



> A BNY MELLON ASSET MANAGEMENT COMPANY™

# AUTOMATIC WITHDRAWAL FORM

## IMPORTANT INFORMATION — PLEASE READ

- Do not use this form for IRA or Keogh plans. For assistance in completing this form, please call **1-800-645-6561**.
- A \$5,000 minimum investment is required to establish the Automatic Withdrawal Privilege. If shares are held in unsigned certificate form, certificates valued at a minimum of \$5,000 must be returned with this form.
- A separate form is required for each account.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES • PLEASE USE BLUE OR BLACK INK ONLY

### 1 CURRENT ACCOUNT INFORMATION

FUND NAME AND ACCOUNT NUMBER

NAME OF OWNER OR CUSTODIAN

NAME OF JOINT OWNER (IF ANY), CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.

### 2 ACCOUNT ADDRESS

STREET OR P.O. BOX

APT. NO.

CITY

STATE

ZIP CODE

( )

DAYTIME PHONE NUMBER

( )

EVENING PHONE NUMBER

Please check this box if this is a new address.

If you are not a U.S. citizen, please check box. Specify country of legal residence and call 1-800-645-6561 for Form W-8.

COUNTRY OF LEGAL RESIDENCE

### 3 ACCOUNT SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER

This section must be completed.

\_\_\_\_\_

- **Individual Accounts** Specify the Social Security number of the owner.
- **Joint Accounts** Specify the Social Security number of the first named owner here and of the second named owner below.
- **Uniform Gifts/Transfers to Minors Accounts** Specify minor's Social Security number.
- **Corporations, Partnerships, Estates, Other Entities or Trust Accounts** Specify the Taxpayer Identification number or Social Security number of the legal entity or organization that will report the income and/or gains resulting from your investments in the fund.
- In addition to the above, Joint Accounts must also specify the Social Security number of the second named owner here.

\_\_\_\_\_

### 4 WITHDRAWAL INSTRUCTIONS

(Please choose one)

Send check to Account Registration Address

OR

Send check to Alternate Payee and/or Alternate Address (specify below). A Signature Guarantee is required (see section 8).

ALTERNATE PAYEE OR BANK NAME

ADDRESS

CITY

STATE

ZIP CODE

BANK ACCOUNT NUMBER

OR

By ACH to my bank. Attach a voided check from your bank account. A Signature Guarantee is required (see section 8). Money will be transferred only to the bank account indicated on the voided check.

Upon receipt of this form, Dreyfus Transfer, Inc. (the "Transfer Agent") is authorized to credit my (our) bank account indicated above using the Automated Clearing House (ACH) option. I(we) understand that these services are governed by the Prospectus provisions and the rules of the Automated Clearing House. I(we) further understand that either option may be terminated or modified at any time without notice by Dreyfus or the Transfer Agent.

### 5 AMOUNT OF WITHDRAWAL (Please choose one)

Amount of withdrawal requested: \$ \_\_\_\_\_  
(minimum \$50, except \$20 for The Dreyfus Fund)

OR

Number of shares to be withdrawn \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK HERE.

