermediary must appear in this section.

I/we represent and warrant that the firm named below is authorized to purchase and redeem Fund shares on my/our behalf.

Firm Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Representative (Salesperson) and Number, if any \_\_\_\_\_ Dealer Code \_\_\_\_\_ Branch Code \_\_\_\_\_

**SHAREHOLDER PRIVILEGES** These privileges are subject to the terms set forth in the Fund's prospectus.

## 6. WOULD YOU LIKE CHECKING PRIVILEGES?

**Checkwriting privilege. Unless you check "No," you will automatically receive the checkwriting privilege.**

No

## 7. WOULD YOU LIKE DREYFUS AUTOMATIC ASSET BUILDER®?

Permits you to purchase shares automatically on a regular basis by electronically transferring a specified dollar amount (minimum of \$100) from your bank account to your Fund account(s).

Yes, I (we) want Dreyfus Automatic Asset Builder®.

You must attach a voided check to this Application in the area designated next to section 9. Money will be transferred only from the bank account indicated on the voided check.

Fund Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Fund Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Fund Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Fund Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check the investment cycle that is most convenient for you to have your bank account debited.

Bi-monthly (twice a month)     Monthly     Quarterly     Semi-annually     Annually

Starting month \_\_\_\_\_ Date(s) \_\_\_\_\_

NOTE: If a date falls on a non-business day, your Fund account will be credited on the next business day.

## 8. WOULD YOU LIKE DREYFUS TELETRANSFER AND WIRE REDEMPTION PRIVILEGES?

### **Dreyfus TeleTransfer**

Permits electronic transfer of money between your designated bank account and your Fund account by telephone or online through the Dreyfus.com.

### **Wire Redemption**

Permits proceeds of redemption requests initiated by telephone, letter or online through the Dreyfus.com to be transmitted by Fed wire to your designated Federal Reserve Member Bank.

Yes, I (we) want **Dreyfus TeleTransfer** and **Wire Redemption** privileges.

You must attach a voided check to this application in the area designated at the left of this section. (Starter checks not accepted.) Money will be wired or transferred to the bank account indicated on the voided check.

**The Fund(s) will require the Transfer Agent to employ reasonable procedures, such as requiring a form of personal identification, to confirm that instructions relayed by telephone and online are genuine and, if it does not follow such procedures, it may be liable for any losses due to unauthorized or fraudulent instructions. Neither a Fund nor its Transfer Agent will be liable for following instructions reasonably believed to be genuine.**

**Wire Instructions**

Wire redemption proceeds (and, if no other wire instructions are provided in Section 4.B., 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

**9. WOULD YOU LIKE TO QUALIFY FOR A REDUCED SALES CHARGE?**

**A. LETTER OF INTENT** (for Class A shares) Investor’s Statement of Intention and Price Agreement

**MINIMUM INITIAL PURCHASE: \$5,000**

**PLEASE NOTE:** Future purchases, and purchases made within 90 days prior to the date this Letter of Intent is submitted, of shares (including Class C shares) of any Eligible Fund (as defined under Right of Accumulation below) by you and any related “purchaser” (as described under Right of Accumulation below) may be used to equal or exceed the minimum amount checked. I intend, but am not obligated, to invest in shares of Eligible Funds during the 13-month period from the date of my submission of this Letter of Intent, in an aggregate amount which will equal or exceed the minimum amount checked (“LOI Purchase Commitment”). (Check one box only.)

- \$50,000 to less than \$100,000
- \$100,000 to less than \$250,000
- \$250,000 to less than \$500,000
- \$500,000 to less than \$1,000,000
- \$1,000,000 and over

Subject to the conditions specified herein and in the Terms of Escrow below, each purchase subsequent to submission of this Letter of Intent will be made at the public offering price applicable to a single transaction in the amount of the LOI Purchase Commitment, as described in the then-current prospectus of the Fund in which the purchase is being made. Upon completion of the LOI Purchase Commitment within the aforescribed 13-month period, an adjustment will be made to reflect any reduced sales load applicable to shares purchased during the 90-day period prior to submission of this Letter of Intent. The adjustment will be made in the form of additional shares credited to my account at the then-current offering price applicable to a single purchase in the amount of the LOI Purchase Commitment.

