Dreyfus
➤ A BNY MELLON ASSET MANAGEMENT COMPANY℠

REQUIRED MINIMUM DISTRIBUTION REQUEST FORM
(for non-Roth IRAs and 403(b)(7) plans only)

Please complete this form if you have reached age 70½ and are requesting a distribution from your Dreyfus non-Roth IRA or 403(b)(7) plan. 403(b)(7) plan participants do not have to commence distributions until April 1 of the calendar year following the later of the year in which the employee attains 70½ or the year in which the employee retires. Complete this form only if you would like to make a change to an existing distribution schedule or if you do not have a distribution schedule established. If you have any questions about this form, please call us toll free at **1-800-645-6561 for IRAs or 1-800-358-0910 for 403(b)(7) plans.**

1 ACCOUNT INFORMATION

OWNER'S NAME (First, Middle Initial, Last)

STREET ADDRESS

CITY | STATE | ZIP CODE

DATE OF BIRTH (MO/DAY/YR) | SOCIAL SECURITY NUMBER

( ) DAYTIME PHONE NUMBER | ( ) EVENING PHONE NUMBER

2 DREYFUS RETIREMENT PLAN TYPE(S) AND ACCOUNT NUMBER(S)

Select the plan type and reference your account number(s) from which you will receive your Required Minimum Distribution (RMD). Note that Required Minimum Distributions are based on the value of each of your Dreyfus retirement accounts within a given plan. Distributions will be withdrawn from each of these fund accounts proportionately.

❑ TRADITIONAL (REGULAR) IRA PLAN

Fund Code and Account Number ______

Fund Code and Account Number ______

❑ IRA ROLLOVER PLAN

Fund Code and Account Number ______

Fund Code and Account Number ______

❑ SEP-IRA PLAN

Fund Code and Account Number ______

Fund Code and Account Number ______

❑ 403(b)(7) PLAN

Fund Code and Account Number ______

Fund Code and Account Number ______

3 DISTRIBUTION OPTIONS AVAILABLE

A. ❑ Please calculate and send me the required minimum distribution based on the Uniform Life Expectancy Table (formerly known as Minimum Distribution Incidental Benefit or MDIB) or, if applicable, the Joint and Survivor Life Expectancy Table. This calculation is based on current IRS regulations. **If your sole primary beneficiary is your spouse who is greater than 10 years younger than you, please fill out the section below.**

Beneficiary Name (first and last name)	Beneficiary Date of Birth (month/day/year)	Beneficiary SS#
	__ __ - __ __ - __ __ __ __	

Your beneficiary must be the one previously designated by you. If you would like to change your beneficiary information, please call 1-800-645-6561 for IRA's or 1-800-358-0910 for 403(b)(7) plans and request the Beneficiary Designation Form.

3 DISTRIBUTION OPTIONS AVAILABLE (continued)

B. ❑ I want an amount greater than the required minimum distribution as specified below. ***Important for 403(b)(7) Plans:*** *20% federal tax withholding may be applied on the amount over the RMD. The Special Tax Notice Regarding Plan Payments describes this tax and the rollover rules.*

Fund Account Number ______________________ Dollar Amount $ ______________________

Fund Account Number ______________________ Dollar Amount $ ______________________

C. ❑ I want a lump sum distribution. Please close the account(s) listed below and send me the full balance of the(se) account(s). ***Important for 403(b)(7) Plans:*** *20% federal tax withholding may be applied. The Special Tax Notice Regarding Plan Payments describes this tax and the rollover rules. Contact Dreyfus if you would like to roll over the portion of your distribution greater than the RMD amount.*

Fund Account Number ______________________

Fund Account Number ______________________

4 FEDERAL INCOME TAX WITHHOLDING

The Bank of New York Mellon is required to withhold 10% of your required minimum distribution for Federal income tax purposes unless you elect otherwise below. If you elect not to have withholding apply to your distribution, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not elect out of withholding, **by checking the box below**, withholding will be based on the gross amount of your distribution even though a portion of your distribution may not be subject to tax (e.g., if you have made non-deductible contributions to your IRA or 403(b)(7) Plan).

❑ I **do** want income tax withholding applied to my IRA or 403(b)(7) plan distribution.

❑ I **do not** want income tax withholding applied to my IRA or 403(b)(7) plan distribution.

(Several states require state income tax withholding. If your IRA is registered in one of these states, the custodian will withhold applicable state taxes. To the extent permitted by applicable state law, an election to not have income tax withheld will also apply to state income taxes.)

5 PERIODIC DISTRIBUTIONS

Complete this section to request an initial RMD (A below) and/or to set up a regular schedule of distributions (B below). **If you do not set up a distribution schedule in section B, the distribution you request will only be made once.**

Required Minimum Distributions must generally begin by April 1st of the year following the year in which you reach age 70½. Therefore, if you have attained age 70½ during the current calendar year, you may postpone your RMD until April 1st of next year. This postponement only applies if this is your first RMD. If you choose to postpone your first RMD the IRS requires that you take your second RMD for the second calendar year by December 31st of that same year.

If you have attained age 70½ in the previous calendar year and you have postponed your first RMD until this year, complete section A-1 and section B.

