

## Dreyfus Family of Funds

### MONEY MARKET DIRECT ACCOUNT APPLICATION

This application is for use by corporations, trusts, partnerships or other entities. If you need assistance completing this application, please call Dreyfus toll free at 1-800-346-3621.

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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.

■ **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 certain 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.

This application must be filed with Dreyfus Transfer, Inc. ("Transfer Agent") before any redemption can be honored.

**Please complete all fields in black or blue 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 below:**

**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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## MONEY MARKET DIRECT ACCOUNT APPLICATION

If you need assistance completing this application, please call Dreyfus toll free at 1-800-346-3621.

### 1. How would you like to register your account?

- Trust – please complete sections 1A through 7.  
You will need to provide
  - A copy of the pages of the trust agreement that show the name of the trust, the trust date, and a listing of all trustees
- Corporation – please complete sections 1B through 7 (8 if applicable).  
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
- Partnership – please complete sections 1B through 8.  
You will need to provide
  - A copy of general partnership agreement
- Other (such as Non-Profit Organization, Religious Organization, Investment Club, etc. – please specify on the line below) – please complete sections 1B through 7 (8 if applicable).

**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 8 as applicable.**

If your account does not fall into one of these categories, please call 1-800-346-3621.

#### A. 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) \_\_\_\_\_

#### B. Corporation, Partnership, or Other Entity (except Trust)

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

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

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

Corporate Accounts:  S-Corporation  C-Corporation

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

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

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

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

Casino or Gaming Establishment:  Yes  No

## 2. Please provide your address information.

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Mailing Address	City	State	Zip
Physical Address (if different from mailing address) (no P.O. boxes)	City	State	Zip
E-Mail Address			
Phone Number	Institution Code (provided by Dreyfus)		

## 3. Please provide additional required information.

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If there are more than four Authorized Persons, please provide the additional information on a copy of this page, have the new page initialed by the individual(s) signing this application and insert the new page into this application.

### A. Authorized Person (must be same name as provided in Section 7)

(Full Legal Name) First Name	Initial	Last Name	Date of Birth
Title	Phone Number	E-mail Address	
City and State of Residence			

### Additional Authorized Person (must be same name as provided in Section 7)

(Full Legal Name) First Name	Initial	Last Name	Date of Birth
Title	Phone Number	E-mail Address	
City and State of Residence			

### Additional Authorized Person (must be same name as provided in Section 7)

(Full Legal Name) First Name	Initial	Last Name	Date of Birth
Title	Phone Number	E-mail Address	
City and State of Residence			

### Additional Authorized Person (must be same name as provided in Section 7)

(Full Legal Name) First Name	Initial	Last Name	Date of Birth
Title	Phone Number	E-mail Address	
City and State of Residence			

**B. Political/Military Officials**

Please indicate if any 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 trustee or beneficiary, or any principal shareholder, beneficial owner, partner or Authorized Person listed in 3A.

**4. Please indicate the Fund(s) for your investment.**

Write the entire name of the Fund(s) and indicate the share class (if applicable) and CUSIP, NASDAQ Symbol or Fund Code you are selecting. (Refer to Prospectus for minimum initial investment.)

FUND NAME(S)	CLASS OF SHARES <small>(see Prospectus)</small>	CUSIP, NASDAQ SYMBOL OR FUND CODE <small>(specify one)</small>

**Dividend distribution options**

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

- Reinvest all dividends  
 Pay all dividends by wire

**5. Institutional Suitability Certificate.**

MBSC Securities Corporation ("MBSC"), the distributor of the Funds, is a registered broker-dealer and a member of the Financial Industry Regulatory Authority ("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.

**Certificate**

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

- 1) The Institution is establishing an Institutional Account as defined in FINRA Rule 4512(c)<sup>2</sup>;
- 2) The Institution (i) 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) The Institution will notify MBSC if anything in this certificate 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 Institution 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: The certificate set forth above shall apply with respect to all recommended transactions and investment strategies involving securities that are entered into by the Institution whether for the account of such Institution or for the account of any beneficial owner that has delegated decision making authority to such Institution.

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

<sup>2</sup> The term "Institutional Account" means the account of (1) a bank, savings and loan association, insurance company or registered investment company; (2) an investment adviser registered either with the Securities and Exchange Commission under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or (3) any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$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).