**TERMS OF ESCROW**

- Out of my initial purchase (or subsequent purchases if necessary), 5% of the LOI Purchase Commitment shall be held in escrow by the Transfer Agent in shares. All dividends and any capital gain distributions on the escrowed shares will be credited to me. Escrowed shares will not be extended the exchange privilege (as described in the Fund’s prospectus).
- If I complete the LOI Purchase Commitment within the 13-month period, the escrowed shares will be promptly released to me.
- If my total purchases pursuant to this Letter of Intent are less than the LOI Purchase Commitment, the offering price of the shares I purchased (including shares representing the escrowed amount) during the 13-month period will be adjusted to reflect the sales load applicable to the aggregate purchases I actually made (which will reduce the number of shares in my account) unless I have redeemed the shares in my account, in which case the Transfer Agent will redeem the number of escrowed shares necessary to obtain the difference between the dollar amount of sales loads actually paid by me and the amount of sales loads which I would have paid if my total purchases had been made at a single time and any remaining shares will be credited to my account. Full and fractional shares remaining after this redemption will be released to me.
- I hereby irrevocably constitute and appoint the Transfer Agent my attorney-in-fact to surrender for redemption any or all escrowed shares.

**This Letter of Intent must be received by the Transfer Agent to be considered effective. All future purchases placed directly with MBSC Securities Corporation must refer to this Letter of Intent.**

Terms Accepted:

Signature(s) of Investor(s)	Date
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**B. Right Of Accumulation** (FOR CLASS A SHARES)

**Please Note:** Purchases of shares (including Class C shares) of any Eligible Fund (as defined below) qualify towards “Right of Accumulation” for purchases of Class A shares.

Shares may be purchased at the offering price applicable to the total of (a) the dollar amount then being purchased plus (b) an amount equal to the value of the combined present holdings of the “purchaser” as described in the prospectus, of shares of any Funds that are subject to a sales load, as described in the prospectus (“Eligible Funds”). In order for this cumulative quantity discount to be made available, the investor must identify all Fund accounts to be considered as qualified holdings. All accounts are subject to verification.

The following accounts qualify for the Right of Accumulation or Letter of Intent as described above and in a Fund’s prospectus. Account number(s):

## 10. PLEASE READ CAREFULLY AND SIGN.

The undersigned warrant(s) that I (we) have full authority and, if a natural person, am (are) of legal age to purchase shares pursuant to this application, have received a current prospectus for the Fund selected for investment and agree to be bound by the terms of such prospectus, am (are) not a foreign financial institution, and that all representations accompanying this application are true. I agree to obtain the prospectus for any Fund into which I exchange and to be bound by the terms of such Fund's prospectus. I (We) agree that the Transfer Agent, the Fund in which I (we) am (are) investing or shall invest, The Dreyfus Corporation, MBSC Securities Corporation and any subsidiary or affiliate thereof, and the respective officers, directors, trustees or employees and agents of each of the foregoing will not be liable for any loss, damage, expense or cost (including but not limited to attorneys' fees) for acting upon any instructions or inquiries believed to be genuine.

I authorize the Transfer Agent and the Fund in which I (we) am (are) investing or shall invest to act on telephone or online instructions from any person representing himself or herself to be me and reasonably believed by the Transfer Agent or Fund (as applicable) to be genuine. I understand that I may be responsible for any fraudulent telephone or online order as long as the Transfer Agent or Fund (as applicable) takes reasonable measures to confirm that instructions are genuine.

**I (we) acknowledge that mutual fund shares are not Federal Deposit Insurance Company 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:

\_\_\_\_\_  
Corporate Officer/Partner, etc.

