

BENEFICIARY DESIGNATION ADDENDUM

Completed forms should be mailed to:

A beneficiary is a designated individual or entity that will inherit the assets in your CalSavers account. A contingent beneficiary is a designated individual or entity that will inherit the assets in your CalSavers account in the event all the primary beneficiaries have predeceased you. 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.

CalSavers

Overnight Address: CalSavers

		PO Box 55759 Boston, MA 02205-	-5759	95 Wells Avenue, Suite 155 Newton, MA 02459												
	855-650-6918 8:00 am to 8:00 pm Pacific Sta	ındard Time M-F	Ç		saver.calsavers.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 ab	out your Account)														
	FORM TYPE AND DATE (Select and attach to Original IRA Application Beneficial	the applicable form) ary Designation	Applicable Form Dated (mm/d	d/yyyy)												

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.														
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	7													
Last Name/Trust Name/Entity														
Social Security Number or Taxpayer Identification Number Birth Date or Date of Trust (mm/dd/yyyy)														
	7													
Address (We cannot accept a PO Box)														
City State Zip Code														
Relationship My Spouse My Child My Relative Other Percent Designated														
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Last Name/Trust Name/Entity														
Social Security Number or Taxpayer Identification Number Birth Date or Date of Trust (mm/dd/yyyy)	Birth Date or Date of Trust (mm/dd/vvvv)													
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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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