

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.*

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															<input type="text"/>			
First Name/Trust Name/Entity (M.I.)																		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
Last Name/Trust Name/Entity																		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Social Security Number or Taxpayer Identification Number							Birth Date or Date of Trust (mm/dd/yyyy)											
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
Address (We cannot accept a PO Box)																		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
City											State		Zip Code					
Relationship											<input type="checkbox"/> My Spouse <input type="checkbox"/> My Child <input type="checkbox"/> My Relative <input type="checkbox"/> Other		Percent Designated				<input type="text"/> <input type="text"/> <input type="text"/> %	

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															<input type="text"/>			
First Name/Trust Name/Entity (M.I.)																		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
Last Name/Trust Name/Entity																		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Social Security Number or Taxpayer Identification Number							Birth Date or Date of Trust (mm/dd/yyyy)											
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
Address (We cannot accept a PO Box)																		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
City											State		Zip Code					
Relationship											<input type="checkbox"/> My Spouse <input type="checkbox"/> My Child <input type="checkbox"/> My Relative <input type="checkbox"/> Other		Percent Designated				<input type="text"/> <input type="text"/> <input type="text"/> %	

Total Percentage of All Primary Beneficiaries 1 0 0 %

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 Number 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 Number 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 %

Total Percentage of All Contingent Beneficiaries 1 0 0 %

3. IRA OWNER SIGNATURE

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to CalSavers. Neither the IRA custodian nor CalSavers has provided tax or legal advice to me regarding my beneficiary designations. In addition, any applicable spousal consent is provided on the attached form.

Signature of IRA Owner

Date (mm/dd/yyyy)