

Important information about the beneficiary designation form

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

Contact us:

9 am to 6 pm Eastern Time, M-F

Employer assistance:

1-833-811-7437

Employee assistance:

1-833-811-7438

Mail the form to:

MarylandSaves
PO Box 534486
Pittsburgh, PA 15253- 4486

Overnight address:

MarylandSaves
Attention: 534486
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

(844) 756-9547

www.MarylandSaves.com

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)

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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

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

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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 MarylandSaves. Neither the IRA custodian nor MarylandSaves 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)