



DREYFUS 403(b)(7) RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM

(tear along perforation)

Name: \_\_\_\_\_

Account Numbers (if previously established): \_\_\_\_\_

Naming more than one beneficiary:

You can name one or more persons as a beneficiary and you can designate each of them as a primary or secondary beneficiary. To name additional primary or secondary beneficiaries, attach a separate piece of paper and include all information requested below.

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.

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.

Naming a trust as beneficiary:

To name a trust as a primary or secondary beneficiary, write the name and address of the trustee, then give the date of the trust agreement and the name of each trust 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.

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):

Name Relationship, if any

Date of Birth Social Security Number Percent of Share

Address City State Zip

Name Relationship, if any

Date of Birth Social Security Number Percent of Share

Address City State Zip

RFRET-403BF-0106

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

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Name Relationship, if any

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Date of Birth Social Security Number Percent of Share

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Address City State Zip

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Name Relationship, if any

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Date of Birth Social Security Number Percent of Share

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Address City State Zip

**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.

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Employee Signature Date