

EMPLOYEE OPT OUT FORM

Illinois Secure Choice is a completely voluntary program. You can opt out at any time online, by phone, or by completing this form. If you do not opt out your employer will send payroll contributions to your Illinois Secure Choice account. Amounts you save in this account are always your money. Your account is in your control and goes with you from job to job in accordance with the Illinois Secure Choice Program terms. Every little bit you save now can potentially make a difference in retirement. To opt out of payroll contributions to Illinois Secure Choice for more than one employer you must submit a separate form for each employer.

Completed forms should be mailed back to Illinois Secure Choice.	Illinois Secure Choice PO Box 56000 Boston, MA 02205-6000	Overnight Address:	Illinois Secure Choice 95 Wells Avenue, Suite 155 Newton, MA 02459
You may also opt out online or by phone.			
	855-650-6914 8 a.m. to 8 p.m. CT, Monday through Friday		saver.ilsecurechoice.com

1. EMPLOYEE INFORMATION *(All fields required)*

To verify your information, please provide either the last four digits of your Social Security Number/Taxpayer Identification Number, or your access code and date of birth. The access code can be found in the email or letter you received from Illinois Secure Choice.

Legal Name *(First)* *(M.I.)*

Legal Name *(Last)*

Address

City State Zip Code

Telephone Number *(In case we have a question)* Last Four Digits of Social Security Number or Taxpayer Identification Number

Access Code Birth Date *(mm/dd/yyyy)*

2. OPT OUT REASON

- | | |
|--|---|
| <input type="checkbox"/> I don't qualify for a Roth IRA due to my income | <input type="checkbox"/> I don't trust the financial markets |
| <input type="checkbox"/> I would prefer a Traditional IRA | <input type="checkbox"/> I'm not satisfied with the investment options |
| <input type="checkbox"/> I have my own retirement plan | <input type="checkbox"/> I'm not interested in contributing through this employer |
| <input type="checkbox"/> I can't afford to save at this time | <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> |

3. EMPLOYER INFORMATION

Employer Name

4. SIGNATURE

I do not wish to participate in the Illinois Secure Choice Program at this time. I understand that I can change my mind at any time and begin participating in Illinois Secure Choice at a later date, subject to and in accordance with the terms of the Illinois Secure Choice Program. If I decide to opt back in, I can contact Illinois Secure Choice.

Signature of Employee

Date *(mm/dd/yyyy)*