

### 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  
P.O. Box 534420  
Pittsburgh, PA 15253- 4420

### Overnight address:

MyCTSAavings  
Attention: 534420  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

### Fax:

(844) 745-9610

**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)

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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

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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.

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Signature of IRA owner

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date (mm/dd/yyyy)