

Important information about beneficiary designation

A beneficiary is a designated individual or entity that will inherit the assets in your OregonSaves account. Use this form to indicate the beneficiary or beneficiaries that will receive your assets in the event of your death. If you need to add more beneficiaries than will fit on this form, complete the *Beneficiary Designation Addendum* and submit it with this form. 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.

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)

Contact us:

7 am to 7 pm Pacific Standard Time, M-F

Employer assistance:

1-844-661-1256

Employee assistance:

1-844-661-6777

Completed forms should be mailed to:

OregonSaves
PO Box 9895
Providence, RI 02940-8095

Overnight address:

OregonSaves
4400 Computer Drive
Westborough, MA 01581

www.OregonSaves.com

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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)

3 IRA owner signature

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

I designate the individuals or entities named above as my primary and/or contingent beneficiaries of this IRA. I hereby revoke all prior beneficiary designations, if any, made by me.

Signature of IRA owner ____ _ / ____ _ / ____ _
Date (mm/dd/yyyy)

4 Spousal consent

Skip this section unless you live in one of the following states: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you reside in one of these states, are married at the time of your death, and designate someone other than or in addition to your spouse, you must obtain your spouse’s consent or your IRA may be payable to your spouse upon your death.

Current marital status

- I am not married** – I understand that if I become married in the future, I should review the requirements for spousal consent.
- I am married** – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse may need to sign below.

Consent of spouse

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse’s property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a qualified tax professional.

I hereby relinquish any interest that I may have in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. **Note:** *Do not sign below until you are in the presence of the authorized notary providing the notary service.*

Signature of spouse ____ _ / ____ _ / ____ _
Date (mm/dd/yyyy)

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(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF _____
State

COUNTY OF _____
County

This document was acknowledged before me on _____ by _____ ,
Date Name of spouse

who certifies the correctness of the signature of such spouse.

Signature of spouse Date (mm/dd/yyyy)

Notary public's name (First, middle Initial, last)

My commission expires:

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

Notary to place seal here