



> A BNY MELLON ASSET MANAGEMENT COMPANY™

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

1. Employee/Participant Information

Name of Employee _____ SSN _____
Employee Address _____
City _____ State _____ Zip _____ Phone # _____
Plan (group) ID _____

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 # _____
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. 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 if you are unsure. Amounts available for a hardship withdrawal are generally limited to pre-tax elective deferral contributions (excluding earnings). A \$30 processing fee and applicable withholding will be deducted from your withdrawal request so that you will receive an amount less than your withdrawal request.

- 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

Employer (or authorized signer) and successor Custodian authorization is required prior to processing a transfer or direct rollover request. Employer authorization may also be required prior to processing a distribution request. Contact your Employer, third party administrator or Dreyfus for confirmation.

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

Note: All partial distributions or transfers will be made pro rata from all investments within your Dreyfus 403(b)(7) Account(s) unless otherwise indicated in field "I" of this section.

- A. Distribute 100% of my account balance to me in a single payment
B. Distribute % of my account balance, or \$, to me.
C. Distribute % of my account balance to me and roll over % to the account identified below. (Note: total should equal 100%.)
D. Distribute to my existing non-retirement Dreyfus account. See Section 5.
E. Direct Rollover of % of my account balance to a Dreyfus IRA
I am establishing a new Dreyfus IRA (attach a Dreyfus IRA Application)
I have an existing Dreyfus IRA. Dreyfus IRA Account #: _____

Direct Rollover of _____% of my account to another financial institution

Trustee/Custodian Name

Trustee/Custodian Address

IRA or Retirement Plan Number (if applicable)

F. 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)

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

H. Transfer _____% of my account balance to a 403(b) plan account at the investment provider below.

Investment/Annuity Provider Name _____

Account Number _____

Account Name or Retirement Plan Name _____

Address _____

City _____ State _____ Zip _____

I.	<u>Account Number (including fund code)</u>	<u>\$ Amount</u>	<u>Percentage</u>

If indicating specific accounts for your partial distribution or transfer, make sure dollar amounts entered equal the total amount requested or percentages equal to 100%.

5. Distribution Instructions (skip this section if electing a transfer)

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:

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

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 the only registered owner on the non-retirement Dreyfus account, a signature guarantee is required.)

Or

I want my distribution check 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: _____

Bank Account #: _____

Or

Wire funds to the following:

Bank Name: _____

ABA #: _____

Bank Account #: _____

Bank Account Registration: _____

6. 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)

7. Employee’s (or Beneficiary) Authorization

I have read the “Special Tax Notice” and request the distribution, rollover or transfer from my Dreyfus 403(b)(7) retirement account. I wish to waive the 30-day notice period in order for my distribution rollover or transfer to be processed immediately. If I am over age 70½, I take full responsibility for satisfying the Required Minimum Distribution requirements of Section 401(a)(9) of the IRC and I am aware that a separate form should be completed to establish a schedule of distribution payments, if applicable. 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 signature guarantee in proper form. Please contact Dreyfus for details on whether a 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. I am also aware that a \$30 processing fee will be deducted from the amount I have requested above.

_____/_____/_____
Employee/Beneficiary Name (please print) Signature Date

SIGNATURE GUARANTEED BY:

Place Guarantee Stamp Here:

Standards and procedures have been adopted 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 or a member of or participant in the Securities Transfer Association’s STAMP Program or the New York Stock Exchange’s Medallion Signature Program.

8. Employer (or authorized signer) Authorization *(In cases of transfer, authorization is required from the 403(b) Employer receiving the assets)*

I hereby certify that the employee is eligible for the transfer or distribution requested above. If a transfer is requested, I understand that the institution must be eligible to receive the transfer or the Employer has/will enter into a written agreement with the investment provider receiving this transfer as required by 403(b) regulations. I also 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 I will suspend elective deferral contributions for this Participant for six (6) months.

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

When completed, please forward this form to:
The Bank of New York Mellon, Custodian
P.O. Box 55552
Boston, MA 02205-8568

For registered/certified mail to:
The Bank of New York Mellon, Custodian
30 Dan Road
Canton, MA 02021-2809

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.