



> A BNY MELLON ASSET MANAGEMENT COMPANY™

MULTI-PURPOSE CERTIFICATION FORM

FOR USE BY CORPORATIONS, TRUSTS, PARTNERSHIPS, ESTATES, OR OTHER ENTITIES ONLY

IMPORTANT INFORMATION — PLEASE READ

- This form is to be completed by those authorized to transact on the account.
- This form should not be used to change the registration or address of an account. For assistance in completing this form or other shareholder forms, please call toll free **1-800-645-6561**.
- For trust accounts complete this form if one of the following applies:
 - 1) A trustee is not named in the account registration.
OR
 - 2) Any trustee named in the account registration will act independently.
OR
 - 3) Any person not named as a trustee in the registration is authorized to transact on the account.
- If completing for multiple accounts, only the authorized person(s) you name will apply to each account you specify in Section 1. Also, if completing for multiple accounts, all accounts on this form must be for the same type of Registered Owner.

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

1 ACCOUNT INFORMATION

Registered Owner is (please check only one):

- Corporation/Incorporated Association **Complete Sections 1, 2 & 3**
- Trust **Complete Sections 1, 2 & 4**
- Partnership **Complete Sections 1, 2 & 4**
- Estate **Complete Sections 1, 2 & 4**
- Other Entity: _____ **Complete Sections 1, 2 & 4**

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

Please check here if this is a new account. If so, submit this form with your Account Application.

FUND NAME	ACCOUNT NUMBER OR WRITE "NEW" FOR NEW ACCOUNTS	
SSN	DATE OF BIRTH	
STREET OR P.O. BOX	APT. NO.	
CITY	STATE	ZIP CODE
() DAYTIME PHONE NUMBER	() EVENING PHONE NUMBER	

2 AUTHORIZED PERSON(S)

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.

* Insert a number. Unless otherwise indicated, the Funds' Transfer Agent may honor instructions of ANY ONE of the persons named below.

Your signature in this section must be the same as your signature on your checks, if you have the check-writing privilege, and on all transaction requests.

Full Name	Title	Signature
		X
		X
		X
		X

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. Dreyfus, the Transfer Agent and the Fund(s) shall not be liable for any claims, expenses (including legal fees) or losses resulting from the Transfer Agent having acted upon any instructions reasonably believed to be genuine.

PLEASE TURN OVER TO COMPLETE THIS FORM

3 CERTIFICATION OF OFFICERS — FOR CORPORATIONS AND INCORPORATED ASSOCIATIONS ONLY

Either a SIGNATURE GUARANTEE or a CORPORATE SEAL is required in this section.

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 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 in office 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.

**Signature Guarantee
(or Corporate Seal)**

Witness my hand on behalf of the corporation/association this _____ day of _____, 20_____.

X

SECRETARY

**Signature Guarantee
(or Corporate Seal)**

The undersigned officer (other than the Secretary) hereby certifies that the foregoing instrument has been signed by the Secretary of the corporation/association.

X

CERTIFYING OFFICER OF THE CORPORATION OR INCORPORATED ASSOCIATION

4 CERTIFICATION FOR TRUSTS, PARTNERSHIPS, ESTATES AND OTHER ENTITIES

SIGNATURE GUARANTEE is required in this section.

X

CERTIFYING TRUSTEE/PARTNER/OTHER

Signature Guarantee

X

CERTIFYING TRUSTEE/PARTNER/OTHER

DATE

SIGNATURE GUARANTEE REQUIREMENT:

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) OR THE STOCK EXCHANGES MEDALLION PROGRAM (SEMP). NOTARIZATION BY A NOTARY PUBLIC IS NOT AN ACCEPTABLE GUARANTEE.

RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. THIS DOCUMENT WILL REMAIN IN FULL FORCE AND EFFECT UNTIL ANOTHER VALID FORM IS RECEIVED BY THE FUNDS' TRANSFER AGENT. ANY MODIFICATION OF THE INFORMATION YOU PROVIDE WILL REQUIRE AN AMENDMENT TO THIS FORM.

MAILING INSTRUCTIONS

**For new accounts please submit with
your Account Application and mail to:**

The Dreyfus Family Of Funds
P.O. Box 55299
Boston, MA 02205-8553

**For existing accounts
please mail 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