

**Important information about the beneficiary designation form**

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

**1 IRA owner information** (All fields required)

— — — — —  
Account number

— — — — —  
Social Security 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)

**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  
P.O. Box 534490  
Pittsburgh, PA 15253- 4490

**Overnight address:**

Colorado SecureSavings  
Attention: 534490  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax:**

844-756-9505

**ColoradoSecureSavings.com**



continued from page 2

**Address** (We cannot accept a PO Box)

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Relationship  My spouse  My child  My relative  Other

%

Percent designated \_\_\_\_\_

1 0 0 %

**Total percentage of all primary beneficiaries**

### 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 or taxpayer identification number \_\_\_\_\_

Birth date or date of trust (mm/dd/yyyy) \_\_\_\_\_

**Address** (We cannot accept a PO Box)

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

continued from page 3

Relationship     My spouse     My child     My relative     Other    \_\_\_\_\_ %  
Percent designated

First name/trust name/entity \_\_\_\_\_ (M.I.) \_\_\_\_\_

Last name/trust name/entity \_\_\_\_\_

Social Security 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

1 0 0 %

**Total percentage of all contingent beneficiaries**

### 3 IRA owner signature

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

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Signature of IRA owner

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Date (mm/dd/yyyy)