



A State Street and Citigroup Company

RETIREMENT PLAN
PARTICIPANT INFORMATION
CHANGE FORM
Page 1 of 2

Plan Name: _____ Plan Number: [] [] [] [] [] []

INSTRUCTIONS:

- If you are requesting a change for more than one Plan, you must complete a separate form for each Plan.
➤ This form is to be used by current participants only. (Do not use for enrollment purposes.)
➤ Investment Election Changes: Do not use this form for investment election changes. These changes must be made by calling the toll free Voiceconnect telephone number listed on your quarterly statement, or by going to your Plan's Web site.
➤ If you would like to change your contribution rate to reflect the increased elective deferral limits (including the additional amount allowed for participants age 50 and older) indicate the new contribution rate in Section 3.
➤ All sections must be completed in full, unless otherwise indicated. If you have any questions or need help in completing this request, please call the toll-free Voiceconnect telephone number that appears on your quarterly statement.

SECTION 1 - PARTICIPANT INFORMATION

Participant's Name (print full name) _____ Social Security Number (SSN) or ITIN [] [] [] - [] [] - [] [] [] []
Date of Birth _____

SECTION 2 - PARTICIPANT INFORMATION CHANGE

Please enter only the information that has to be changed.

Name Change (print full name) _____
Home Address Change _____ City _____ State _____ Zip Code _____

Plan Administrator's Use Only

[] The Participant identified in Section 1 has severed from employment. Date of Severance (required): _____

SECTION 3 - CONTRIBUTION RATE ELECTIONS

- [] Change my contribution to _____ % of my salary
[] Pretax
[] After tax (if the Plan permits)
[] Suspend my contribution.

Salary deferrals cannot exceed 92% of your pretax salary (in addition, deferrals cannot exceed the maximum elective deferral limits set by the IRS) unless you get your Employer/Plan Administrator's approval. To comply with the Internal Revenue Code and Plan provisions, the Plan Administrator might be required to limit or stop your before-tax contributions.

Participant Name: _____

Participant's SSN or ITIN: _____

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SECTION 4 – PARTICIPANT CERTIFICATION

I certify, under penalties of perjury, that:

- everything I said on this form is true, correct and complete
- my Social Security Number or other Taxpayer Identification Number shown above is correct
- I am *not* a resident of any nation, state, or locality other than as shown on this form

I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan. If the Plan, an insurer, or a custodian pays or fails to pay any benefit in reliance on my false statement, I will be liable for the damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

Participant's Signature

Date



You must submit this form to your employer for his/her signature in the next section. CitiStreet will NOT process this request unless your employer has completed the Plan Administrator Instruction and Approval Section below.

SECTION 5 – PLAN ADMINISTRATOR INSTRUCTION AND APPROVAL

The Plan Administrator instructs CitiStreet to enter the above information into the records it keeps regarding this Plan.

Plan Administrator's Name (print full name)

Participant's Date of Hire

Plan Administrator's Signature

Date

- Employer/Plan Administrator **MUST** keep this original form for the Plan's records.
- Please fax or mail (do not do both) a copy of this form complete with **Plan Administrator's Signature** to:

CitiStreet Associates LLC
Two Tower Center
P.O. Box 1084
East Brunswick, NJ 08816-1084
ATTN: New Business
Fax Number: (732) 514-8799