

IMPORTANT INFORMATION – PLEASE READ

- Do not use this form for IRA or Keogh plans. For special forms or assistance in completing this form, please call **1-800-645-6561**.
- This form can be used to change the registration of one or more accounts. If you have several accounts and would like to use one form, their current registrations must all be the same and the new registrations must also be the same. If they are not the same, you will need to obtain additional copies of this form.
- **New owners must sign in Section 11.**
- If your existing account has the Check-Writing Privilege, please make sure that all outstanding checks are paid before submitting this form. Once we transfer your shares to a new account, we will send you a book of checks for that new account unless you select that you don't want Check Writing in Section 8. **We will be unable to honor checks with your old registration and account number if you transfer all shares to your new account.**
- Please enclose any share certificates that may be outstanding for your account. Unless instructed otherwise, we will deposit the certificates in your new account. If you are enclosing share certificates, please use the registered/certified mailing address on the reverse side of this form.
- You will receive a confirmation showing your new account number. Please use this number for all future transactions and inquiries about your new account.
- Additional documentation may be required for certain account registration changes. Please call the number above.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES. USE BLUE OR BLACK INK ONLY. PLEASE SIGN IN SECTIONS 6 & 11.

CUSTOMER IDENTIFICATION PROGRAM NOTICE IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, all financial institutions are required by law 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 you for your name, address, taxpayer or other government identification number and other information, such as date of birth for individuals, that will allow us to identify you. We may also ask to see identification documents such as a driver's license, passport or corporate authority documents.

If required information is missing, your application may be rejected.

1 CURRENT ACCOUNT INFORMATION

Fund Name and Account Number

Fund Name and Account Number

Name of Owner or Custodian

and

Name of Joint Owner (if any), Corporate Officer, Partner, Trustee, ETC.

2 HOW WOULD YOU LIKE TO REGISTER YOUR NEW ACCOUNT?

Please transfer (Please choose one – if nothing is checked, we will default to all)

All shares **OR** part _____ shares or _____ dollars and register the new account as follows: (Please choose one)

INDIVIDUAL use line 1 JOINT REGISTRANT uses line 1 & 2
tenancy with right of survivorship presumed, unless tenancy in common is indicated. GIFTS OR TRANSFERS TO MINORS use lines 3, 4 & 5

CORPORATION (A copy of the certified Articles of Incorporation or business license of the corporation must be attached.)

TRUST (A copy of first and last pages of the Trust Agreement must be attached.)

PARTNERSHIP (A copy of the Partnership Agreement must be attached.)

ESTATE

} use lines 6 & 7; and complete the Certification in Section 12

1 _____
First Name Initial Last Name Soc. Sec. No. Date of Birth

2 _____
Joint Owner's First Name Initial Last Name Soc. Sec. No. Date of Birth

3 _____ as Custodian for
Custodian's Name Soc. Sec. No. Date of Birth

4 _____ Under the
Minor's Name Minor's Soc. Sec. No.* Minor's Date of Birth

5 Uniform Gifts to Minors Act or Uniform Transfer to Minors Act
State _____

6 _____
Name of Corporation, Name of Trustee(s), Name of Executor or other Entity

7 _____
Name of Trust or Name of Estate (Include date of trust instrument) Taxpayer Ident. No.*

*If number has been applied for, attach a copy of the application.

NOTE: You must include the trustee names in the registration, if you wish trustees to act independently; you must complete Section 12.

3 WHAT IS YOUR NEW ACCOUNT MAILING ADDRESS?

Street Address Apt. No.

City State Zip Code

(Area Code) Home Phone No. (Area Code) Business Phone No.

E-mail address

If you are not a U.S. Citizen, please check box, and specify country of legal residence: _____. If you do not have a social security number, also provide IRS form W-8, and a copy of your passport, alien ID card or other government issued document with residence and photograph.

4 PLEASE PROVIDE THE RESIDENCE OR BUSINESS ADDRESS OF EACH OWNER IF DIFFERENT THAN MAILING ADDRESS

Owner

Street Address

City State Zip Code

Joint Owner

Street Address

City State Zip Code

5 SIGNATURE(S) OF CURRENT OWNER(S)

All current owners/executors/surviving tenant(s), must sign below and obtain a SIGNATURE GUARANTEE in Section 6. NEW OWNERS MUST SIGN IN SECTION 11.

X Signature of Owner or Custodian Date

X Signature of Joint Owner (if any) Corporate Officer, Partner, Trustee, etc. Date

6 SIGNATURE GUARANTEED BY:

Your signature(s) must be guaranteed here 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 Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

Please note that privileges on your current account will not automatically carry over to your new account(s). You must reapply for any privileges you would like us to establish on your new account(s).

If you open more than one account with this form, the shareholder privileges you select in Sections 8, 9 and 10 will apply to each account that you specified in Section 1, if applicable to your Fund(s).

DO YOU, YOUR SPOUSE OR MINOR CHILDREN BENEFICIALLY OWN SHARES OF ANY DREYFUS MUTUAL FUND PURCHASED DIRECTLY THROUGH MBSC SECURITIES CORPORATION (FORMERLY KNOWN AS DREYFUS SERVICE CORPORATION)?

Yes No If yes, list account number(s):

If the account(s) was/were opened prior to March 1, 2006 you may be eligible to purchase Class A shares directly through MBSC Securities Corporation at NAV.

To determine whether you qualify for this or any other sales load waiver, refer to the Prospectus.

7 DIVIDEND AND CAPITAL GAIN DISTRIBUTION OPTIONS

Unless you choose an option below, all dividends and capital gains will be reinvested.

