

Important information about the beneficiary designation form

A beneficiary is a designated individual or entity that will inherit the assets in your MyCTSAavings account. This form can only be used to name additional beneficiaries that will not fit on the Beneficiary Designation form or IRA application. Complete additional addendums as necessary.

Contact us:

9 am to 6 pm Eastern Time, M-F

Employer assistance:

1-833-811-7435

Employee assistance:

1-833-811-7436

Completed forms should be mailed to:

MyCTSAavings
PO Box 9896
Providence, RI 02940-8096

Overnight address:

MyCTSAavings
4400 Computer Drive
Westborough, MA 01581

www.MyCTSAavings.com

1 IRA owner information (All fields required)

Account number

Social Security or taxpayer identification number

IRA owner legal name (First) (M.I.)

IRA owner legal name (Last)

Telephone number (In case we have a question about your Account)

Form type and date (Select and attach to the applicable form)

Original IRA application Beneficiary designation

Applicable form dated (mm/dd/yyyy)

2 Beneficiary designation (All fields required)

I hereby designate the beneficiaries below, in addition to the beneficiaries designated on the attached form, as beneficiaries of this IRA.

Primary beneficiaries

(The total percentage designated for all primary beneficiaries of this IRA must equal 100%. Use whole numbers when indicating the percentage for the beneficiary(ies). If more than one beneficiary is designated and no percentages are provided, the beneficiaries will be deemed to own equal share percentages in the IRA.)

 First name/trust name/entity (M.I.)

 Last name/trust name/entity

____ - ____ - _____ ____ - ____ - ____
 Social Security or taxpayer identification number Birth date or date of trust (mm/dd/yyyy)

 Address (We cannot accept a PO Box)

 City State ZIP code

Relationship My spouse My child My relative Other

_____%
 Percent designated

 First name/trust name/entity (M.I.)

 Last name/trust name/entity

____ - ____ - _____ ____ - ____ - ____
 Social Security or taxpayer identification number Birth date or date of trust (mm/dd/yyyy)

continued from page 2

Address (We cannot accept a PO Box)

City State ZIP code

Relationship My spouse My child My relative Other

_____%
Percent designated

1 0 0 %

Total percentage of all primary beneficiaries

Contingent beneficiaries

(The total percentage designated for all contingent beneficiaries of this IRA must equal 100%. Use whole numbers when indicating the percentage for the beneficiary(ies). If more than one beneficiary is designated and no percentages are provided, the beneficiaries will be deemed to own equal share percentages in the IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)

First name/trust name/entity (M.I.)

Last name/trust name/entity

Social Security or taxpayer identification number Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO Box)

City State ZIP code

continued from page 3

Relationship My spouse My child My relative Other

_____%
Percent designated

First name/trust name/entity (M.I.)

Last name/trust name/entity

____-____-_____
Social Security or taxpayer identification number

____-____-_____
Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO Box)

City

State

____-____-_____
ZIP code

Relationship My spouse My child My relative Other

_____%
Percent designated

1 0 0 %

Total percentage of all contingent beneficiaries

3 IRA owner signature

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to MyCT Savings. Neither the IRA custodian nor MyCT Savings has provided tax or legal advice to me regarding my beneficiary designations. In addition, any applicable spousal consent is provided on the attached form.

Signature of IRA owner

____ - ____ - ____
Date (mm/dd/yyyy)