

PAYROLL SAVINGS

Before completing this form, please check on the availability of this service with your payroll department.

Please Print All Items Except Signatures

1. DREYFUS ACCOUNT INFORMATION

Please provide this information exactly as your Dreyfus account is currently registered.

Name of Dreyfus Mutual Fund Mutual Fund Account Number

Name(s) of Registered Owner(s) on Your Dreyfus Account

Address

City State Zip

()

Telephone Number Taxpayer Identification Number of Account

2. AMOUNT

Please indicate the dollar amount you would like to invest at each pay period. You may wish to ask your Employer if you can have investments made on a different time frequency (e.g., every other pay period, etc.).

\$ _____ or check box for Total Net Pay

Dollar Amount (minimum \$100)

3. EMPLOYEE/EMPLOYER INFORMATION

Your Name Your Social Security Number

Your Employer's Name ()
Your Employer's Telephone Number

Your Employer's Address

City State Zip

4. VERIFICATION

To verify your Dreyfus account number, please attach any one of the following here: investment slip, transaction advice, account statement or voided redemption check from your Dreyfus mutual fund account.

