

THE DREYFUS FAMILY OF FUNDS

FINANCIAL INTERMEDIARY FULLY DISCLOSED ACCOUNT APPLICATION

(DO NOT USE FOR KEOGH, IRA PLANS OR BUSINESS ACCOUNTS)

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

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, residential 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/bcreg2008112a1.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

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.

■ **Individual – Complete sections 1A, 2A, 3A, 3F and sections 4 through 11.**

Account is owned by one person.

■ **Joint – Complete sections 1A & B, 2A & B, 3A & B, 3F and sections 4 through 11.**

Account is owned by two or more people. Tenancy with right of survivorship is presumed unless tenancy in common is indicated in Section 1B.

■ **Gifts or Transfers to Minors – Complete sections 1C, 2A, 2C, 3A, 3F and sections 5 through 11.**

UGMA or UTMA—Account established for the benefit of a minor, but administered by an adult custodian. The laws pertaining to custodial accounts and the age of majority vary by state. Please check with the laws of the state in which the custodial arrangement was made. Only the custodian can act on the account, and the custodian must sign this form. The assets must be transferred to the minor when age of majority is reached.

■ **Trust – Complete sections 1D, 2D, 3C, 3D (if applicable), 3F, and 5 through 12. Obtain a Medallion Signature Guarantee.**

Account is established to invest assets held in a trust.

You will need to provide:

- a copy of the pages of the trust agreement that show the name of the trust, the date of the trust instrument, and a listing of all trustees and their signatures unless the account is being established via a change of registration from another account in the name of the same trust and only the name(s) of the trustee(s) are being changed.

■ **Estate – Complete sections 1E, 2D, 3E, 3F, and 5 through 12. Obtain a Medallion Signature Guarantee.**

You will need to provide:

- a court certified copy of the appointment of the administrator, executor, or personal representative certified within the last 6 months unless the account is being established via a change of registration.

THE DREYFUS FAMILY OF FUNDS

FINANCIAL INTERMEDIARY FULLY DISCLOSED ACCOUNT APPLICATION

(DO NOT USE FOR KEOGH, IRA PLANS OR BUSINESS ACCOUNTS)

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

1. HOW WOULD YOU LIKE TO REGISTER YOUR ACCOUNT?

Individual – Complete sections 1A, 2A, 3A, 3F and sections 4 through 11.

Joint – Complete sections 1A & B, 2A & B, 3A & B, 3F and sections 4 through 11.

Gifts or Transfers to Minors – Complete sections 1C, 2A, 2C, 3A, 3F and sections 5 through 11.

UGMA or UTMA—Account established for the benefit of a minor, but administered by an adult custodian. The laws pertaining to custodial accounts and the age of majority vary by state. Please check with the laws of the state in which the custodial arrangement was made. Only the custodian can act on the account, and the custodian must sign this form. The assets must be transferred to the minor when age of majority is reached.

Trust – Complete sections 1D, 2D, 3C, 3D (if applicable), 3F, and 5 through 12.

Other including Estate (please specify) – Complete sections 1E, 2D, 3E, 3F, and 5 through 12.
(11D not required for an Estate account).

A. Owner – You may elect a Transfer on Death (“TOD”) beneficiary in section 4.

(Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
------------------------------	---------	-----------	------------------------	---------------

Evening Phone Number

Daytime Phone Number

Citizenship U.S. Resident Alien Other (please specify) _____
(Please provide passport, alien ID card or other government issued document with residence and photograph (see note on page 2).)

Tax Residence U.S. Other (please specify) _____

B. Joint Owner

(Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
------------------------------	---------	-----------	------------------------	---------------

Evening Phone Number

Daytime Phone Number

Citizenship U.S. Resident Alien Other (please specify) _____
(Please provide passport, alien ID card or other government issued document with residence and photograph (see note on page 2).)

Tax Residence U.S. Other (please specify) _____

C. Custodian and Minor Uniform Gifts to Minors Act (“UGMA”) Uniform Transfers to Minors Act (“UTMA”)

(Minor’s Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
--------------------------------------	---------	-----------	------------------------	---------------

(Custodian Full Legal Name) First Name	Initial	Last Name	Social Security Number	Date of Birth
--	---------	-----------	------------------------	---------------

Evening Phone Number

Daytime Phone Number

Custodian Citizenship U.S. Resident Alien Other (please specify) _____
(Please provide passport, alien ID card or other (see Note on page 2))

Custodian Tax Residence U.S. Other (please specify) _____

State in which custodial arrangement was made* _____

*If no state is indicated, the state listed in the registration address will be presumed.