If you have attained or will attain age 70½ during the current calendar year and you wish to postpone your first RMD until next year, complete section A-2 and section B.

If neither of the above apply complete section B only.

A-1. ❑ Previously Postponed First Year RMD

I would like to take my first RMD immediately upon receipt of this form. *Instruction must be received prior to April 1st.*

A-2. ❑ Postpone First Year RMD Until Next Year

I would like to defer my first RMD until next year (date between January 1 and April 1).
Indicate date of first RMD: ___ ___ / ___ ___ ___ ___ on or about the: ___ ___ day of the month
MONTH YEAR

B. ❑ Periodic Distribution Schedule

Complete section B to set up a schedule of payments.

Please make distributions on the following schedule:

_________Monthly________ Quarterly _________ Semiannually _________Annually

Beginning distribution date: ___ ___ / ___ ___ ___ ___ on or about the: ___ ___ day of the month
MONTH YEAR

If no beginning date is specified, distributions will occur on the next possible date.

PLEASE ATTACH VOIDED CHECK HERE.

6 DISTRIBUTION INSTRUCTIONS

Option A: ❑ I want my distribution(s) credited to a Dreyfus non-retirement account.

❑ **EXISTING** Fund Account #:_________________________________ (If you select this option, the distribution amount must meet the fund's required minimum for subsequent investments (usually $100). **If you are not the only registered owner on the non-retirement Dreyfus account, a signature guarantee (see Section 7) is required.**

❑ **NEW** Fund Account. Fund Name:_________________________________ (If you select this option, the distribution amount must meet the fund's required minimum for initial investments (usually $2,500). **If you are not the only registered owner on the non-retirement Dreyfus account, a signature guarantee (see Section 7) is required.**

Note: Include full fund name and share class, if applicable.

Account Registration: This section must be completed to open a new account.

❑ Individual ❑ Joint Account*

Owner's Name (first, middle initial, last) Owner's Social Security Number

Joint Owner's Name (first, middle initial, last) Joint Owner's Social Security Number

* Joint tenancy with right of survivorship presumed, unless otherwise indicated.

Please note: For Uniform Gifts/Transfers to Minors (UGMA/UTMA), Trust or Corporation, Partnership, Estate or Other Entity accounts, please fill out a fund specific new account form. Also, the shareholder privilege(s) you selected on your Dreyfus retirement account will apply to your new Dreyfus non-retirement account. To change your privileges, you must submit a separate shareholder services form. The address listed in the Account Information section will be used as the address of record for your new account. If you have any questions, please call 1-800-645-6561.

Option B: ❑ I want my distribution check(s) sent to the alternate address indicated below. **Please note: A signature guarantee* is required in this case. If alternate address is a bank, please include your bank account number below.**

Alternate Address (Street or PO Box) (Apt. No.) (City)

(State) (Zip Code) Bank Account Number

Option C: ❑ I want my distribution(s) sent by Automated Clearing House (ACH) to my bank. **Please note:** This is only available to shareholders who have set up a distribution schedule in Section 5. Attach a voided check from your bank account. **A signature guarantee* is required.** 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 bank account indicated above using the ACH option. I understand that these services are governed by the prospectus provisions and the rules of the ACH. I further understand that either option may be terminated or modified at any time without notice by Dreyfus or the Transfer Agent.

Option D: ❑ Please send my check to the current address of record on my account.

If you did NOT select one of the above-listed options, Option D will be used as the default method of distribution.
Please note: Requests for $100,000 or more to be sent to the address of record require a signature guarantee.*

7 PARTICIPANT AUTHORIZATION

I understand and agree that any distributions are fully taxable to me as ordinary income in the year in which they are distributed unless I have made non-deductible contributions to my account(s) in which case the portion of the distribution representing non-deductible contributions will not be subject to tax.

The undersigned warrant(s) that I (we) have full authority and am (are) of legal age to purchase shares pursuant to this form, have received a current Fund Prospectus and agree to be bound by its terms, and that all representations accompanying this form pursuant to the regulatory authority of any State, are true. I (We) agree that the Transfer Agent, the Fund in which I (we) am (are) investing, The Dreyfus Corporation or any subsidiary or their officers, directors, trustees or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine. In connection with any applicable telephone privileges, 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 are genuine and, if it does not follow such procedures, the Fund or the Transfer Agent may be liable for any losses due to unauthorized or fraudulent instructions. Neither the Fund nor its Transfer Agent will be liable for following telephone instructions reasonably believed to be genuine.

I (we) acknowledge that mutual fund shares are not FDIC-insured.They are not bank deposits, bank obligations or bank-guaranteed. They pose investment risks, including the possible loss of principal.

7 PARTICIPANT AUTHORIZATION (continued)

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 Sections 1 and 6 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.

Individual — Signature of a U.S. citizen

Joint Registrant (if any)

Date

Title

Signature Guarantee* (Only required in certain cases. Please review your form, and the instructions, carefully to determine if a Signature Guarantee is needed. **Please note:** Notarization by a Notary Public is not an acceptable guarantee.)

***SIGNATURE GUARANTEE REQUIREMENT:**

Notarization by a Notary Public is not an acceptable guarantee. 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).

Please mail this completed form to:
The Bank of New York Mellon, Custodian
P.O. 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