



DREYFUS 403(b)(7) DISTRIBUTION/TRANSFER REQUEST FORM

1. Employee/Participant Information

Name of Employee _____ SSN _____
Employee Address _____
City _____ State _____ Zip _____ Phone # _____
Group # (if applicable) _____

2. Beneficiary Information (to be completed if this distribution/transfer is requested from the employee's beneficiary)

Name of Beneficiary _____ SSN _____
Beneficiary Address _____
City _____ State _____ Zip _____ Phone # _____
Beneficiary Date of Birth _____ Participant Date of Death _____

A beneficiary must provide Dreyfus with documentation and/or information in conjunction with a distribution request. Call Dreyfus at 1-800-358-0910 for specific instructions.

3. Account Information

Table with 2 columns: Account Number (including fund code) and \$ Amount or all. Contains 4 rows for account entry.

If indicating specific accounts for a partial distribution or transfer, make sure dollar amounts entered equal the total amount requested.

4. Distribution Reason or Transfer Type (Please select one option)

A separate form should be used for Required Minimum Distribution payments. Call Dreyfus to request this form, if applicable.

- A. Retirement/Termination of Employment, Age 59 1/2, Death/Disability, Hardship Withdrawal*, Other (please specify type):

* A hardship withdrawal is available only if your Employer's 403(b) Plan allows for this withdrawal type. You should contact your Employer to confirm.

- B. In-Service Transfer to another investment provider approved by my Employer's 403(b) plan, Transfer to another 403(b) Plan investment provider approved within my new Employer's plan

5. Distribution/Transfer Options (To be completed by the Employee - please select one option)

- A. Distribute as indicated above to me in a single payment or as indicated in Section 6.
B. Direct Rollover to another retirement plan
I am establishing a new Dreyfus IRA (attach a Dreyfus IRA Application)
I have an existing Dreyfus IRA. Dreyfus IRA Account #: _____

Direct Rollover to another financial institution

Trustee/Custodian Name

Trustee/Custodian Address

IRA or Retirement Plan Number (if applicable)

Acceptance from successor custodian is required prior to processing a direct rollover request. See Section 10.

C. Transfer to a 403(b) plan at the investment provider below.

Investment/Annuity Provider Name _____

Account Number _____

Account Name or Retirement Plan Name _____

Address _____

City _____ State _____ Zip _____

Acceptance from successor custodian is required prior to processing a transfer request. See Section 10.

D. Installments payable monthly, quarterly, annually over a period of _____ years (not to exceed the participant's life expectancy or joint life expectancy of the participant and the designated beneficiary)

E. Annuity Contract (Check payable to the Annuity Provider listed below for the benefit of you, the Plan Participant)

6. Distribution Instructions (skip this section if electing a transfer or direct rollover)

Please note: Requests for \$100,000 or more to be sent to the address of record require a Medallion Signature Guarantee.

All distributions made payable to you will be sent by check to the current address of record on your account unless you select **one** of the following:

I want my distribution credited to my existing non-retirement Dreyfus account listed below.

Fund Account # _____ (If you select this option, the distribution amount must meet the Fund's required minimum for subsequent investments. If you are not a registered owner on the non-retirement Dreyfus account, a Medallion Signature Guarantee is required.)

Or

I want my distribution check sent to the alternate address indicated below.

Please note: A Medallion Signature Guarantee is required in this case. If alternate address is a bank, please include your bank account number below.

Alternate Address: _____

Bank Account # (if applicable): _____

Or

I want my distribution sent to the existing bank account listed on my account or to the following via (check one):

Wire Automated Clearing House (ACH)

Please note: A Medallion Signature Guarantee is required in this case.

Bank Name: _____

ABA #: _____

Bank Account #: _____

Bank Account Registration: _____

7. Income Tax Withholding (To be completed by the Employee)

I understand that this distribution will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income as appropriate. The address of record will determine my state of residence for state withholding purposes. I also understand that the distribution will be subject to income taxes unless directly rolled over to another retirement account. Any distribution eligible for rollover that is greater than \$200 is subject to 20% mandatory Federal Income Tax withholding unless I transfer or directly roll over the amount of the distribution to another retirement account. I further understand that if I receive this distribution prior to age 59½, the distribution may be subject to a 10% early withdrawal penalty. State taxes will be withheld at state’s mandatory withholding rate, if applicable.