D. Trust

Name of Trust _____

Taxpayer ID Number _____ Date of Trust Instrument _____

For the Benefit of _____

Type of Trust _____ Name of Grantor _____

Country where Trust established U.S. Other (please specify) _____

Tax Residence U.S. Other (please specify) _____

First Trustee

(Full Legal Name) First Name Initial Last Name Social Security Number Date of Birth

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

Evening Phone Number _____ Daytime Phone Number _____

Citizenship U.S. Other (please specify) _____

Tax Residence U.S. Other (please specify) _____

Second Trustee

(Full Legal Name) First Name Initial Last Name Social Security Number Date of Birth

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

Evening Phone Number _____ Daytime Phone Number _____

Citizenship U.S. Other (please specify) _____

Tax Residence U.S. Other (please specify) _____

E. Other Entity (such as Estate, Sole Proprietorship, Non-Incorporated Association, etc.)

Full Legal Name _____

_____ Taxpayer ID Number _____

Tax Residence U.S. Other (please specify) _____

2. PLEASE PROVIDE YOUR ADDRESS INFORMATION.

A. Owner/Custodian

Mailing Address _____ City _____ State _____ Zip Code _____

Permanent Residential Address (if different from mailing address) (no P.O. boxes) _____ City _____ State _____ Zip Code _____

E-Mail Address _____

B. Joint Owner

Permanent Residential Address (if different from owner's permanent residential address) (no P.O. boxes) _____ City _____ State _____ Zip Code _____

C. Minor Check here if same as custodian's residential address.

Permanent Residential Address (if different from custodian's permanent residential address) (no P.O. boxes) _____ City _____ State _____ Zip Code _____

D. Trust or Other Legal Entity (such as Estate)

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. Owner/Custodian

Employment Status Employed Self Employed Retired Not Employed

Occupation _____ Type of Business _____

Business Name (if self employed) _____

Employer's Name _____

Employer's Address _____

If retired or not employed, indicate source of income:

Retirement Savings

Social Security/Pension

Spousal Support

Other (please specify) _____

B. Joint Owner

Employment Status Employed Self Employed Retired Not Employed

Occupation _____ Type of Business _____

Business Name (if self employed) _____

Employer's Name _____

Employer's Address _____

If retired or not employed, indicate source of income:

- Retirement Savings Social Security/Pension
 Spousal Support Other (please specify) _____

C. First Trustee

Employment Status Employed Self Employed Retired Not Employed

Occupation _____ Type of Business _____

Business Name (if self employed) _____

Employer's Name _____

Employer's Address _____

D. Second Trustee (if applicable)

Employment Status Employed Self Employed Retired Not Employed

Occupation _____ Type of Business _____

Business Name (if self employed) _____

Employer's Name _____

Employer's Address _____

E. Authorized Person (must be same name as provided in section 12)

*e.g., Executor/Administrator/Personal Representative, 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 12)

*e.g., Executor/Administrator/Personal Representative, 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
----------------------	----------------------

F. 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 or authorized person listed in sections 3E and 12A.

4. For new accounts registered as individual or joint with rights of survivorship, would you like to add a transfer on death (TOD) beneficiary?

A Transfer on Death (TOD) designation transfers ownership of your shares to your beneficiary or beneficiaries upon your death. For joint account holders, shares are transferred to your beneficiaries upon the death of the last surviving account owner. TOD registration is only available to accounts with a domestic address. *Because TOD registration can affect tax strategies and estate planning, you may want to consult a financial planner or attorney before requesting this type of registration, particularly if you reside in a community property state.* If you have any questions about TOD registration, please call your financial representative.

Beneficiary designation(s)

Please provide your designated beneficiary information in the boxes below. (If you wish to designate more than two primary or more than two secondary beneficiaries, please attach a separate sheet.) These beneficiary designations will remain in full force and effect until another properly completed form or other written instructions are received. **If you designate more than one primary beneficiary, or more than one secondary beneficiary, please be sure that the percentages you assign to all primary beneficiaries add up to 100%, and that the percentages you assign to all secondary beneficiaries add up to 100%.** If no percentages are designated, an even split among primary and an even split among secondary beneficiaries will be assumed. Any fractional shares that remain upon dividing the account among multiple primary beneficiaries, and any fractional shares that remain upon dividing the account among multiple secondary beneficiaries, will revert to the first named primary and first named secondary beneficiary, respectively. Any secondary beneficiary you name will receive all or a portion of your account balance only if all primary beneficiaries pre-decease you.

