

## Important information about beneficiary designation

A beneficiary is a designated individual or entity that will inherit the assets in your Vermont Saves account. Use this form to indicate the beneficiary or beneficiaries that will receive your assets in the event of your death. If you do not designate a beneficiary or if all your primary and contingent beneficiaries predecease you, in the event of your death, your IRA will be paid to your estate.

**This beneficiary designation overrides all previous designations for this IRA.**

### Contact us:

9am to 6pm Eastern Time, M-F

### Employer assistance:

1-844-599-4911

### Employee assistance:

1-833-575-0672

### Completed forms should be mailed to:

Vermont Saves  
PO Box 534497  
Pittsburgh, PA 15253-4497

### Overnight address:

Vermont Saves  
500 Ross Street  
154-0520  
Pittsburgh, PA 15262

**[VTSaves.Vermont.gov](https://VTSaves.Vermont.gov)**

## 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)

## 2 Beneficiary designation (All fields required)

### 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.)

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\_\_\_\_\_  
 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 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)

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\_\_\_\_\_  
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)

\_\_\_\_\_  
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**

Check here if additional Contingent beneficiaries are listed on an attached page(s).  
Please confirm the total number of Contingent Beneficiaries for this IRA

**3 IRA owner signature**

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to Vermont Saves. Neither the IRA custodian nor Vermont Saves has provided tax or legal advice to me regarding my beneficiary designations.

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Signature of IRA owner

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