

## DREYFUS MONEY MARKET DIRECT ACCOUNT APPLICATION

This account application is for use by corporations, trusts, partnerships or other entities. If you need assistance completing this application, please call us toll free at 1-800-346-3621 option 1.

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### **Customer Identification Program Notice Important Information About Procedures for Opening a New Account**

#### USA PATRIOT Act, Bank Secrecy Act, and Anti-Money Laundering

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions 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 for information that will allow us to identify you. Until you provide the information or documents requested, we may not be able to open an account or effect any additional transactions for you.

■ **Legal Entities** - When corporations, partnerships, trusts, and other legal entities open an account, the following information is required: full legal name, physical address, and Tax Identification Number. We may also request other information that will allow us to identify the entity and may need to obtain certified articles of incorporation, partnership agreement, trust instrument, or other identifying documents. The Financial Crimes Enforcement Network's ("FinCEN") Customer Due Diligence Requirements for Financial Institutions ("CDD Rules") require certain financial institutions to identify and verify the identity of beneficial owners of legal entity customers, subject to certain exclusions and exemptions.

**Unlawful Internet Gambling Enforcement Act ("Act") Notice:** Transactions associated with unlawful internet gambling are prohibited. Specifically, the Act "prohibits any person engaged in the business of betting or wagering (as defined in the Act) from knowingly accepting payments in connection with the participation of another person in unlawful internet gambling." Shareholders of Dreyfus money market funds ("Funds") must not initiate or receive wire transfers, checks, drafts or other debit/credit transactions that are restricted by the Act. For more information, please refer to: <https://www.federalreserve.gov/newsevents/pressreleases/files/bcreg2008112a1.pdf>.

**Escheatment Notice:** Your property may be transferred to the appropriate state if no activity occurs in your Fund accounts within the time period specified by state law.

If required information is missing, your application may be rejected. If an account is established pending receipt of requested information, it may be restricted to liquidating transactions only and closed if requested information is not received within specified time frames.

**If you are completing this application electronically, all items except the signature may be filled in electronically. Signatures must be hand-written in blue or black ink and the signed application can be emailed or mailed to the addresses below:**

**By email:** [Dreyfusserv@bnymellon.com](mailto:Dreyfusserv@bnymellon.com)

**By First Class Mail, please mail this form and all enclosures to:**

BNY Mellon Institutional Department  
P.O. Box 534442  
Pittsburgh, PA 15253-4442

**By Registered, Certified or Overnight Mail please mail this form and all enclosures to:**

BNY Mellon Institutional Department  
Attention: 534442  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

## DREYFUS MONEY MARKET DIRECT ACCOUNT APPLICATION

If you need assistance completing this application, please call us toll free at 1-800-346-3621 option 1.

### 1. How would you like to register your account?

- Corporation – please complete Sections 1A, 2 through 8, Appendix C\* (if applicable)  
 You will need to provide
  - A copy of certified articles of incorporation or a copy of a certificate of good standing from the state of incorporation, issued within the last six months
  - A corporate resolution or Appendix A
- Partnership – please complete Sections 1A, 2 through 8, Appendix B and C\*  
 You will need to provide
  - A copy of general partnership agreement
- Trust – please complete Sections 1B through 8 and Appendix B  
 You will need to provide
  - A copy of the pages of the trust agreement that indicates the name of the trust, the trust date, and a listing of all trustees
- Other (such as Non-Profit Organization, Religious Organization, Investment Club, etc. – please specify on the line below) – please complete Sections 1A, 2 through 8, Appendix B and C\* (if applicable)

\*Please note: If you are a non-publicly traded Corporation (S or C), Limited Liability Corporation, Partnership (limited or general), Non-Profit Organization (provide Control Prong only), Investment Club or Religious Organization, you must complete Appendix C.

#### A. Corporation, Partnership, or Other Entity (except Trust)

Full Legal Name \_\_\_\_\_

Taxpayer ID Number: \_\_\_\_\_ Tax Residence:  U.S.  Other (please specify) \_\_\_\_\_

Corporate Accounts:  S-Corporation  C-Corporation (If the status of the corporation is not indicated, we will default your account to S-Corporation.)

