



> A BNY MELLON COMPANYSM

PARTICIPANT NAME CHANGE FORM FOR RETIREMENT PLAN ACCOUNTS ONLY

This form should only be used to change the registration on an existing retirement plan account because of a legal name change. It should not be used to open a new account. Employer signature is not needed for SEP and SARSEP accounts. For more information, please call toll free **1-800-358-0910**.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURES.

INSTRUCTIONS:

- Use this form for a retirement plan account only. If you have a non-retirement plan account, please call toll free **1-800-645-6561** for the appropriate form.
- Complete this form and sign your former name and new name. Your former signature must be guaranteed.
- Mail this completed form to:

Dreyfus Shareholder Services
P.O. Box 9879
Providence, RI 02940-8079
- Send Registered, Certified or Overnight mail to:

Dreyfus Shareholder Services
4400 Computer Drive
Westborough, MA 01581

EMPLOYER/PLAN INFORMATION

Employer Name _____

Plan Type _____

PARTICIPANT INFORMATION

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

Participant Name _____

Address _____

City _____ State _____ Zip _____

()

Telephone Number _____ Taxpayer Identification Number on account(s) _____

DREYFUS ACCOUNTS

List all account numbers registered under the plan type listed:

Name of Dreyfus Mutual Fund	Mutual Fund Account Number*
_____	_____
_____	_____
_____	_____
_____	_____

*A new account number will not be assigned.



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CERTIFICATION

I hereby certify that _____ was changed to
PRINT FORMER NAME

_____ and is one and the same person.
PRINT NEW NAME

Please change the registration to reflect my change of name.

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify that [1] the Social Security Number or Taxpayer Identification Number shown in Section 1 of this application is my correct Taxpayer Identification Number, [2] I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service ("IRS") has notified me that I am no longer subject to backup withholding, [3] I am 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 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 IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PARTICIPANT SIGNATURE:

Please sign your former name and new name. Your former signature must be guaranteed. See Medallion Signature Guarantee below.

FORMER SIGNATURE

NEW SIGNATURE

DATE

EMPLOYER SIGNATURE:

Employer Signature does not require a guarantee.

Name (Print)

SIGNATURE

DATE

Medallion Signature Guaranteed By:

Your signature(s) must be guaranteed here as described below.

The Transfer Agent has adopted standards and procedures pursuant to which Medallion 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 participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.