

Important information about withdrawal requests

- This form is not intended for required minimum distributions, trustee to trustee transfers, recharacterizations, or conversion requests.
- Withdrawals to a bank account or address on file for less than 15 days require a notarization acknowledgement (see Section 6 for details).
- Withdrawals can also be made over the phone or online at ColoradoSecureSavings.com.

Contact us:

8am to 5pm Mountain Time, M-F

Employer assistance:

1-844-692-1073

Employee assistance:

1-844-711-5001

Completed forms should be mailed to:

Colorado SecureSavings
PO Box 9867
Providence, RI 02940-8067

Overnight address:

Colorado SecureSavings
4400 Computer Drive
Westborough, MA 01581

ColoradoSecureSavings.com

1 Account Owner information (All fields required)

_____ (M.I.)
Account Owner legal name (First and last)

____-____-____-____-____-____
Telephone number (In case we have a question about your account.)

____-____-____-____-____-____
Account number

____-____-____-____-____-____
Birth date (mm/dd/yyyy)

____-____-____-____-____-____ **Social Security number** OR _____
Taxpayer Identification Number / EIN

If you are a Beneficiary requesting a full liquidation of the inherited proceeds, please complete the following:

_____ **Beneficiary name** (First and last) _____ **Beneficiary birth date** (mm/dd/yyyy)

____-____-____-____-____-____ **Social Security number** OR _____
Taxpayer Identification Number / EIN

____-____-____-____-____-____
Telephone number

Note: For trustee to trustee transfers, please contact customer support to complete a custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the Roth Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a notarization acknowledgement may be required.

2 Reason for withdrawal (choose one)

- Qualified withdrawal from a Roth IRA*** (proceed to **Section A**)

***Note:** Withdrawals not meeting the 5-year required period and for all other reasons not listed are considered non-qualified.

- Non-qualified withdrawal from a Roth IRA** (proceed to **Section B**)

A Qualified withdrawal (please select a reason below)

- You are age 59½ or older.
- Death/Beneficiary liquidation – **The Date of Death of the Owner of the account is required**, contact Shareholder Services regarding additional document requirements.

___ ___ - ___ ___ - ___ ___ ___ ___

Date of death (mm/dd/yyyy)

- Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.**

****Note:** For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

B Non-qualified withdrawal (please select a reason below)

- Normal withdrawal (prior to the 5-year holding requirement) - You are age 59½ or older.
- Early (premature) withdrawal - You are under age 59½, including withdrawals due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- Death/Beneficiary liquidation - **The Date of Death of the Owner of the account is required**, contact Shareholder Services regarding additional document requirements.

___ ___ - ___ ___ - ___ ___ ___ ___

Date of death (mm/dd/yyyy)

- Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.**
- Transfer incident due to divorce or legal separation - contact Shareholder Services regarding additional document requirements.
- Qualified Reservist Withdrawal
- Qualified Hurricane Withdrawal
- Qualified Birth or Adoption Withdrawal as defined in section 72(t)(2) of the Internal Revenue Code

Contact our customer service team for information if you wish to request substantially equal periodic payments within the meaning of section 72(t) of the internal Revenue Code.

3 Withdrawal amount

A Choose one:

- Liquidate entire account (Select and continue to Step 4)
- One-time partial withdrawal in the amount of: \$ _____ , _____ , _____ . _____
- Periodic withdrawals in the amount of: \$ _____ , _____ , _____ . _____

- Monthly
- Quarterly
- Semi-Annual
- Annual

Frequency will be annual unless otherwise indicated.

____ - ____ - ____
Withdrawal date (mm/dd)*

B Choose one:

- Withdraw proportionately across all funds (Select and continue to Step 4)
- Withdraw as indicated below:

Fund		Code
\$ _____ , _____ , _____ . _____	(or)	_____ %
Amount		Percentage

Fund		Code
\$ _____ , _____ , _____ . _____	(or)	_____ %
Amount		Percentage

Fund		Code
\$ _____ , _____ , _____ . _____	(or)	_____ %
Amount		Percentage

\$ _____ , _____ , _____ . _____		1 0 0 %
Total Amount		Total Percentage

Restriction on indirect (60-day) rollovers

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the Internal Revenue Service's web site www.irs.gov using the search term "IRA One-Rollover-Per-Year Rule".