State/Country of Organization \_\_\_\_\_

If publicly traded: Ticker symbol \_\_\_\_\_ Exchange \_\_\_\_\_

Line of Business \_\_\_\_\_

Please specify if type of business is:

Casino or Gaming Establishment:  Cannabis Industry:  Money Service Business:

#### B. Trust

Name of Trust \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_ Date of Trust Instrument \_\_\_\_\_

For the Benefit of \_\_\_\_\_ Type of Trust \_\_\_\_\_

Name of Grantor \_\_\_\_\_

Country where Trust established:  U.S.  Other (please specify) \_\_\_\_\_

Tax Residence:  U.S.  Other (please specify) \_\_\_\_\_

## 2. Please provide your address information.

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address (if different from mailing address) (no P.O. boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

## 3. Please provide Authorized Parties (must be same name as provided in Appendix A or B).

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If there are more than four Authorized Persons, please provide the additional information on a copy of this page, have the new page initialed by the individual(s) signing this application and insert the new page into this application.

### A. Authorized Person (check all that apply) Signer Trader Inquiry

(Full Legal Name) First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

City and State of Residence \_\_\_\_\_ Specimen Signature (if not provided on Appendix A or B or the Corporate Resolution) \_\_\_\_\_

### Additional Authorized Person (check all that apply) Signer Trader Inquiry

(Full Legal Name) First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

City and State of Residence \_\_\_\_\_ Specimen Signature (if not provided on Appendix A or B or the Corporate Resolution) \_\_\_\_\_

### Additional Authorized Person (check all that apply) Signer Trader Inquiry

(Full Legal Name) First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

City and State of Residence \_\_\_\_\_ Specimen Signature (if not provided on Appendix A or B or the Corporate Resolution) \_\_\_\_\_

### Additional Authorized Person (check all that apply) Signer Trader Inquiry

(Full Legal Name) First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

City and State of Residence \_\_\_\_\_ Specimen Signature (if not provided on Appendix A or B or the Corporate Resolution) \_\_\_\_\_

### B. Political/Military Officials

Please indicate if any related party\* is either a senior military, government or political official in the U.S. or any other country or jurisdiction, or is closely associated with such official or an immediate family member of such official (including spouse, parents, siblings, children, and in-laws):

Yes  No

If Yes, please provide name of official, office held, and country \_\_\_\_\_

\*A related party includes a trustee or beneficiary, or any principal shareholder, beneficial owner, partner or Authorized Person listed in Section 3A.

#### 4. Please indicate the Fund(s) for your investment.

Write the entire name of the Fund(s) and indicate the share class (if applicable) and CUSIP, NASDAQ Symbol or Fund Code you are selecting. (Refer to the fund's Prospectus for minimum initial investment.)

FUND NAME(S)	CLASS OF SHARES (see Prospectus)	CUSIP, NASDAQ SYMBOL OR FUND CODE (specify one)

#### Dividend distribution options

Check one box only. If no box is checked, all dividends will be reinvested.

- Reinvest all dividends  
 Pay all dividends by wire

#### 5. Banking Information.

##### A. Redemption Instructions

Name of Bank \_\_\_\_\_ ABA# \_\_\_\_\_

Address of Bank \_\_\_\_\_

Account or Nominee Name \_\_\_\_\_ Account # \_\_\_\_\_

For Further Credit Account Name \_\_\_\_\_ For Further Credit Account # \_\_\_\_\_

##### B. Dividend Instructions Same as above

Name of Bank \_\_\_\_\_ ABA# \_\_\_\_\_

Address of Bank \_\_\_\_\_

Account or Nominee Name \_\_\_\_\_ Account # \_\_\_\_\_

For Further Credit Account Name \_\_\_\_\_ For Further Credit Account # \_\_\_\_\_

#### 6. Who is Your Financial Representative?

If shares are being purchased through a financial intermediary, then the name of your financial intermediary must appear in this section.

I/we represent and warrant that the firm named below is authorized to purchase and redeem Fund shares on my/our behalf.

Firm Name \_\_\_\_\_ Dealer Code \_\_\_\_\_ Branch Code \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Representative (Salesperson) and Number, if any \_\_\_\_\_ Phone Number \_\_\_\_\_

## 7. Institutional Suitability Certificate.

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BNY Mellon Securities Corporation (“BNYMSC”), the distributor of the Funds, is a registered broker-dealer and a member of the Financial Industry Regulatory Authority (“FINRA”). As a FINRA member firm, BNYMSC is required to comply with all applicable FINRA rules, including FINRA Rule 2111 regarding suitability. Details of the Rule are available at <http://www.finra.org/Industry/Regulation/FINRARules/>. By the execution of this account application, you certify you will assist BNYMSC in meeting its obligations under Rule 211.

