

IRA ACCOUNT MAINTENANCE FORM

Complete this form to change your name, permanent and/or mailing address, phone number, email address, contribution rate, annual increase, or bank information. You may also update this information online by logging into your account at saver.calsavers.com.

If you are changing your legal name, your signature with your old name and your signature with your new name are required to be Medallion Signature Guaranteed in Section 3 by an authorized officer of a bank, broker, or other qualified financial institution. In place of a Medallion Signature Guarantee, you have the option to submit a signed letter of instruction with supporting legal documentation (i.e. marriage certificate, court order, divorce documentation) for this change.

The updates/changes on this form override all previous elections for this IRA.

Completed forms should be mailed to:	CalSavers PO Box 55759 Boston, MA 02205-5759	Overnight Address:	95 Wells	Avenue, Suite 155 MA 02459			
855-650-6918 8:00 am to 8:00 pm Pacific St.	50-6918 In to 8:00 pm Pacific Standard Time M-F						
1. IRA OWNER INFORMATION (All field	ds required)						
If you are updating your information, enter the inf	formation that is currently on t	ile in this section and th	ne new infor	mation in Section 3.			
Account Number							
IRA Owner Legal Name (First) (If you are changing	g your name, enter the name y	ou have on file in this s	ection.)		(M.I.)		
IRA Owner Legal Name (Last)							
Telephone Number (In case we have a question about your Account. If you are updating your phone number, enter the number you have on file in this section and the new number in Section 3.)							
Employer Name (If you contribute through more to		change your contribut	ion rate or a	utomatic annual inc	rease		
election, you must submit a separate form for eac	h employer.)						
2. ACCOUNT UPDATES OR CHANGES							
Check the box(es) to indicate which section(s) you plan to update or change.							
☐ IRA Owner Information — Section 3							
Bank Information – Section 4							
Contribution Rate – Section 5							

Automatic Annual Increase - Section 6

3. UPDATE IRA OWNER INFORMATION

If you are changing your name and/or contact information, provide the new CalSavers IRA.	v information exactly as you would like it to appear on your
If you are changing your name, you must also provide a Medallion Signatur	re Guarantee below or legal document(s) verifying the name change.
IRA Owner Legal Name (First)	(M.I.,
IRA Owner Legal Name (Last)	
Email Address	
Physical Address (We cannot accept a PO Box)	
City	State Zip Code
Mailing Address if different from above (This address will be used as the ad	Idress of record and for all mailings)
City	State Zip Code
	State Zip Code
Telephone Number	
 Medallion Signature Guarantee — REQUIRED FOR NAME CHA ACCOUNT ONLY You must provide the following information as underwritten certification You can obtain a Medallion Signature Guarantee from an authorized off notary public cannot provide a Medallion Signature Guarantee, nor can see the presence of the authorized By signing here I certify that the information provided herein is true and cor 	n that the new signature is genuine. ficer of a bank, broker, or other qualified financial institution. A you guarantee your own signature. If officer providing the signature guarantee.
	Authorized Officer to Place Stamp Here
Former Signature of Account Owner (For name change only)	
Current Signature of Account Owner	
Signature of Guarantor	
Title	
Name of Institution	

Date (mm/dd/yyyy)

UPDATE BANK INFORMATION Important: By signing this form, you agree and confirm that your ACH transaction will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States. Delete Bank Information Indicated Below Add Delete All Current Bank Information and Add New Bank Information Below Financial Organization Name Financial Organization Routing Number Financial Organization Account Number **ACCOUNT TYPE** (Select one) Checking Savings Note: The routing number is usually located on the bottom left corner of your checks. You can also ask your financial organization for the routing number. Add Delete Bank Information Indicated Below Delete All Current Bank Information and Add New Bank Information Below Name Financial Organization Routing Number Financial Organization Account Number **ACCOUNT TYPE** (Select one) Checkina Savings **Note:** The routing number is usually located on the bottom left corner of your checks. You can also ask your financial organization for the routing number. **UPDATE CONTRIBUTION RATE** If you wish to change your contribution rate, enter the percentage of your pay check you wish to contribute as a whole number. Note: Your contributions to all of your Roth IRA are limited to \$5,500 (\$6,500 if 50 or older) for 2018 depending on your income. See IRS Publication 590A for more information. New Contribution Rate **AUTOMATIC ANNUAL INCREASE** Contributions for accounts open at least 180 days will automatically increase by 1% on January 1 of each year, with the first increase scheduled for January 1, 2020. I wish to have my contribution rate automatically increased by 1% each year until it reaches 8%. I DO NOT wish to have my contribution rate automatically increased each year. **SIGNATURE**

I certify that I am the account owner and verify the information above is accurate. I assume responsibility for any consequences that may result from these changes and I agree that CalSavers, the custodian, or the program administrator are not responsible for any consequences that may arise from executing the changes outlined in this form.

Signature of IRA Owner	Date (mm/dd/yyyy)