



> A BNY MELLON ASSET MANAGEMENT COMPANYSM

IRA CHECKWRITING PRIVILEGE ADDITION FORM

(Not for use with Roth IRAs)

IMPORTANT INFORMATION - PLEASE READ

- Use this form to add the Checkwriting Privilege to a Dreyfus Traditional IRA only. This form may not be used to add the Checkwriting Privilege to a Roth IRA. For assistance in completing this form or any other shareholder forms, please call **1-800-645-6561**.
- The account owner must be age 59½ or over to qualify for this service.
- The Checkwriting Privilege is not available to participants registered with a foreign address.
- Please be advised that an IRA check redemption is considered an IRA distribution and such distribution will be reported on form 1099R to the Internal Revenue Service.
- The availability of the Checkwriting Privilege is contingent upon your signature below indicating your election to not have withholding apply to distributions made from your Dreyfus IRA using this privilege.
- Redemption checks must be drawn for at least the minimum amount stated on the checks.
- Checks will clear only if drawn against funds which have been invested for the number of days required by the Prospectus, except for wire investments.
- A fee will be imposed if any redemption check cannot be honored because of insufficient funds or any other valid reason.

1 CURRENT ACCOUNT INFORMATION

FUND NAME AND ACCOUNT NUMBER

NAME OF PARTICIPANT

DATE OF BIRTH

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.

3 ACCOUNT SOCIAL SECURITY NUMBER

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4 CHECKWRITING PRIVILEGE

See your Fund's current Prospectus for availability or charges.

- Yes, I am age 59½ or older and want the checkwriting privilege added to my IRA referenced above. I understand that each redemption check that is redeemed is treated as a distribution from my IRA. Your signature in Section 5 must be the same as your signature on your checks.

5 SIGNATURE OF ACCOUNT PARTICIPANT

By signing, you certify and agree that:

- You have received a current Fund Prospectus and agree to its terms.
- 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 net asset value of \$1.00, and the net asset value of bond and equity mutual funds will fluctuate from time to time.

- I hereby agree by electing the Checkwriting privilege for my Dreyfus IRA and executing this form that any check that I may draw against my Dreyfus IRA which is presented for payment shall constitute my written instruction to the custodian of my Dreyfus IRA to effect a distribution in the face amount of such check for purposes of Section (2) of the Dreyfus Individual Retirement Custodial Account Agreement. I understand that any such distribution will be reported by the custodian of my Dreyfus IRA to the Internal Revenue Service. I understand that such distributions (other than that portion of the distribution that consists of nondeductible contributions) will be subject to income tax. I hereby elect **not** to have Federal or state income tax withheld from distributions using the checkwriting privilege, regardless of the current withholding option that is listed on my account, and understand that I am responsible for payment of estimated tax with respect to such distributions. I further understand that I may incur penalties under the estimated tax rules if my estimated tax payments are not sufficient and that I should consult my tax advisor for further information. If I wish to have withholding applied to distributions from my Dreyfus IRA not using the Checkwriting privilege, I should request a regular distribution from my Dreyfus IRA and revoke any election not to have withholding applied to such distributions that are currently in place.

PLEASE SIGN HERE

X

PARTICIPANT

DATE

MAILING INSTRUCTIONS

Please mail this form to:

THE BANK OF NEW YORK MELLON, CUSTODIAN
PO Box 55552
Boston, MA 02205-8568

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

THE BANK OF NEW YORK MELLON, CUSTODIAN
30 Dan Road
Canton, MA 02021-2809