### **Certificate**

In connection with any transaction or investment strategy recommended<sup>1</sup> by BNYMSC, the undersigned certifies on behalf of the applicant (the “Institution”) that:

- 1) The Institution is establishing an Institutional Account as defined in FINRA Rule 4512(c)<sup>2</sup>;
- 2) The Institution (i) is capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities; and (ii) will exercise independent judgment in evaluating the recommendations of BNYMSC or its associated persons, unless it has otherwise notified BNYMSC in writing;
- 3) The Institution will notify BNYMSC if anything in this certificate ceases to be true; and
- 4) The information contained herein may be shared with BNYMSC’s affiliates, or with FINRA or other regulatory agencies as required.

By certifying this information, the Institution affirms that the above statements are accurate but does not waive any rights afforded under U.S. federal or state securities laws, including without limitation, any rights under Section 10(b) of the Securities Exchange Act of 1934, as amended, and the rules and regulation promulgated thereunder.

NOTE: The certificate set forth above shall apply with respect to all recommended transactions and investment strategies involving securities that are entered into by the Institution whether for the account of such Institution or for the account of any beneficial owner that has delegated decision making authority to such Institution.

<sup>1</sup> As used in Rule 2111 and interpreted by FINRA.

<sup>2</sup> The term “Institutional Account” means the account of (1) a bank, savings and loan association, insurance company or registered investment company; (2) an investment adviser registered either with the Securities and Exchange Commission under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or (3) any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million as of the date of this application (whether such assets are invested for such person’s own account or under management for the account of others).

## 8. Please read carefully and sign.

By the execution of this account application, the Institution: (i) represents and warrants that it has full right, power and authority to make the investment(s) applied for pursuant to this application; (ii) agrees that each of the above-named Funds, the Transfer Agent, BNY Mellon Investment Adviser, Inc. (the Adviser), BNYMSC and any subsidiary or affiliate thereof, and the respective officers, directors, trustees, employees and agents of each of the foregoing, shall not be liable for, and shall be indemnified and held harmless by the Institution from and against, any loss, damage, expense or cost (including but not limited to attorneys' fees) for acting upon any instructions or inquiries believed genuine; (iii) represents and warrants that it is duly authorized to sign this application and to purchase or redeem shares of the named Fund(s) for the account; and (iv) affirms that it has received a current prospectus of the named Fund(s).

The undersigned (i) authorizes the Transfer Agent and the Fund in which it is investing or shall invest to act on telephone instructions from any ONE person representing himself or herself to be an Authorized Person of the undersigned as set forth in Appendix A or B of this Application, a corporate resolution or the Certificate last received and processed by the Transfer Agent and reasonably believed by the Transfer Agent or Fund (as applicable) to be genuine and (ii) understands that it may be responsible for any fraudulent telephone order as long as the Transfer Agent or Fund (as applicable) takes reasonable measures to confirm that instructions are genuine.

The Institution acknowledges 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.

Taxpayer Identification Number Certification: Under the penalties of perjury, the Institution certifies that [1] the Social Security Number or Taxpayer Identification Number shown in Section 1 of this application is its correct Taxpayer Identification Number, [2] it is not subject to backup withholding either because: (a) it is exempt from backup withholding, or (b) it has not been notified that it is subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service (IRS) has notified it that it is no longer subject to backup withholding, [3] it is a U.S. person (including a U.S. resident alien) and [4] the Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here: \_\_\_\_\_ . NOTE: Strike out item [2] if the Institution has been notified that it is subject to backup withholding by the IRS and has not received a notice from the IRS advising that backup withholding has been terminated. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN HERE:

By: _____ Trustee/Corporate Officer/Partner, etc.	By: _____ Second Trustee/Corporate Officer/Partner, etc. (if applicable)
_____ Print Name	_____ Print Name
_____ Title	_____ Title
_____ Date	_____ Date
_____ Date of Birth	_____ Date of Birth
_____ City and State of Residence	_____ City and State of Residence

**Appendix A**

**Must be completed if Corporate Resolution and/or specimen signatures have not been provided.**

The undersigned, \_\_\_\_\_ [insert title of Certifying Official\*] of \_\_\_\_\_ [insert name of registered owner] (the "Corporation" or "Registered Owner"), hereby certifies that:

- I. The Corporation's Board of Directors duly adopted the following resolutions on \_\_\_\_\_ [insert date], which resolutions remain in full force and effect and in accordance with the Corporation's charter and by-laws:
  - a. RESOLVED, that the Corporation shall establish one or more accounts in the name of the Corporation in mutual funds managed or administered by the Adviser (each, a "Fund"), as set forth on the account application or designated by the Authorized Person(s) named below;
  - b. RESOLVED, that the following named persons:
 

[Insert name(s) of Authorized Persons and have each provide his/her specimen signature. If there are more than four Authorized Persons, please provide the additional information on a copy of this page and insert it into this Certificate before it is signed by the Certifying Official.]

