

INDIVIDUAL RETIREMENT ACCOUNT BENEFICIARY DESIGNATION FORM

Important Information – Please Read

- By naming a beneficiary on this Form, you revoke any prior designation of beneficiary you have made with respect to the assets in your Dreyfus Brokerage Account IRA.
 - You have the right to change your beneficiary at any time by filing a proper written request, which must be received by the Custodian during your lifetime.
 - If no beneficiary survives you, if no beneficiary is in effect at your death, or if your beneficiary is your estate, the balance in your Dreyfus Brokerage Account IRA will be paid to your estate.
 - Any secondary beneficiary you name will receive all or a portion of your Dreyfus Brokerage Account IRA balance only if all primary beneficiaries die before you.
 - It will be assumed that you want your entire Dreyfus Brokerage Account IRA 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.
 - 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.
 - **This beneficiary designation shall apply only to your Dreyfus Brokerage Account IRA account referenced below and not to other IRAs you may have established with Dreyfus or The Bank of New York Mellon.**
- Please check this box if you do not want beneficiaries to receive general marketing communications on Dreyfus products and services.

IRA Beneficiary Designation – Please list your primary and secondary beneficiaries. Please make sure the percentages add up to 100%.

Account Holder

Account Number

A. Primary Beneficiaries

| First name, Middle Initial, Last name | % Per Beneficiary | Phone Number | Social Security Number | Date of Birth | Relationship |
|---------------------------------------|-------------------|--------------|------------------------|---------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| Total 100% | | | | | |

B. Secondary Beneficiaries

| First name, Middle Initial, Last name | % Per Beneficiary | Phone Number | Social Security Number | Date of Birth | Relationship |
|---------------------------------------|-------------------|--------------|------------------------|---------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| Total 100% | | | | | |

I hereby designate the person(s) named in Section A above as primary beneficiary(ies) to receive payment of the value of my Dreyfus Brokerage Account IRA upon my death. If more than one person is named and no percentages are indicated, payment shall be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary does not survive me, the percentage of that beneficiary's designated share will be divided equally among the surviving primary beneficiaries.

(continued on reverse side)

If there is no primary beneficiary living at the time of my death, I hereby specify that the balance is to be distributed to my secondary beneficiaries named in Section B above. Payment to secondary beneficiaries will be made according to the rules described above for primary beneficiaries.

I understand that if I do not designate any beneficiaries, my beneficiary will be my estate. I am aware that this form becomes effective when delivered to The Bank of New York Mellon, and will remain in effect until I deliver to The Bank of New York Mellon another form with a later date that is received by The Bank of New York Mellon prior to my death.

Signature

Date

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this

____ day of _____, 20__

(Give official capacity of official administering oath.)

My commission expires _____

(AFFIX SEAL.)

X _____
SIGNATURE OF NOTARY PUBLIC

Please mail this completed form to:
DREYFUS BROKERAGE SERVICES
PO Box 9008
Hicksville, NY 11802-9008

For Registered, Certified or Overnight Mail, please mail to:
DREYFUS BROKERAGE SERVICES
144 Glenn Curtiss Boulevard, 106-9501
Uniondale, NY 11556-0144