## 6. Please read carefully and sign.

By the execution of this Account application form, the Institution: (i) represents and warrants that it has full right, power and authority to make the investment(s) applied for pursuant to this application; (ii) agrees that each of the above-named Funds, the Transfer Agent, The Dreyfus Corporation, MBSC 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 Institution 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; (iii) represents and warrants that it is duly authorized to sign this application and to purchase or redeem shares of the named Fund(s) for the account; and (iv) affirms that it has received a current prospectus of the named Fund(s).

The undersigned (i) authorizes the Transfer Agent and the Fund in which it is investing or shall invest to act on telephone instructions from any ONE person representing himself or herself to be an Authorized Person of the undersigned as set forth in Section 7 of this Application or the Certificate last received and processed by the Transfer Agent and reasonably believed by the Transfer Agent or Fund (as applicable) to be genuine and (ii) understands that it may be responsible for any fraudulent telephone order as long as the Transfer Agent or Fund (as applicable) takes reasonable measures to confirm that instructions are genuine.

**The Institution 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, the Institution certifies that [1] the Social Security Number or Taxpayer Identification Number shown in Section 1 of this application is its correct Taxpayer Identification Number, [2] it is not subject to backup withholding either because: (a) it is exempt from backup withholding, or (b) it has not been notified that it is subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service ("IRS") has notified it that it is no longer subject to backup withholding, [3] it is 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 the Institution has been notified that it is subject to backup withholding by the IRS and has not received a notice from the IRS advising 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: _____ Trustee/Corporate Officer/Partner, etc.	By: _____ Second Trustee/Corporate Officer/Partner, etc. (if applicable)
Print Name _____	Print Name _____
Title _____ Date _____	Title _____ Date _____
Date of Birth _____	Date of Birth _____
City and State of Residence _____	City and State of Residence _____

## 7. Please complete this Certificate.

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Corporations must complete Sections A and C. Trusts and other non-corporate entities must complete Sections B and C.

### A. Certificate - Part I – Corporations

The undersigned, \_\_\_\_\_ [insert title of Certifying Official\*] of \_\_\_\_\_  
[insert name of registered owner] (the "Corporation" or "Registered Owner"), hereby certifies that:

I. The Corporation's Board of Directors duly adopted the following resolutions on \_\_\_\_\_  
[insert date], which resolutions remain in full force and effect and in accordance with the Corporation's  
charter and by-laws:

- a. RESOLVED, that the Corporation shall establish one or more accounts in the name of the Corporation in mutual funds managed or administered by The Dreyfus Corporation (each, a "Fund"), as set forth on the account application or designated by the Authorized Person(s) named below;
- b. RESOLVED, that the following named persons:

[Insert name(s) of Authorized Persons and have each provide his/her specimen signature. If there are more than four Authorized Persons, please provide the additional information on a copy of this page and insert it into this Certificate before it is signed by the Certifying Official.]

Name of Authorized Person

Specimen Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

any \_\_\_\_\_ [insert required number] of them signing, is/are authorized to act with full power to purchase and redeem shares of the Fund(s) for the Corporation, to otherwise provide instructions with respect to the account(s), and to execute and deliver any instrument necessary to effectuate the authority hereby conferred; and

any ONE of them acting by telephone or on-line through websites designated by the Fund, its transfer agent or distributor, is authorized to act with full power to purchase and redeem shares of the Fund(s) for the Corporation, to direct the payment of redemption proceeds as described below, and to otherwise provide instructions with respect to the account(s);

- c. RESOLVED, that the Authorized Person(s) may direct the payment of redemption proceeds by check made payable to the Corporation, or by wire or electronic transfer to the following account:

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
ABA#

\_\_\_\_\_  
Individual and/or Department Name

\_\_\_\_\_  
Account or Nominee Name

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Address of Bank

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

- d. RESOLVED, that each 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 Corporation 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.

\*The Certifying Official must be the Corporation's Secretary or Assistant Secretary, unless such person is an Authorized Person listed in Section I.b. of this Certificate, in which case the Certifying Official must be another officer authorized to certify. The Certifying Official must sign in Section 7.C. below.