- Pay all dividends and capital gains by check.
Pay all dividends by check and reinvest all capital gains.
Pay all dividends and capital gains via ACH. (Please attach a voided check from your bank account in section 10.)

8 CHECK-WRITING PRIVILEGE

See your Fund's current Prospectus for availability or charges

Unless you check the box below, you will automatically receive the check-writing privilege.

No, I(we) do not want the Check-Writing privilege

For joint accounts, only one signature will be required on each check unless you select the All Signatures Required box below.

Please note that if you do not check the box below, the signature of one joint owner is on behalf of himself 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 Dreyfus Transfer, Inc. (the "Transfer Agent") of a signed notice from any joint owner.

All signatures required on checks (Joint accounts only)

Your signature in Section 11 must be the same as your signature on your checks.

9 DREYFUS-AUTOMATIC ASSET BUILDER®

Would you like to establish a systematic investment plan?

Permits the purchase of Fund shares at regular intervals selected by you (see Dreyfus-Automatic Asset Builder® in the Prospectus). Fill in the blanks below to indicate which payment frequency is most convenient for you to have your bank account (as permitted) debited.

- Weekly... Dates: and and and
Bimonthly (twice a month)... Dates: and
Monthly... Date:
Quarterly... Date: and beginning month:
Semiannually... Dates: and beginning month:
Annually... Date: and beginning month:

Amount you would like to invest each time: \$

MINIMUM \$100

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

Attach a voided check or preprinted deposit slip from the bank account to be debited.

Upon receipt of this Form, Dreyfus Transfer, Inc. (the "Transfer Agent") is authorized to credit your Dreyfus account by initiating periodic, fixed debits to your account indicated above. This service is governed by Prospectus provisions as well as by the rules of the Automated Clearing House. This service may be terminated or modified at any time without notice.

10 TELESERVICE PRIVILEGES

See your Fund's current Prospectus for availability or charges

Dreyfus TeleTransfer Permits electronic transfer of money between your designated bank account and your Dreyfus mutual fund account by telephone, letter or online through the Dreyfus.com Web site. Your bank must be a member of the Automated Clearing House (ACH).

Wire Redemption Permits proceeds of redemption requests initiated by wire, telephone, letter or online through the Dreyfus.com Web site 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 here a voided check from your bank account. Money will be wired or transferred only to the bank account indicated on the voided check.

No, I(we) do not want TeleTransfer or Wire Redemption privileges.

Telephone Redemption Permits redemption requests by telephone or online through the Dreyfus.com Web site with redemption proceeds paid by check, payable to your account's registration and mailed to your account's address.

Telephone Exchange Permits exchanges by telephone or online through the Dreyfus.com Web site among certain Dreyfus mutual fund accounts with certain identical identifying designations.

Unless you check the boxes below, you will automatically receive the Telephone Redemption and/or Telephone Exchange privileges.

No, I(we) do not want the Telephone Exchange privilege.

No, I(we) do not want the Telephone Redemption privilege.

PLEASE ATTACH VOIDED CHECK HERE.

The Fund will require its 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.

- Trust (Complete Sections A & C)
- Other (Complete Sections A & C)

(such as Non-Profit Organization, Religious Organization, Sole Proprietorship, Investment Club, Non-Incorporated Association, etc.)

11 SIGNATURE(S) AND TAXPAYER IDENTIFICATION

NUMBER CERTIFICATION OF NEW ACCOUNT OWNERS

By signing below, you certify and agree that:

- You have received a current Fund Prospectus and agree to its terms.
- You are not a foreign financial institution.
- You have full authority and are of legal age to buy and redeem shares (custodians certify they are duly authorized to act on behalf of the investors).
- Dreyfus Transfer Inc. (the "Transfer Agent"), the Fund, The Dreyfus Corporation, any subsidiary and/or any of their directors, trustees, employees and agents will not be liable for any claims, losses or expenses (including legal fees) for acting on any instructions or inquiries believed genuine.
- You understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, or the U.S. Government, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency. There can be no assurance that any money market fund will be able to maintain a stable \$1.00 share price, and the net asset value of bond and equity funds will fluctuate from time to time.

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 2 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.

NEW OWNERS PLEASE SIGN HERE.

X

Individual (or Custodian)

X

Joint Owner (if any), Corporate Officer, Partner, Trustee, etc.

Date Title

12 PLEASE CERTIFY THAT YOU ARE A CORPORATION, TRUST, PARTNERSHIP OR INSTITUTIONAL INVESTOR.

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

- Registered Owner is a:
- Corporation/Incorporated Association (Complete Sections A & B)
 - Partnership (Complete Sections A & C)

A. The following person(s) are currently officers, trustees, partners/other authorized signers for the Registered Owner. Any _____* of the named authorized person(s) is/are currently authorized under the governing document to act with full power to sell, assign, or transfer securities of the subject Dreyfus Mutual Fund Account(s) ("the Fund(s)") for the Registered Owner, and execute any documents necessary to effectuate the authority hereby conferred:

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 in the Multi-Purpose Certification form last received by the Transfer Agent. Unless the Registered Owner has elected not to have Dreyfus TeleTransfer, Wire Redemption, Telephone Redemption or Telephone Exchange privileges, 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 such applicable privilege. The Transfer Agent and the Fund shall not be liable for any claims, expenses (including legal fee(s)) or losses resulting from the Transfer Agent having acted upon any instruction reasonably believed genuine.

B. FOR CORPORATIONS AND INCORPORATED ASSOCIATIONS ONLY.

NOTE: **Either** certification or officers 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 Officers of the Registered Owner and to notify the Funds Transfer Agent when changes to Officers 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

Signature Guarantee or 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 SIGNATURE GUARANTEE OR SEAL

