

BENEFICIARY DESIGNATION ADDENDUM

A beneficiary is a designated individual or entity that will inherit the assets in your Illinois Secure Choice account. This form can only be used to name additional beneficiaries that will not fit on the *Beneficiary Designation* form or IRA application. Complete additional addendums as necessary.

·	PO Box 56000 Boston, MA 02205-6000	Overnight Address:	95 Wells Avenue, Suite 155 Newton, MA 02459
855-650-6914 8 am to 8 pm Central Standar	rd Time M-F	<u> </u>	saver.ilsecurechoice.com
1. IRA OWNER INFORMATION (All field	lds required)		
Account Number	Social	Gecurity Number or Taxpay	rer Identification Number
IRA Owner Legal Name (First)			(M.I.)
IRA Owner Legal Name (Last)			
Telephone Number (In case we have a question as	bout your Account)		
FORM TYPE AND DATE (Select and attach to Original IRA Application Benefic	ciary Designation	able Form Dated (mm/dd/y)	yyy)

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 of this IRA must equal 100%. Use whole numbers n one beneficiary is designated and no percentages are provided, the IRA.)
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)
Physical Address (We cannot accept a PO Box)	
City	State Zip Code
Check here to use the physical address as the mailing address	
Mailing Address	
_	State Zip Code
Relationship My Spouse My Child My Relative	Other Percent Designated 9
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)
Physical Address (We cannot accept a PO Box)	
L L L L L L L L L L	State Zip Code
Check here to use the physical address as the mailing address	•
, ,	
Mailing Address	State Zip Code
Mailing Address City	State Zip Code
Mailing Address	State Zip Code Other Percent Designated 9/4

provided, the beneficiaries will be deemed to own equal share percention beneficiaries if all primary beneficiaries have predeceased the IRA own	
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)
Physical Address (We cannot accept a PO Box)	
City	State Zip Code
Check here to use the physical address as the mailing address	
Mailing Address	
City	State Zip Code
Relationship My Spouse My Child My Relative	Other Percent Designated \(\bigcup \) \(\bigcup \) \(\lambda \)
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)
Physical Address (We cannot accept a PO Box)	
City	State Zip Code
Check here to use the physical address as the mailing address	
Mailing Address	
Ivialility Address	
City	State Zip Code
	Other Percent Designated %
	Total Percentage of All Contingent Beneficiaries 1 0 0 %
	Total Percentage of All Contingent 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

3. IRA OWNER SIGNATURE

I understand that I may replace my beneficiary designations at any time by completing an Neither the IRA custodian nor Illinois Secure Choice has provided tax or legal advice to me any applicable spousal consent is provided on the attached form.	
Signature of IRA Owner	Date (mm/dd/yyyy)