

DREYFUS KEOGH DISTRIBUTION REQUEST FORM

When to use this Keogh Distribution Request Form:

You may use this form if you are a Keogh plan participant, or a beneficiary of the deceased participant, to request a distribution from the Dreyfus Keogh Plan. You (the plan participant) may request a distribution upon termination of employment, attainment of age 59½ (the Plan's Normal Retirement Age), disability, plan termination, or if you meet one of the Plan's in-service withdrawal provisions. This form may also be used by the Employer or Plan Administrator to indicate a distribution of plan assets pursuant to a Qualified Domestic Relations Order (QDRO). Plan participants, other than Employer-participants cannot direct QDRO payments.

If you are over age 70½, you may be required to withdraw a minimum amount each year, the Required Minimum Distribution (RMD). Indicate in Section 4 if your distribution request includes this year's RMD and you would like to roll over the remainder of your distribution request. Complete Section 6 to indicate the amount of your RMD, if applicable. Note that you cannot use this form to establish a periodic distribution schedule (installments) or a schedule of RMD payments. You should contact your Employer (Plan Administrator) or Dreyfus to obtain the applicable form.

Form of Distribution:

If you are a married participant, a distribution from the Plan is made in the form of a Qualified Joint and Survivor Annuity unless your spouse waives the right to a survivor annuity by consenting to another form of payment.* If you are an unmarried participant, a distribution from the Plan is made in the form of a Single Life Annuity unless you elect an alternate form of distribution. If your Plan is subject to the Qualified Joint and Survivor Annuity requirements, the Employer is required to provide married participants with a notice explaining the required joint and survivor annuity form of benefit, and an election to waive the joint and survivor annuity form of distribution and choose an optional form of benefit payment, if applicable.

*Profit Sharing Plans may provide for alternative forms of payment. Consult your tax advisor for more information.

Tax Notice and Federal Income Tax Withholding:

The Employer must provide you with a Special Tax Notice Regarding Plan Payments. This notice explains the mandatory 20% Income Tax withholding on distributions eligible to be rolled over and your options to continue to defer federal income tax on distributions. It also contains other important information you will need to decide how to receive your benefits.

Certain distributions (such as Required Minimum Distributions) cannot be rolled over and are subject to 10% voluntary federal income tax withholding instead of the mandatory 20% withholding. If part or all of your distribution is not eligible for rollover, please read and complete Section 6 of this form regarding federal income tax withholding.

You are strongly advised to consult with your tax advisor regarding the tax implications associated with a distribution from the Plan.

Distribution Procedure:

When you have completed the form you should deliver it to the Employer for signature and the form should be forwarded to Dreyfus at the address below. Dreyfus can only make distributions on the instruction of the Employer.

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.

KEOGH PARTICIPANT/BENEFICIARY DISTRIBUTION REQUEST FORM

1. PARTICIPANT INFORMATION

Name _____ Social Security No. _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Marital status _____

Reason for Distribution:

- In-Service Distribution* Hardship Withdrawal* Termination of Employment
 Age 59½ (Normal Retirement Age) Disability Qualified Domestic Relations Order (QDRO)

Participant's Death – Date of Death _____
(Complete Beneficiary Information below)

Plan Termination

**In-Service distributions and hardship withdrawals are generally only allowable from Profit Sharing Keogh Plans. Please consult your attorney or tax advisor for more information.*

2. BENEFICIARY INFORMATION

Complete this section only if the participant is deceased and you are the beneficiary.

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____

Date of Death of Beneficiary (if deceased) _____

*Relationship to participant (e.g. surviving spouse, child, parent, etc.) _____

**A beneficiary may be required to supply Dreyfus with certain documentation and information in conjunction with a distribution request. Call Dreyfus at 1-800-358-0910 for specific instructions.*

3. AMOUNT AND SOURCE OF PAYMENT

Select the fund accounts from which you would like to request a distribution. Indicate the amount to be distributed from each fund account and/or whether you would like to receive 100% of the account.

_____ Amount \$ _____ or [] 100%
Fund Code and Account Number

_____ Amount \$ _____ or [] 100%
Fund Code and Account Number (if applicable)

_____ Amount \$ _____ or [] 100%
Fund Code and Account Number (if applicable)

_____ Amount \$ _____ or [] 100%
Fund Code and Account Number (if applicable)

_____ Amount \$ _____ or [] 100%
Fund Code and Account Number (if applicable)

4. METHOD OF PAYMENT

- A. Process distribution request in a lump sum. See Section 5 and provide applicable instruction.

Check the following box and complete Section 6 if you would like Dreyfus to process your RMD for the current year and you are requesting a rollover in Section B or C or D below.

- B. Direct Rollover of my distribution request to a Dreyfus Traditional IRA
- I am establishing a new Dreyfus Traditional IRA (attach a Dreyfus IRA Application)
 - I have an existing Dreyfus Traditional IRA.
Account # (Include last 10 digits only): _____

Select one of the next two boxes and indicate funds, if applicable.

- Check this box if you wish to rollover your funds in-kind (i.e. funds indicated in Section 3 will be maintained in your IRA).
- Check this box if your IRA rollover amounts will not be in-kind. Indicate Funds and amounts here:

Fund Name	Amount or %
Fund Name	Amount or %

Please make sure amounts listed here equal amounts from Section 3 of this form.

