What you need to Know

This form may be used for Citibank Traditional IRAs, Roth IRAs or SEP-IRAs. Change in circumstance requests do require updated tax form validations, and the submission of applicable forms as outlined below

Please review the information below before you complete this form.

THIS FORM CAN BE USED TO:

Change in Circumstance:

Change the name on your account
- A copy of a Court Order, Marriage Certificate, Divorce Decree or Separation Agreement
- A completed applicable IRS Form W-9 (if you are a U.S. Person) or W-8BEN (if you are a Non-U.S. Person)

Change or update your Social Security Number
- A photocopy of your new Social Security Card
- A completed applicable IRS Form W-9 (if you are a U.S. Person) or W-8BEN (if you are a Non-U.S. Person)

Change your birth date
- legal proof of the correct birthdate
- A completed applicable IRS Form W-9 (if you are a U.S. Person) or W-8BEN (if you are a Non-U.S. Person)

Report a Change in Circumstance
- A completed IRA Change Information Form
- A completed applicable IRS Form W-9 (if you are a U.S. Person) or W-8BEN (if you are a Non-U.S. Person)

Servicing:

Link your balances to your Citibank N.A. consumer checking account or Money Market Account, which may help eliminate monthly charges
- A completed IRA Change Information Form

Start or stop automatic monthly IRA deposits from your Citibank N.A. consumer checking account to an IRA Money Market Account or a Roth IRA Money Market Account
- A completed IRA Change Information Form
  Please note the following:
  - Automatic deposits cannot be debited from a CitiBusiness account and all automatic deposits are considered Current Year contributions for the year in which they are received
  - All fields must be completed: Deduct $ (dollar amount), day of the month to deduct the funds, the month in which deductions are to begin, the Citibank N.A. consumer checking account to be deducted and the Citibank Retirement Account to receive the Current Year contribution

Designate or change the beneficiary or beneficiaries
- A completed IRA Change Information Form
  Please note the following:
  - If you are changing your beneficiary, the information you provide on this form will take the place of any other prior beneficiary designation. Be sure to read the Guide for Naming a Beneficiary for Citibank Retirement Plans included with this form before making changes to your beneficiary

Where to return your form(s):
You may return your completed form to your nearest Branch, or mail to:

Retirement Plan Services
P.O. Box 769001
San Antonio, TX 78245-9951

If you have any questions
Call Retirement Plan Services at 1-800-695-5911. Hearing or speech impaired customers may call our text telephone service (TTY) at 1-800-788-6775. Representatives are available to assist you Monday through Friday 8:00 a.m. – 10:00 p.m. Eastern Time, and Saturday 9:00 a.m. – 5:30 p.m. Eastern Time.

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IRA Change Information Form
For Existing Citibank IRA Customers

Please complete this section

Designate type of retirement plan(s) you wish to update: ☐ Traditional IRA ☐ Roth IRA ☐ SEP-IRA

Branch Number: ______________________________

Owner's Information

Social Security Number: ________________________

☐ Mr. ☐ Mrs. ☐ Ms.

First Name: ___________________________ Middle: ___________________________ Last Name: ______________________________

Address: ____

City: ________________________________ State: ________________________________ Zip: __________________________________

Daytime Phone Number: ____

PLEASE COMPLETE ONLY THOSE SECTIONS APPROPRIATE TO THE CHANGES YOU WISH TO MAKE

A. Please change my name, address, social security number, telephone number or birthdate to:

REMINDER: Any Change in Circumstance requires an updated tax form.

