oregonsaves®

BENEFICIARY DESIGNATION ADDENDUM

A beneficiary is a designated individual or entity that will inherit the assets in your OregonSaves 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.

Completed forms should be returned to your employer or mailed back to OregonSaves.	OregonSaves PO Box 55086 Boston, MA 02205	**Overnight Address:**	OregonSaves 95 Wells Avenue, Suite 155 Newton, MA 02459
844-661-6777 8 am to 8 pm Pacific Standard Time M-F			saver.oregonsaves.com

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

Account Number

Social Security Number or Taxpayer Identification Number

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

IRA Owner Legal Name *(Last)*

Telephone Number *(In case we have a question about your Account)*

FORM TYPE AND DATE *(Select and attach to the applicable form)*

☐ Original IRA Application ☐ Beneficiary Designation

Applicable Form Dated *(mm/dd/yyyy)*

301-SU OregonSaves (Rev. 4/2015) (7/2017)

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2. 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 *(The total percentage designated for all primary 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 provided, the beneficiaries will be deemed to own equal share percentages in 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)*

Address *(We cannot accept a PO Box)*

City State Zip Code

Relationship ☐ My Spouse ☐ My Child ☐ My Relative ☐ Other

Percent Designated ___ %

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)*

Address *(We cannot accept a PO Box)*

City State Zip Code

Relationship ☐ My Spouse ☐ My Child ☐ My Relative ☐ Other

Percent Designated ___ %

Total Percentage of All Primary Beneficiaries 1 0 0 %

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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 provided, the beneficiaries will be deemed to own equal share percentages in the IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)*

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)*

Address *(We cannot accept a PO Box)*

City State Zip Code

Relationship ☐ My Spouse ☐ My Child ☐ My Relative ☐ Other

Percent Designated ___ %

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)*

Address *(We cannot accept a PO Box)*

City State Zip Code

Relationship ☐ My Spouse ☐ My Child ☐ My Relative ☐ Other

Percent Designated ___ %

Total Percentage of All Contingent Beneficiaries **100** %

3. IRA OWNER SIGNATURE

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to OregonSaves. Neither the IRA custodian nor OregonSaves has provided tax or legal advice to me regarding my beneficiary designations. In addition, any applicable spousal consent is provided on the attached form.

Signature of IRA Owner

Date *(mm/dd/yyyy)*

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