*The first withdrawal will be processed immediately and future withdrawals on the date indicated.

4 Mailing or transfer instructions (choose one)

- Mail to my address of record
- Mail check to my bank for deposit into my account*

The first and last name on the bank account needs to be the same as either the Account Owner or Beneficiary. Voided check required - please attach to this form.

Name of institution

Bank mailing address

City

State

ZIP code

Bank account owner name (First and last)

Account number

Routing number

- Transfer funds electronically via ACH***

The first and last name on the bank account needs to be the same as either the Account Owner or Beneficiary. Voided check required - please attach to this form.

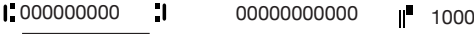
Name of institution

Bank account owner name (First and last)

Account number

Routing number

Need help?
 You can find your bank information on the bottom of one of your checks here:



 Routing Number Account Number

Note: *Withdrawals to a bank account or address on file for less than 15 days require an MSG (see Section 6 for details).

5 Tax withholding election

A Federal withholding

Federal income tax will not be withheld from this distribution unless you elect federal tax withholding below.

If elected, tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are excluded from gross income. This withholding procedure may result in excess withholding on the payment. If your distribution includes amounts that are includable in gross income and you do not have federal income tax withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for estimated tax payments. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Withhold ___ ___ ___ % **federal income tax** (Optional. Must be 10% or greater)

B State withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Please select one of the following:

I elect **NOT TO** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).

I elect **TO** have the following percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding).

___ ___ ___ %

Percentage

6 Account Owner authorization

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Description. I further certify that the Custodian, Colorado SecureSavings, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Colorado SecureSavings, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

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Substitute W-9 - Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because:**
 - a. I am exempt from backup withholding; or**
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or**
 - c. The IRS has notified me that I am no longer subject to backup withholding; and**
- 3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Owner's signature*

____ - ____ - ____
Date (mm/dd/yyyy)

*Beneficiary's signature for inheritance liquidations.

Notarization acknowledgement

When a notarization is required, only sign if you are in the presence of an authorized notary. Generally the program requires an notarization on this form for the following reasons:

- You are a beneficiary requesting a full liquidation of the inherited proceeds that are currently in the deceased owner's Roth IRA.
- You are an account owner, (including the owner of an Inherited Beneficiary IRA) and you are requesting a withdrawal to a bank account or address on record that has not been on your account for 15 days.

STATE OF

COUNTY OF

The foregoing instrument was acknowledged before me by means of

physical presence or online notarization,

This _____ day of _____, 20____, by _____

Signature of Notary Public - State of _____

Circle one:
Personally Known OR **Produced Identification**

Type of Identification Produced

**Print, Type, or Stamp Commissioned
Name of Notary Public**

Appendix – Colorado SecureSavings Program Investment Options

For descriptions and details about all of these investment options, please go online to www.ColoradoSecureSavings.com or see the **Program Description** for important information including descriptions, details, and risks about the investment options before making a decision.

Target Retirement Date Options

Code	Option Name
COT20	Target Retirement 2020
COT25	Target Retirement 2025
COT30	Target Retirement 2030
COT35	Target Retirement 2035
COT40	Target Retirement 2040
COT45	Target Retirement 2045
COT50	Target Retirement 2050
COT55	Target Retirement 2055
COT60	Target Retirement 2060
COT65	Target Retirement 2065
COT70	Target Retirement 2070
COTRF	Target Retirement

Strategic Allocation Options

Code	Option Name
COCPF	Capital Preservation Option
COFIN	Bond Index Option
COINT	International Equity Option

Colorado SecureSavings offers investment options selected by the Colorado Secure Savings Program Board. Please review the Program Description to learn about the important details and risks of each investment option. Account balances in Colorado SecureSavings will vary with market conditions and are not guaranteed or insured by the Colorado Secure Savings Program Board, the State of Colorado, the Federal Deposit Insurance Corporation (FDIC) or any other organization. Past performance is no guarantee of future results. Please consult professional financial advisors before making any tax, legal, financial planning or investment decisions.