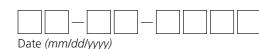


EMPLOYEE OPT OUT FORM

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 02205-60	Overnight Address:	Illinois Secure Choice 95 Wells Avenue, Suite 155 Newton, MA 02459
You may also opt out online or by photo 855-650-6914 8 a.m. to 8 p.m. CT, Monday			saver.ilsecurechoice.com
1. EMPLOYEE INFORMATION (All fields required)			
To verify your information, please provide either access code and date of birth. The access code			
Legal Name (First)			(M.I.)
Legal Name (Last)			
Address			
		State Zip Code	
			N 1
Telephone Number (In case we have a question,)	Last Four Digits of Social Security Number	Number or Taxpayer Identification
Access Code		Birth Date (mm/dd/yyyy)	
2. OPT OUT REASON			
I don't qualify for a Roth IRA due to my inc	ome	I don't trust the financial ma	arkets
I would prefer a Traditional IRA		I'm not satisfied with the inv	vestment options
I have my own retirement plan		I'm not interested in contrib	uting through this employer
I can't afford to save at this time		Other	
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