\_\_\_\_\_  
Corporate Officer, Partner, etc. (if applicable)

\_\_\_\_\_  
Title/Capacity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/Capacity

\_\_\_\_\_  
Date



## 11. CERTIFICATIONS

### IF YOU ARE A CORPORATION, PARTNERSHIP OR OTHER ENTITY, PLEASE COMPLETE THIS CERTIFICATION.

NOTE: Retain a copy of this application for your records. Any modification of the information below will require an amendment to this application. This document is in full force and effect until another duly executed form is received by the Transfer Agent.

\_\_\_\_\_  
Name of Registered Owner

Registered Owner is a:

Corporation/Incorporated Association (Complete **11A, B and D** (if applicable))

Partnership (Complete **11A, C and D**)

Other (Complete **11A, C and D** (if applicable))

(please specify) \_\_\_\_\_

(such as non-profit organization, religious organization, investment club, Unions, etc.)

**A.** 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:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Specimen Signature

The Transfer Agent may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named above or in any amendment form last received by the Transfer Agent. The Transfer Agent may, without inquiry, act only upon the instruction of ANY ONE Authorized Person 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 Fund, the Fund's Transfer Agent and distributor, The Dreyfus Corporation and any subsidiary or affiliate thereof, and the respective officers, directors, trustees, employees and agents of each of the foregoing, shall not be liable for, and shall be indemnified and held harmless by the entity named above from and against any loss, damage, expense, or cost (including, but not limited to, attorneys' fees) for acting upon any instructions or inquiries believed genuine.

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

**11. CERTIFICATIONS** (CONT'D)

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**B. FOR CORPORATIONS AND INCORPORATED ASSOCIATIONS ONLY.**

**NOTE: Either Medallion Signature Guarantee\*\* or corporate seal is required.**

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 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 Certification form.

Witness my hand on behalf of the corporation/association this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

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

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

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

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

**C. FOR ALL OTHER ENTITIES**

\_\_\_\_\_  
Certifying General Partner(s)/Other(s)

\_\_\_\_\_  
Certifying General Partner(s)/Other(s)

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

\_\_\_\_\_  
DATE

\*\*Medallion Signature Guarantees: 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.

## 11. CERTIFICATIONS (CONT'D)

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

### **D. 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, estates, non-statutory trusts 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 (e.g., 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.

**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 (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number <sup>2</sup>

<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.

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 (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For non-U.S. Persons: Passport Number and Country of Issuance, or other similar 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)

## **Important Information from MBSC Securities Corporation Regarding Your Dreyfus Mutual Fund Account During A Significant Business Disruption**

To Our Valued Mutual Fund Shareholders:

We take great pride in the trust that our customers place in us. With that in mind, we want to tell you about our business continuity plan which documents how we will respond to a significant business disruption. Our plan is designed to enable us to promptly resume our business operations while providing you with ways to access your account information during our recovery period.

We maintain a business continuity plan that covers all aspects of the resumption of our business processes in the event of a significant disruption or emergency. Our plan addresses: data back-up and recovery; all mission critical systems; financial and operational assessments; alternative communications with customers, employees, and regulators; alternate physical location of employees; critical supplier and contractor impact; regulatory reporting; and assuring our customers prompt access to their funds and securities. The plan is updated whenever there is a material change to our business, and it is subject to periodic formal reviews, including business risk assessments. Changes to processes, products, or business environments are evaluated, and required modifications to the configuration of our recovery sites (described below) are performed. Current copies of our business continuity plan are maintained by various individuals at our firm.

As part of our business recovery plan, we maintain alternate business resumption sites for our employees that provide us with operational redundancy in the event of an emergency at our primary location. These facilities provide for the relocation of our employees so that we may resume processing operations and trading functions. Each employee's workstation at our relocation sites is equipped with all the software, as well as all the telecommunication equipment, needed for each associate to continue to provide client service. Our alternate sites have centralized faxes and printer rooms where communications are controlled. We also employ telephone rollover technology whereby inbound calls and faxes are re-routed to the appropriate alternate business resumption site.