If a beneficiary is a minor, you must designate a custodian and provide the minor’s date of birth.

Please check this box if you do not want beneficiaries to receive general marketing communications on Dreyfus products and services.

Primary Beneficiary

Name of Beneficiary		Date of Birth	Social Security Number	
Permanent Residential Address (no P.O. boxes)			City	State
%			Zip Code	
Percentage of Shares		Custodian, if beneficiary is a minor		
E-mail Address		Phone Number		

Primary Beneficiary

Name of Beneficiary		Date of Birth	Social Security Number	
Permanent Residential Address (no P.O. boxes)			City	State
%			Zip Code	
Percentage of Shares		Custodian, if beneficiary is a minor		
E-mail Address		Phone Number		

Secondary Beneficiary

Name of Beneficiary	Date of Birth	Social Security Number		
Permanent Residential Address (no P.O. boxes)	City	State	Zip Code	
%		Custodian, if beneficiary is a minor		
Percentage of Shares		Custodian, if beneficiary is a minor		
E-mail Address		Phone Number		

Secondary Beneficiary

Name of Beneficiary	Date of Birth	Social Security Number		
Permanent Residential Address (no P.O. boxes)	City	State	Zip Code	
%		Custodian, if beneficiary is a minor		
Percentage of Shares		Custodian, if beneficiary is a minor		
E-mail Address		Phone Number		

5. 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 (see prospectus)	One of the following: CUSIP, NASDAQ Symbol OR Fund Code	AMOUNT
			\$
			\$
			\$
			\$

Make check payable to The Dreyfus Family of Funds.

Dividend and capital gains distribution options

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

- Reinvest all dividends and capital gains.
- Pay all dividends and capital gains by check.
- Pay all dividends by check and reinvest all capital gains.
- Pay all dividends by ACH (electronic transfer) and reinvest all capital gains. (Please attach a voided check in section 9 from the bank account to be credited.)
- Pay all dividends and capital gains by ACH. (Please attach a voided check in section 9 from the bank account to be credited.)

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.

(Full Legal Name) First Name	Initial	Last Name	
------------------------------	---------	-----------	--

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Physical Address (if different from mailing address)(no P.O. Boxes)	City	State	Zip Code
---	------	-------	----------

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

5A. COST BASIS METHOD ELECTION

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.

6. 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.

7. WOULD YOU LIKE CHECKING PRIVILEGES?

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

Either/Or Checking (Agreement to Permit Single Signature.)—**Joint accounts only. Unless you check "NO," only one signature will be required for the checkwriting privilege.** Your signatures constitute agreement to permit redemptions by a single joint owner through the use of a redemption check. The signature of one joint owner is on behalf of such person and as attorney-in-fact on behalf of each other joint owner by appointment. This agreement and appointment shall not be affected by the subsequent disability or incompetency of any joint owner, and revocation will only be effective two business days after receipt by the Transfer Agent of a Medallion Signature Guaranteed** letter signed by both joint owners (or their legal representatives).

8. 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.

9. 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.

ATTACH VOIDED CHECK

10. 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

\$250,000 to less than \$500,000

\$1,000,000 and over

\$100,000 to less than \$250,000

\$500,000 to less than \$1,000,000

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

1. 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).
2. If I complete the LOI Purchase Commitment within the 13-month period, the escrowed shares will be promptly released to me.
3. 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.
4. 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

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" (which includes the individual purchasing the shares, his or her spouse, and their minor children), 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):

11. 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.

For Transfer On Death Registrations: I (we) understand that the Transfer Agent follows procedures governing TOD registrations pursuant to the Maryland Uniform Transfer on Death Security Registration Act and authorizes the establishment of a TOD account.

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:

Individual/Custodian/Trustee/Executor, etc.

Joint Owner (if any)/Second Trustee, etc. (if applicable)

Title/Capacity

Date

Title/Capacity

Date

12. IF YOU ARE A TRUST, 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:

- Trust
- Other (please specify) _____
(such as sole proprietorship, estate, non-incorporated association, etc.)

The following named persons are currently trustees/executor/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

MEDALLION SIGNATURE GUARANTEE OR SEAL IS REQUIRED

DATE

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.

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**

Please note that before you can access your account through 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, 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 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 recommended¹ 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)²;
- 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:

¹ As used in Rule 2111 and interpreted by FINRA.

² 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).