<u>Name of Authorized Person</u>	<u>Specimen Signature</u>
_____	_____
_____	_____
_____	_____
_____	_____

any \_\_\_\_\_ [insert required number] of them signing, is/are authorized to act with full power to purchase and redeem shares of the Fund(s) for the Corporation, to otherwise provide instructions with respect to the account(s), and to execute and deliver any instrument necessary to effectuate the authority hereby conferred; and

any ONE of them acting by telephone or on-line through websites designated by the Fund, its transfer agent or distributor, is authorized to act with full power to purchase and redeem shares of the Fund(s) for the Corporation, to direct the payment of redemption proceeds as described below, and to otherwise provide instructions with respect to the account(s);

- c. RESOLVED, that each Fund, the Fund's transfer agent and distributor, the Adviser and any subsidiary or affiliate thereof, and the respective officers, directors, trustees, employees and agents of each of the foregoing, shall not be liable for, and shall be indemnified and held harmless by the Corporation from and against any loss, damage, expense, or cost (including but not limited to attorneys' fees) for acting upon any instructions or inquiries believed genuine.

\*The Certifying Official must be the Corporation's Secretary or Assistant Secretary, unless such person is an Authorized Person listed in Section I.b. of this Certificate, in which case the Certifying Official must be another officer authorized to certify. The Certifying Official must sign in Section II below.

- II. The signature set forth above, opposite the name of each Authorized Person, is the genuine signature of such Authorized Person.

Witness my hand on behalf of the Registered Owner this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Second Certifying Official (required for all non-corporate entities)

\_\_\_\_\_  
Print Name

**Appendix B**

The undersigned, \_\_\_\_\_ [insert titles/capacities of Certifying Officials\*]  
of \_\_\_\_\_ [insert name of registered owner] (the "Registered Owner"),  
hereby certify that:

- i. a. The Registered Owner may invest its assets and establish one or more accounts in mutual funds managed or administered by the Adviser (each, a "Fund"), as set forth on the account application or designated by the Authorized Person(s) named below;
- b. The following named persons:

[Insert name(s) of Authorized Persons and have each provide his/her specimen signature. If there are more than four Authorized Persons, please provide the additional information on a copy of this page and insert it into this Certificate before it is signed by the Certifying Officials.]

<u>Name of Authorized Person</u>	<u>Specimen Signature</u>
_____	_____
_____	_____
_____	_____
_____	_____

any \_\_\_\_\_ [insert required number] of them signing, is/are authorized to act with full power to purchase and redeem shares of the Fund(s) for the Registered Owner, to otherwise provide instructions with respect to the account(s), and to execute and deliver any instrument necessary to effectuate the authority hereby conferred; and

any ONE of them acting by telephone or on-line through websites designated by the Fund, its transfer agent or distributor, is authorized to act with full power to purchase and redeem shares of the Fund(s) for the Registered Owner, to direct the payment of redemption proceeds as described below, and to otherwise provide instructions with respect to the account(s);

- c. Each Fund, the Funds' transfer agent and distributor, the Adviser and any subsidiary or affiliate thereof, and the respective officers, directors, trustees, employees and agents of each of the foregoing, shall not be liable for, and shall be indemnified and held harmless by the Registered Owner from and against any loss, damage, expense, or cost (including but not limited to attorneys' fees) for acting upon any instructions or inquiries believed genuine.

\*If Registered Owner is a trust, the Certifying Officials must be trustees who are not also Authorized Persons listed in Section 1.b. of this Certificate. If Registered Owner is an entity other than a trust, the Certifying Officials must be persons authorized to certify who are not also Authorized Persons listed in Section 1.b. of this Certificate. The Certifying Officials must sign in Section II below.

- II. The signature set forth above, opposite the name of each Authorized Person, is the genuine signature of such Authorized Person.

Witness my hand on behalf of the Registered Owner this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Second Certifying Official (required for all non-corporate entities)

\_\_\_\_\_  
Print Name



## Appendix C - If you are a corporation, partnership, or other legal entity subject to FinCen Customer Due Diligence Requirements, please complete this Appendix

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### CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITIES

#### I. GENERAL INSTRUCTIONS

##### What is this certification?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entities. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

##### Who has to complete this certification?

This certification must be completed by the person opening a new account with a Fund on behalf of a legal entity.