Plan Owner's Prior Name: ____

Plan Owner's Updated Name: ____

Updated Address: ____

City: ________________________________ State: ________________________________ Zip: __________________________________

Updated Daytime Phone Number: __________________________________

Updated Social Security Number: __________________________ Updated Date of Birth: _____________________________________

Previous Signature: ______________________________________ Updated Signature: ____

B. Link Citibank IRA Balances (Check one)

☐ I would like my Citibank ☐ Traditional IRA ☐ Roth IRA ☐ SEP-IRA balances to be linked to the following:

My Citibank N.A. consumer checking account or money market account number is: _________________

☐ Check here if this is an existing link

☐ If your Citibank N.A. consumer checking account or money market account number has changed, please indicate the new number below:

My new account number is: ____

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C. Automatic IRA Deposit (Check one)

☐ Please deduct $ ____________ (maximum monthly contributions are based on current IRS regulations, please contact a tax advisor with any questions regarding your specific situation) on the ______ day of each month, beginning the month of ________________

from my Citibank N.A. consumer checking account number: _______________________________________

and deposit to my Citibank ☐ Traditional IRA ☐ Roth IRA ☐ SEP-IRA

☐ Check here if this is a change from your existing automatic IRA deposits

☐ I would like to stop automatic ☐ Traditional IRA ☐ Roth IRA ☐ SEP-IRA

deposits from my Citibank N.A. consumer checking account number: _______________________________

☐ If your Citibank N.A. consumer checking account number has changed, please indicate the new number below

My new account number is: ____

D. Beneficiary Designation

To Name a Beneficiary

If you designate more than one primary beneficiary, the proceeds will be distributed equally among the survivors unless you indicate the share percentage for each. Any secondary beneficiary or beneficiaries you name will only receive your Citibank retirement plan balance if there are no surviving primary beneficiaries. If you designate more than one secondary beneficiary, the proceeds will be shared equally among the survivors unless you indicate the share percentage for each.

By naming a beneficiary on this form, you cancel any earlier designation you may have made with respect to the assets in that retirement plan.

- If you do not name your spouse as beneficiary, there may be tax implications for your estate or beneficiary.
- If you do not name a beneficiary, the beneficiary will automatically be your estate.
- You cannot name a beneficiary for a particular Citibank retirement plan investment account.
- The person(s) named here will be the beneficiary(ies) of your entire Citibank retirement plan.
- The name of the person will govern, not the relationship.

Naming a Trust as a Beneficiary

You must provide a Tax ID Number for the trust and a copy of the trust instrument to Retirement Plan Services in order for funds to be disbursed from the plan.

Other Important Points to Remember

- You may designate any number of beneficiaries for the plan(s) you select. If you designate more than three beneficiaries, please attach a separate sheet that includes the beneficiary information (plan type(s), name, address, relationship, social security number and date of birth), your signature and signed date.
- Your beneficiary can elect the method of receiving distributions from your Citibank IRA.
- If no beneficiary survives you, or if no beneficiary designation is in effect at your death, or if your beneficiary is your estate, we will pay the balance of that retirement plan to your estate.
- You may cancel or change a beneficiary designation at any time by using a Citibank Change Information Form.

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The beneficiary information you provide here will take the place of all previous Citibank IRA beneficiary designations.
All fields are required.

Primary Beneficiary(ies)

Name ____

Address ____

Relationship ______________ Date of Birth ___________ Social Security Number _______________ Share %______

Name ____

Address ____

Relationship ______________ Date of Birth ___________ Social Security Number _______________ Share %______

Name ____

Address ____

Relationship ______________ Date of Birth ___________ Social Security Number _______________ Share %______

Contingent Beneficiary(ies)

Name ____

Address ____

Relationship ______________ Date of Birth ___________ Social Security Number _______________ Share %______

Name ____

Address ____

Relationship ______________ Date of Birth ___________ Social Security Number _______________ Share %______

Name ____

Address ____

Relationship ______________ Date of Birth ___________ Social Security Number _______________ Share %______

E. Acceptance

By signing this form you acknowledge that:

- The above information will replace prior information provided.

IRA Owner's Signature ▶ ______________________________________ Date: ______________________

Please retain a copy for your records

FOR OFFICE USE ONLY: Branch No.: ______________ SOEID: ___________

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