



> A BNY MELLON ASSET MANAGEMENT COMPANY™

DREYFUS 403(b)(7) ACCOUNT
TRANSFER REQUEST FORM

Form #3

Please complete this form if you wish to transfer or directly roll over all or a portion of your current IRA, qualified Plan, governmental 457(b) Plan or 403(b) Plan to your Dreyfus 403(b)(7) Account.

All items should be printed except signatures. If you have any questions, please call us at 1-800-358-0910.

When completed, please forward this information to:

The Bank of New York Mellon, Custodian
P.O. Box 55552
Boston, MA 02205-8568

For Registered, Certified or Overnight Mail, mail to:

The Bank of New York Mellon, Custodian
30 Dan Road
Canton, MA 02021-2809

1. EMPLOYEE AND EMPLOYER INFORMATION

Name (first, middle initial, last) Date of Birth

Address City State Zip

Social Security # Daytime Phone Number Evening Phone Number

Employer

Employer Address City State Zip

Employer Phone Number

Are you still working for this employer? Yes No

2. INFORMATION REGARDING YOUR ACCOUNT TO BE TRANSFERRED

Please provide the following information about your current trustee or custodian and your current retirement account.

Name of Institution Currently Holding Your IRA, Qualified Plan, Governmental 457(b) Plan or 403(b) Plan Account

Address City State Zip

Current IRA or Plan Account # Phone Number

Please check the box indicating the source of your retirement funds you wish to transfer or directly roll over. (Please be sure that the information here is consistent with Section 3).

- Traditional (Regular) IRA Rollover IRA SEP-IRA Qualified Plan, Governmental 457(b) Plan or 403(b) Plan

3. TRANSFER INFORMATION

Please check the box that applies to the type of transaction you are requesting:

Direct Transfer. I authorize the Custodian/Trustee of my 403(b) account to transfer the assets to my Dreyfus 403(b)(7) Account as follows:

Please transfer All (100%) or a part \$ or % of the account listed in Section 2 to my Dreyfus 403(b)(7) Account. All amounts transferred must be in cash.

Direct Rollover. I authorize the Plan Administrator/Trustee/Custodian of my IRA, qualified Plan, or governmental 457(b) Plan to directly rollover my eligible rollover distribution directly to my Dreyfus 403(b)(7) Account as follows:

Please rollover All (100%) or a part \$ or % of the account listed in Section 2 to my Dreyfus 403(b)(7) Account. All amounts directly rolled over must be in cash.

4. INVESTMENT SELECTION

Please indicate your Dreyfus 403(b)(7) Account investment selection. (Total must equal 100%.)

Fund Name: _____ \$ _____ or _____ %

Fund Name: _____ \$ _____ or _____ %

Fund Name: _____ \$ _____ or _____ %

Fund Name: _____ \$ _____ or _____ %

If the applicable account has already been established, please provide the account number(s) below.

If you are investing in a Dreyfus Premier or Founders fund, or any other fund with multiple share classes, please specify the share class you are purchasing next to the name of the fund.

5. SIGNATURE OF EMPLOYEE

I understand that the tax law rules governing tax-free transfers to a 403(b) custodial account from another account or annuity contract are complex and that I and my employer are responsible for complying with all such requirements and for the tax results of this transfer. If I am currently a participant in a 403(b) plan, I understand that I am responsible for obtaining the authorization of my employer on this form. I have consulted with appropriate professional tax advisers to the extent that I deem needed. I also understand that, if I am currently required to receive required minimum distributions under the age 70½ rules, I may not transfer any amount that is a required minimum distribution for the current calendar year (consult with your tax adviser if you are subject to these rules; an attempted transfer of a required minimum distribution may result in adverse tax consequences). I certify that the amount transferred does not include any amounts which are required to be distributed to me under the IRS minimum distribution rules. I also acknowledge that I have received and read the current prospectus for each of the Fund(s) selected above (if applicable).

By signing below, you acknowledge that mutual fund shares are not obligations of, or guaranteed or endorsed by, any bank or the U.S. government and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency, and that all mutual fund shares involve certain investment risks, including the possible loss of principal.

Signature

Date

6. SIGNATURE GUARANTEE

If required by your current (resigning) custodian or trustee, your signature must be guaranteed here as described below.

The Transfer Agent has adopted standards and procedures 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, as well as from participants 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.

7. AUTHORIZATION OF 403(b) PLAN EMPLOYER/PLAN ADMINISTRATOR

By signing this transfer request by the employee I certify that the requirements for a valid In-service transfer under Internal Revenue Code Section 403(b) have been met and that I have or will enter into a 403(b) plan information sharing or services agreement with Dreyfus as required by IRS regulations.

Signature of Employer or Plan Administrator

Date

TO BE COMPLETED BY THE BANK OF NEW YORK MELLON

The Bank of New York Mellon has established a 403(b)(7) Custodial Account for the individual named on this form under the terms and conditions set forth in the Dreyfus 403(b)(7) Custodial Account Agreement and will deposit the transferred assets into such account upon receipt.

Instructions to Plan Administrator/Trustee/Custodian of institution currently holding your account

Please forward a check as directed in Section 3, made payable to:

The Bank of New York Mellon, Custodian (FBO, Participant Name)

P.O. Box 55552

Boston, MA 02205-8568

Please include this Dreyfus Reference Number on your check: _____

_____/_____/_____
The Bank of New York Mellon Signature Date

Fund shares are distributed by MBSC Securities Corporation