For the purposes of this certification, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

##### What information do I have to provide?

This certification requires you to provide the name, address, date of birth and Social Security Number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 10 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 10 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to ten individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections. Thus, a completed certification will contain the identifying information of at least one individual (under section (ii)), and up to eleven individuals (i.e., one individual under section (ii) and ten 10 percent equity holders under section (i)).

We may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this certification.

**II. CERTIFICATION OF BENEFICIAL OWNER(S)**

**Persons opening an account on behalf of a legal entity must provide the following information:**

a. *Name and Title of Natural Person Opening Account:*

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b. *Name and Address of Legal Entity for Which the Account is Being Opened:*

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c. *The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10 percent or more of the equity interests of the legal entity listed above<sup>1</sup>:*

% Ownership of Equity Interests	Name	Date of Birth	Address (Residential or Business Street Address)	<i>For U.S. Persons:</i> Social Security Number	<i>For non-U.S. Persons:</i> Passport Number and Country of Issuance, or other similar identification number <sup>2</sup>

<sup>1</sup>If no individual meets this definition, please write "Not Applicable."

<sup>2</sup>In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number <sup>1</sup>

<sup>1</sup>In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)

# FACTS

## WHAT DOES BNY MELLON INVESTMENT MANAGEMENT DO WITH YOUR PERSONAL INFORMATION?

**Why?** Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information.

Please read this notice carefully to understand what we do.

**What?** The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number
- account balances and transaction history
- assets and income
- payment history

When you are no longer our customer, we continue to share information as described in this notice.

**How?** All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons BNY Mellon Investment Management chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does BNY Mellon Investment Management share?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	Yes	Yes
<b>For nonaffiliates to market to you</b>	No	We don't share

**To limit our sharing** **Call 1-866-206-5660. Our menu will prompt you through the process.**

When you call, you will need to provide:

- The last 4 digits of your Social Security number
- Your zip code
- The first 5 letters of your last name (Provide all letters if your last name is less than 5 letters.)

**Please note: If you have previously called or submitted a written request instructing us not to share your personal information with our affiliates to market to you, your instructions continue to be on file. There is no need for you to notify us again.**

If you invest in any of the funds providing this notice through a nonaffiliated third party, such as a bank, broker-dealer or financial adviser, you will automatically be excluded from personal information sharing with affiliates to market to you. There is no need for you to notify us.

If you are a *new* customer, we may begin sharing your information 30 days from the date we deliver this notice to you. When you are *no longer* our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.

**Questions?** Call **1-800-847-3560**

**Who we are**

Who is providing this notice?	This notice is provided by the BNY Mellon Family of Funds (including Dreyfus money market funds), BNY Mellon Funds Trust, BNY Mellon Investment Adviser, Inc., BNY Mellon Securities Corporation, BNY Mellon Transfer, Inc., BNY Mellon Insurance Agency, Inc. and The Bank of New York Mellon as Custodian for retirement plan accounts sponsored by BNY Mellon Investment Adviser, Inc. Any BNY Mellon Investment Management entities or businesses not listed here may provide their own notice.
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**What we do**

How does BNY Mellon Investment Management protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does BNY Mellon Investment Management collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>■ open an account or deposit money</li> <li>■ give us your income information</li> <li>■ tell us about your investment or retirement portfolio</li> <li>■ direct us to buy securities</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>■ sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>■ affiliates from using your information to market to you</li> <li>■ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.

**Definitions**

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ Our affiliates include banks and companies whose names include "The Bank of New York," "BNY," "Mellon," or "Insight," and other financial companies such as Lockwood Advisors, Inc., Newton Investment Management Limited, Newton Investment Management North America LLC, Pershing LLC, and Walter Scott &amp; Partners Limited.</li> </ul> <p>Your opt-out will also apply to banks or other companies that may become our affiliates in the future.</p>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ BNY Mellon Investment Management does not share information with non-affiliates so they can market to you.</li> </ul>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>■ BNY Mellon Investment Management doesn't jointly market.</li> </ul>

**Other important information**

FOR RESIDENTS OF VERMONT If our account records show that you live in Vermont, we will not disclose nonpublic personal information about you to our affiliates for the purpose of enabling them to market their products and services to you. There is no need for you to call to opt out.

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