

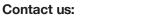
### Important information about beneficiary designation

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.

IRA owner information (All fields required)	(All fields required) 			
Social Security or taxpayer identification number		<b>Overnight address:</b> Vermont Saves 500 Ross Street 154-0520		
IRA owner legal name (First)	(M.I.)	Pittsburgh, PA 15262		
		VTSaves.Vermont.gov		
IRA owner legal name (Last)				

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



9am to 6pm Eastern Time, M-F

**Employer assistance:** 1-844-599-4911

**Employee assistance:** 1-833-575-0672

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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	
Address (We cannot accept a PO box)   City   State   ZIP code	
Address (We cannot accept a PO box)   City   State   ZIP code	
Relationship O My spouse O My child O My relative O Other	
Percent de	 lesigi



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Last name/trust name/entity		
Social Security or taxpayer	lentification number Birth date or date of trust (mm/dd/yyyy)	
Address (We cannot accept a	PO box)	
City	State ZIP code	
Relationship O My s	ouse O My child O My relative O Other	
		%
	Percent designated	k

<u>1</u> <u>0</u> %

## 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/yyy			





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									_
City			State	ZI	o code				
Relationship	🔵 Му	spouse		⁄ly child	$\bigcirc$	My relative	$\bigcirc$	Other	0/
									% Percent designated
First name/trus	st name/ent	ty						(M.I.)	_
Last name/trus	st name/enti	ty							_
Social Security	y or taxpaye	r identifica	tion nun	nber E	Birth dat	e or date of	trust (mr	n/dd/yyy	_ /y)
Address (We c	annot accep	t a PO box)							_
City			State	 ZII	P code			·	_
Relationship	🔿 Му	spouse		/ly child	$\bigcirc$	My relative	$\bigcirc$	Other	
									Percent designated
									<u>1</u> <u>0</u> %
						Total perce	entage o	f all con	tingent 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



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# **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.

Signature of IRA owner

Date (mm/dd/yyyy)