- C. Direct Rollover/Conversion of my distribution to a Dreyfus Roth IRA
- I am establishing a new Dreyfus Roth IRA (attach a Dreyfus IRA Application)
 - I have an existing Dreyfus Roth IRA.
Account # (Include last 10 digits only): _____

Select one of the next two boxes and indicate funds, if applicable.

- Check this box if you wish to rollover your funds in-kind (funds indicated in Section 3 will be maintained in your IRA).
- Check this box if your IRA rollover amounts will not be in-kind. Indicate Funds and amounts here:

Fund Name	Amount or %
Fund Name	Amount or %

Please make sure amounts listed here equal amounts from Section 3 of this form.

- D. Direct Rollover of my distribution request to the following financial institution

Trustee/Custodian Name

Trustee/Custodian Address

City State Zip

IRA or Retirement Plan Number (if applicable)

NOTE: Successor Custodian authorization is required prior to processing a direct rollover request.

- E. 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)

4. METHOD OF PAYMENT *(continued)*

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

Investment/Annuity Provider Name _____

Account Number _____

Account Name or Retirement Plan Name _____

Address _____

City _____ State _____ Zip _____

G. Process distribution to alternate payee under a Qualified Domestic Relations Order (QDRO).

Note: A **Medallion Signature Guarantee** is required in Section 8.

Name of person/entity receiving the assets: _____

- Form W-9 is required from person/entity receiving the assets.

Note: A letter of acceptance is required from the new trustee/custodian if assets are transferring to a retirement account outside of Dreyfus.

5. DISTRIBUTION INSTRUCTIONS

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

Note: All distributions for \$100,000 or more require a **Medallion Signature Guarantee***.

Credit distribution to existing Dreyfus account(s) listed below:

Fund account #(s) _____

The distribution amount must meet the Fund's required minimum for subsequent investments.

Credit distribution to new Dreyfus account. Attach completed account application. The distribution amount must meet the Fund's required minimum for new accounts.

Note: A **Medallion Signature Guarantee*** is required if you are not a registered owner on the existing or new Dreyfus account(s) receiving the assests.

Send distribution check to the alternate payee at the address indicated below:

Note: A **Medallion Signature Guarantee*** is required.

Alternate Payee: _____

Alternate Address: _____

Bank Account # (if applicable) _____

Send distribution electronically to the bank account indicated below:

Note: A **Medallion Signature Guarantee*** is required.

Transaction distribution via (select one): Wire **or** ACH to the following:

Bank Name _____

ABA # _____

Bank Account # _____

Bank Account Registration _____

Account # is (select one): Checking **or** Savings

Note: Attach a voided check if receiving account is checking.

6. FEDERAL INCOME TAX WITHHOLDING

Applies **only** to amounts not eligible for rollover. Refer to Special Tax Notice for details.

Required Minimum Distributions and certain other distributions are subject to 10% federal income tax withholding (default withholding) unless you either elect not to have federal income tax withholding apply or you elect a greater withholding rate. If you choose not to have tax withheld, you may be subject to penalties if you are subject to the withholding or estimated tax requirements and your withholding and estimated tax payments are inadequate.

I elect not to have federal income tax withheld from my distribution.

I elect federal income tax withholding at _____ % (normally 10%).

State income tax withholding (if applicable) will be applied in the same manner as above, subject to your state's minimum withholding requirements.

For Required Minimum Distributions only

If you are over age 70½ and wish to satisfy your Required Minimum Distribution for the year with this distribution request, specify the amount of your Required Minimum Distribution: \$ _____.

If no amount is indicated and the box in Section 4 prior to B is checked, Dreyfus will calculate your RMD pursuant to IRS guidelines.

**Call Dreyfus at 1-800-358-0910 to have Dreyfus calculate your Required Minimum Distribution.*

7. PARTICIPANT/BENEFICIARY CERTIFICATION AND SIGNATURE

I hereby request payment from my Dreyfus Keogh plan accounts designated above. 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 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.

NAME (PRINT)

RELATIONSHIP TO PARTICIPANT
(e.g. surviving spouse)

PARTICIPANT/BENEFICIARY SIGNATURE

DATE

CAPACITY (example: participant, beneficiary, executor/administrator for estate of beneficiary _____ who passed away on _____.)

**8. EMPLOYER
AUTHORIZATION
AND SIGNATURE
GUARANTEE**

I acknowledge that I have reviewed this Distribution Request Form and determined that the distribution requested above is permitted under the terms of the Plan, and any required participant and/or spousal elections and consents have been received. The Bank of New York Mellon is hereby directed to make the distribution in accordance with this Distribution Request Form. 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 payment is made pursuant to a QDRO, I certify that there is a domestic relations order that has been determined by the plan administrator to be a QDRO.

EMPLOYER NAME (print)

SIGNATURE

DATE

CAPACITY (example: employer, surviving partner, executor/administrator of employers estate)

MEDALLION SIGNATURE GUARANTEED BY:

Place Medallion Signature Guarantee Stamp Below

Medallion Signature Guarantee Requirement

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.

This Page Intentionally Left Blank