A hardship withdrawal is not eligible for rollover and therefore The Bank of New York Mellon is required to withhold 10% of your distribution for Federal Income Tax purposes unless you elect otherwise below. If you would like us to withhold an amount other than 10% for Federal Income Tax, indicate the applicable percentage in the space provided below. If you do not want withholding applied to your hardship withdrawal, check the box below.

Withhold Federal Income Tax at _____% of the total distribution (20% mandatory withholding will apply on eligible rollover distributions that are not rolled over unless you elect a greater % here).

Do not withhold Income Tax (optional for hardship withdrawal requests only)

8. Participant/Beneficiary Certification and Signature

I have read the “Special Tax Notice” and request the distribution, rollover or transfer from my Dreyfus 403(b)(7) retirement account. In support of this application, I hereby certify that all information provided in this application by me is true and accurate, and that:

- I hereby waive my right to a 30-day period in which to consider whether or not to elect a direct rollover.
- If I have not selected a direct rollover I understand that any amount not directly rolled over will be subject to 20% Federal income tax withholding.
- If I am over age 70½, I take full responsibility for satisfying the Required Minimum Distribution requirements of Section 401(a)(9) of the Internal Revenue Code and I am aware that a separate form should be completed to establish a schedule of distribution payments.

Under the penalties of perjury, I certify that [1] the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, [2] I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) 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 other than the certifications required to avoid backup withholding.

I acknowledge that I have been advised to seek professional tax advice with respect to the requested distribution, if applicable, and that I am solely responsible for any and all tax consequences of the distribution. I agree to hold the Employer/Plan Administrator and Custodian harmless with respect to any tax consequences. I understand a valid transfer, if requested, requires that my Employer approve the transfer to the new investment provider named above. I am aware that under certain situations Dreyfus requires that I obtain a Medallion Signature Guarantee in proper form. Please contact Dreyfus for details on whether a Medallion Signature Guarantee is required.

If I have requested a hardship withdrawal I confirm that I have satisfied Internal Revenue Code requirements to receive a hardship withdrawal and that I have provided evidence to my Employer or plan administrator, sufficient for the processing of this distribution including (1) limiting my request to the amount of my financial need, and (2) exhausting other means of satisfying my financial need. I understand that I will not be allowed to make elective deferrals to the 403(b) Plan for six (6) months.

Participant/Beneficiary/Executor Name (please print) Capacity (e.g. Participant or Beneficiary or Executor of Estate of _____)

Signature Date

Medallion Signature Guarantee*:

If required, 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.

9. Employer (or authorized signer) Authorization

I hereby certify that the employee is eligible for the transfer or distribution requested above. If a transfer is requested to another investment provider within my existing plan, I understand that the investment provider must be eligible to receive the transfer. I understand that if the employee is part of a 403(b) Plan subject to Title I of ERISA, it is my responsibility to ensure that the Plan complies with the requirements of Title I of ERISA.

If a hardship withdrawal is requested, I acknowledge that the amount requested by the employee is available for a hardship withdrawal and meets the requirements of the Code, regulations and Plan and I will suspend elective deferral contributions for this Participant for six (6) months.

Employer's (or authorized signers) Name *(please print)* Signature ____/____/____
Date

10. Successor Trustee/Custodian Acceptance

Successor Trustee/Custodian has established an _____
IRA or Plan Type for the individual named _____

on this form. By signing below, we accept our appointment as successor Trustee/Custodian under the terms and conditions set forth in the applicable Trust/Custodial Agreement and will deposit the assets into such account upon receipt.

Signature of Accepting Trustee/Custodian Date

Print Name Phone Number

When completed, please forward this form to:
Dreyfus Shareholder Services
P.O. Box 9879
Providence, RI 02940-8079

For registered/certified mail to:
Dreyfus Shareholder Services
4400 Computer Drive
Westborough, MA 01581

If you have any questions, please call a Dreyfus Retirement Specialist at 1-800-358-0910, Monday through Friday, 9 a.m. to 5 p.m., ET.