Illinois Secure Choice
Retirement Savings Program

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.ilsecurechoice.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. Contact the Client Service team if you need assistance completing this form.

Completed forms should be mailed to: Illinois Secure Choice
PO Box 56000
Boston, MA 02205-6000

Overnight Address: Illinois Secure Choice
95 Wells Avenue, Suite 155
Newton, MA 02459

855-650-6914
8 a.m. to 8 p.m. CT, Monday through Friday

saver.ilsecurechoice.com

1. IRA OWNER INFORMATION *(All fields required)*

If you are updating your information, enter the information that is currently on file in this section and the new information in Section 3.

☐☐☐☐☐☐☐☐☐☐
Account Number

☐☐☐☐☐☐☐☐☐☐

3. UPDATE IRA OWNER INFORMATION

If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your Illinois Secure Choice IRA.

If you are changing your name, you must also provide a Medallion Signature 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 address of record and for all mailings)*

City State Zip Code

Telephone Number

Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT ONLY

- You must provide the following information as underwritten certification that the new signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.**

By signing here I certify that the information provided herein is true and complete in all respects.

Former Signature of Account Owner *(For name change only)*

Current Signature of Account Owner

Authorized Officer to Place Stamp Here

Signature of Guarantor

Title

Name of Institution

Date *(mm/dd/yyyy)*

©2018 Ascensus, LLC

4. 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.*

☐ Add ☐ Delete Bank Information Indicated Below ☐ 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)*

☐ 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.*

5. 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 ☐☐☐ %

6. 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, 2019.

☐ I wish to have my contribution rate automatically increased by 1% each year until it reaches 10%.

☐ I DO NOT wish to have my contribution rate automatically increased each year.

7. 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 Illinois Secure Choice, 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)*

©2018 Ascensus, LLC