

EMPLOYEE OPT OUT FORM

Signature of Employee

OregonSaves 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 OregonSaves 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 OregonSaves Program terms. Every little bit you save now can potentially make a difference in retirement. To opt out of payroll contributions to OregonSaves for more than one employer you must submit a separate form for each employer.

Completed forms should be mailed back to OregonSaves.	OregonSaves PO Box 55086 Boston, MA 02205	Overnight Address:	OregonSaves 95 Wells Avenue, Suite 155 Newton, MA 02459	
You may also opt out online and by p 844-661-6777 8 am to 8 pm Pacific Stand			saver.oregonsaves.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 cod	e can be found in the email	or letter you received from Oregor	nSaves.	
Legal Name (First)				
Legal Name (Last)				
Address				
City		State Zip Code		
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Telephone Number (In case we have a question	on)	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 income				
I would prefer a Traditional IRA		I'm not satisfied with the investment options		
I have my own retirement plan		I'm not interested in contributing 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 OregonSaves Program at this time. I understand that I can change my mind at any time and begin participating in OregonSaves at a later date, subject to and in accordance with the terms of the OregonSaves Program. If I decide to opt back in I can contact OregonSaves.				

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Date (mm/dd/yyyy)