



> 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.



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6 WITHDRAWAL SCHEDULE (Please choose one and specify dates)

Withdrawals to be made

Semi-annually on _____ Monthly on _____

Annually on _____ Quarterly on _____

7 SIGNATURE(S) AND TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

By signing below, you certify and agree that:

- You have received a current fund prospectus and agree to its terms.
- You appoint the Transfer Agent, and any successor named at a later time in the prospectus of the fund(s) in which you have invested, as the Transfer Agent for receipt of all dividends and distributions.

Taxpayer Identification Number Certification

Under the penalties of perjury, I (we) certify:

[1] that the Social Security Number(s) or Taxpayer Identification Number(s) shown in Section 3 of this form is (are) my (our) correct Taxpayer Identification Number(s),

[2] that I (we) am (are) not subject to backup withholding either because 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 has notified me (us) that I (we) am (are) no longer subject to backup withholding, and

[3] I (we) am (are) a U.S. person (including a U.S. resident alien).
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 Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN HERE:

X _____
INDIVIDUAL (OR CUSTODIAN) — SIGNATURE OF A U.S. PERSON

X _____
JOINT OWNER (IF ANY), CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.

DATE TITLE

8 SIGNATURE GUARANTEED BY:

If you are having your withdrawal checks sent to an Alternate Payee or Alternate Address, or by ACH to your bank, your signature(s) must be guaranteed as described below:

The Transfer Agent has adopted standards and procedures pursuant to which 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, as well as from participants in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchange Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

9 MAILING INSTRUCTIONS

Mail this form and all enclosures to:

THE DREYFUS FAMILY OF FUNDS
P.O. Box 55263
Boston, MA 02205-8501

For Registered, Certified, or Overnight Mail please mail to:

THE DREYFUS FAMILY OF FUNDS
30 Dan Road
Canton, MA 02021-2809