Whether we are affected by a firm only, single building, business district, citywide or regional disruption, our firm's policy is clear: we will safeguard our employees' lives, make immediate financial and operational assessments, and work to quickly recover and resume operations. In the event of an emergency, our goal is to restore operations and resume transacting business as soon as possible. During the recovery period, you may access your investments electronically using the following options:

- **Call Dreyfus Express, our voice response system, at 1-800-645-6561**
- **Visit our web site at [www.dreyfus.com](http://www.dreyfus.com)**

Please note that before you can access your account through [dreyfus.com](http://dreyfus.com), you will need a user ID and password. For account access via Dreyfus Express, you will need your Social Security Number and a personal identification number (PIN). You can create or reset your user ID and password by going on to [dreyfus.com](http://dreyfus.com), or your PIN by calling Dreyfus Express. We urge you to take a moment today to make sure that you are able to access your account through [dreyfus.com](http://dreyfus.com) and/or Dreyfus Express. This will help to ensure that you have access to your account in the unlikely event of a business disruption.

Regardless of all the effort put into our business continuity plan, we acknowledge that no plan for disaster recovery is infallible. Every emergency situation poses unique challenges, and the unpredictable nature and severity of disasters make it impossible to predict every scenario that could cause a disruption, thus precluding absolute preparedness in all circumstances. While our business continuity plan is tested periodically, such testing may not be able to replicate actual emergency conditions. **Depending upon the emergency, we cannot guarantee that we will follow our plan's stated course of action, and our business recovery plan is subject to modification without notice as conditions require.** Also, certain situations may arise that affect the securities markets and/or the external service providers upon which we rely, and your transactions or requests for funds could be delayed during such a disruption.

Please be assured that, in the event of a disaster, we will work as quickly as possible to provide you with the access to the excellent customer service that you have come to expect from Dreyfus.

## INSTITUTIONAL CUSTOMER CERTIFICATION

MBSC Securities Corporation (“MBSC”), an indirect, wholly owned subsidiary of The Bank of New York Mellon Corporation and a distributor of shares of the Dreyfus Family of Funds, is a U.S. registered broker-dealer and a member of the Financial Industry Regulatory Authority, Inc. (“FINRA”). As a FINRA member firm, MBSC is required to comply with all applicable FINRA rules, including FINRA Rule 2111 regarding suitability. Details of the Rule are available at <http://www.finra.org/Industry/Regulation/FINRARules/>. By certifying as follows, you will assist MBSC in meeting its obligations under Rule 2111.

### CERTIFICATION

In connection with any recommended<sup>1</sup> transaction or investment strategy made by MBSC, the undersigned certifies on behalf of the applicant that:

- 1) It is establishing an Institutional Account as defined in FINRA Rule 4512(c)<sup>2</sup>;
- 2) It is capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities; and (ii) will exercise independent judgment in evaluating the recommendations of MBSC or its associated persons, unless it has otherwise notified MBSC in writing;
- 3) It will notify MBSC if anything in this certification ceases to be true; and
- 4) The information contained herein may be shared with MBSC’s affiliates, or with FINRA or other regulatory agencies as required.

By certifying this information, the undersigned affirms that the above statements are accurate but does not waive any rights afforded under U.S. federal or state securities laws, including without limitation, any rights under Section 10(b) of the Securities Exchange Act of 1934, as amended, and the rules and regulation promulgated thereunder.

NOTE: This certification shall apply with respect to all recommended transactions and investment strategies involving securities that are entered into by the applicant whether for the account of such applicant or for the account of any beneficial owner that has delegated decision making authority to such applicant.

Institutional Account Name:	Address, City, State, Zip Code:
Name of Authorized Signatory:	U.S. Tax ID/EIN (if applicable):
Title of Authorized Signatory:	Telephone: Email Address:
Signature of Authorized Signatory:	Date:

<sup>1</sup> As used in Rule 2111 and interpreted by FINRA.

<sup>2</sup> The term “Institutional Account” includes, but is not limited to, the account of any person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least US\$50 million as of the date of this application (whether such assets are invested for such person’s own account or under management for the account of others).

