



**DREYFUS 403(b)(7) ACCOUNT
BENEFICIARY DESIGNATION FORM**

Name: _____

Account Numbers (if previously established): _____

Naming more than one beneficiary:

You can name any number of beneficiaries and you can designate each of them as a primary or secondary beneficiary. However, to name more than two beneficiaries of either type, call a Dreyfus Customer Service Representative for further instructions.

If you name more than one primary beneficiary, or more than one secondary beneficiary, you can specify if they are to receive equal or unequal shares. If you do not specify, they will be paid in equal shares. For each group of beneficiaries (whether primary or secondary beneficiaries) the percentages for beneficiaries within the group should total 100%.

Any secondary beneficiary or beneficiaries you name will receive all or a portion of your Dreyfus 403(b)(7) Custodial Account balance only if all primary beneficiaries die before you.

It will also be assumed that you want your entire Dreyfus 403(b)(7) Custodial Account balance to be paid to the beneficiaries who survive you. Thus, if you name two primary beneficiaries but one of them dies before you, the entire balance will be paid to the surviving beneficiary.

Other important points to remember:

- By naming a beneficiary on this designation form, you revoke any prior designation of beneficiary you may have made with respect to the assets in your Dreyfus 403(b)(7) Custodial Account.
- You have the right to change your beneficiaries at any time by filing a proper written request with the Custodian, which is received by the Custodian during your lifetime. You should also give a copy to your Employer.
- If no beneficiary survives you, if no beneficiary designation is in effect at your death, or if your beneficiary is your estate, the balance in your Dreyfus 403(b)(7) Custodial Account will be paid to your estate.

Primary Beneficiary(ies):

1. _____
Name Relationship, if any

Date of Birth Social Security Number Percent of Share

Address City State Zip

2. _____
Name Relationship, if any

Date of Birth Social Security Number Percent of Share

Address City State Zip

Secondary Beneficiary(ies), in case of death of primary beneficiary(ies):

1. _____
Name Relationship, if any

Date of Birth Social Security Number Percent of Share

Address City State Zip

2. _____
Name Relationship, if any

Date of Birth Social Security Number Percent of Share

Address City State Zip

Employee Signature:

I hereby represent and certify that the above information furnished by me is true and correct. I agree to notify the Custodian immediately in the event that I change my beneficiary(ies) by filing a proper written request with the Custodian. This form revokes any and all prior beneficiary designations.

Employee Signature Date