



**DREYFUS 403(b)(7) RETIREMENT PLAN
CUSTODIAL ACCOUNT APPLICATION**

Form #2

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**CUSTOMER IDENTIFICATION PROGRAM NOTICE
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, all financial institutions are required by law to obtain, verify and record information that identifies each individual or entity that opens an account.

What this means for you: When you open an account, we will ask you for your name, address, taxpayer or other government identification number and other information, such as date of birth for individuals, that will allow us to identify you. We may also ask to see identification documents such as a driver's license, passport or corporate authority documents.

If required information is missing, your application may be rejected.

When completed, please forward this information to:
The Dreyfus Trust Company, Custodian
P.O. Box 55552
Boston, MA 02205-8568

For registered/certified mail to:
The Dreyfus Trust Company, Custodian
66 Brooks Drive
Braintree, MA 02184

Name of Employee _____ Social Security Number _____ Date of Birth _____

Employee's Address _____

Telephone Number (Home and Business) _____ E-mail Address _____
University of Wisconsin - B550012546 **608-262-5564**

Employer's Name _____ Employer's Telephone Number _____
780 Regent St. Madison, WI 53705

Employer's Address _____

Please indicate below the name of each fund in which all contributions shall be invested and the percentage of each to be allocated to each fund:

Fund Name	% of Contribution (no less than 10% in any fund)

_____ If you wish to transfer assets from an existing 403(b) plan, check here and complete the enclosed Transfer Request form — Form #4.

RFFRET-403APP-0106

Employee's Acceptance:

By signing this Application, the Employee acknowledges that the Employee has received and agrees to be bound by the terms and conditions of the current prospectus of each fund selected, The Dreyfus 403(b)(7) Retirement Plan (the "Plan") and The Dreyfus 403(b)(7) Retirement Plan Custodial Agreement (the "Custodial Agreement"), and hereby appoints The Dreyfus Trust Company as Custodian under the Custodial Agreement. The Employee acknowledges that mutual fund shares are not deposits or 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. All mutual fund shares involve certain investment risks, including the possible loss of principal and there can be no guarantee that a money market fund will be able to maintain a stable \$1.00 share price.

The Employee understands that the Custodian will deduct from the Employee's account(s) an annual maintenance fee of \$10.00 for each mutual fund account. Total annual maintenance fees for the Plan will not exceed \$25.00 per year. A maintenance fee will be charged if the account(s) are being closed and leaving Dreyfus. The Employee understands that the Custodian's fee, if any, will normally be deducted in December of each year; however, its fee may be deducted earlier when any fund account is closed and all amounts held in such account are disbursed from the Custodial Account. The Custodian may change its fee schedule, from time to time, as provided in the Custodial Agreement.

By signing this Application, the Employee accepts the **telephone exchange privilege** permitting exchanges by telephone among eligible investments pursuant to Section IV of the Plan and Section 8 of the Custodial Agreement. Prior to any exchange, a current prospectus of the fund(s) into which exchanges are to be affected must be obtained. Exchanges can be made only between Dreyfus mutual fund accounts having identical registrations. The current exchange privilege is subject to certain other limitations, as described in the current prospectus of each fund. A person wishing to make a telephone exchange should call Dreyfus toll-free at **1-800-358-0910**.

The Employee also designates the beneficiary(ies) specified on the Beneficiary Designation Form set forth in this package and agrees to be bound by the terms and conditions set forth therein.

Employee's Signature

Date

Employer's Acceptance:

NOT REQUIRED for University of Wisconsin TSA 403(b)

By signing this Application, the Employer named agrees to the terms and conditions of the Plan, the Custodial Agreement and this Application, and certifies that the Employer is an organization described in Section 501(c)(3) of the Code, which is exempt from tax under Section (a) of the Code, or is another qualifying organization described in Section 403(b) of the Code.

Authorized Signature

Date

For Dealers and Advisors only:

NOT APPLICABLE to University of Wisconsin TSA 403(b)

This section should be completed only if the Plan is established through an authorized Broker/Dealer or an Investment Advisor.

Name

Address

City

State

Zip

Salesman's Name

Branch and Dealer code (must be filled in)

Branch Address

Check only if a copy of confirm should be sent to the branch office instead of the home office.

Custodian's Acceptance:

By signing this Application, The Dreyfus Trust Company accepts this Application and its appointment as Custodian of the Employee's Custodial Account under the terms and conditions set forth in the Plan and the Custodial Agreement. This Application will be maintained by The Dreyfus Trust Company, as Custodian.

The Dreyfus Trust Company, as Custodian

Date