**B. Certificate – Part I – Partnerships and other non-corporate entities**

The undersigned, \_\_\_\_\_ [insert titles/capacities of Certifying Officials\*]  
of \_\_\_\_\_ [insert name of registered owner] (the "Registered Owner"),  
hereby certify that:

- I. a. The Registered Owner may invest its assets and establish one or more accounts in mutual funds managed or administered by The Dreyfus Corporation (each, a "Fund"), as set forth on the account application or designated by the Authorized Person(s) named below;
- b. The following named persons:

[Insert name(s) of Authorized Persons and have each provide his/her specimen signature. If there are more than four Authorized Persons, please provide the additional information on a copy of this page and insert it into this Certificate before it is signed by the Certifying Officials.]

<u>Name of Authorized Person</u>	<u>Specimen Signature</u>
_____	_____
_____	_____
_____	_____
_____	_____

any \_\_\_\_\_ [insert required number] of them signing, is/are authorized to act with full power to purchase and redeem shares of the Fund(s) for the Registered Owner, to otherwise provide instructions with respect to the account(s), and to execute and deliver any instrument necessary to effectuate the authority hereby conferred; and

any ONE of them acting by telephone or on-line through websites designated by the Fund, its transfer agent or distributor, is authorized to act with full power to purchase and redeem shares of the Fund(s) for the Registered Owner, to direct the payment of redemption proceeds as described below, and to otherwise provide instructions with respect to the account(s);

- c. The Authorized Person(s) may direct the payment of redemption proceeds by check made payable to the Registered Owner, or by wire or electronic transfer to the following account:

Name of Bank	ABA#		
_____			
Individual and/or Department Name			
_____			
Account or Nominee Name	Account #		
_____	_____		
Address of Bank	City	State	Zip
_____	_____	_____	_____

- d. Each Fund, the Funds' 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 Registered Owner 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.

\*If Registered Owner is a trust, the Certifying Officials must be trustees who are not also Authorized Persons listed in Section 1.b. of this Certificate. If Registered Owner is an entity other than a trust, the Certifying Officials must be persons authorized to certify who are not also Authorized Persons listed in Section 1.b. of this Certificate. The Certifying Officials must sign in Section 7.C. below.



**C. Certificate – Part II – All entities**

II. The signature set forth above, opposite the name of each Authorized Person, is the genuine signature of such Authorized Person.

Witness my hand on behalf of the Registered Owner this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Certifying Official

CORPORATE SEAL  
(required for Corporations)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Second Certifying Official (required for all non-corporate entities)

\_\_\_\_\_  
Print Name

**8. If you are a corporation, partnership or other legal entity subject to FinCEN Customer Due Diligence Requirements, please complete the certification below.**

**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, 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)	<i>For U.S. Persons:</i> Social Security Number	<i>For non-U.S. Persons:</i> 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 or BNY Mellon 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. If you need to contact us during the recovery period, please call your Relationship Manager.

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.

## IMPORTANT DISCLOSURE

Dreyfus Advisor Services and Dreyfus Retail Services are divisions of MBSC Securities Corporation ("MBSC"), selling a variety of investments, including mutual funds and annuities. Brokerage services are available through Dreyfus Brokerage Services, also a division of MBSC.

All brokerage services and investments are offered solely by MBSC and not by any bank including any affiliates of MBSC.

It is important for you to know that these investments and brokerage services:

- **Are not insured by the FDIC or any other agency of the United States, BNY Mellon, N.A., any affiliate of BNY Mellon, N.A. or any other bank;**
- **Are not deposits or other obligations of the FDIC or any other agency of the United States, BNY Mellon, N.A., any affiliate of BNY Mellon, N.A. or any other bank;**
- **Are not endorsed or guaranteed by BNY Mellon, N.A., any affiliate of BNY Mellon, N.A. or any other bank;**
- **Are subject to investment risks, including possible loss of the principal amount invested; and**
- **May fluctuate in value, so that they may be worth more or less than when they were purchased**

Securities are offered by MBSC, a registered broker dealer and FINRA member. Variable annuities are sold through MBSC and Dreyfus Service Organization, Inc., a licensed insurance agency. Fixed annuities are sold through Dreyfus Service Organization, Inc. MBSC, Dreyfus Service Organization, Inc. and BNY Mellon, N.A. are wholly owned subsidiaries of The Bank of New York Mellon Corporation. MBSC is solely liable for its contractual obligations and commitments. MBSC is not a bank, and BNY Mellon, N.A. is not a broker dealer.





