Disclaimer of Beneficiary — Citi Retirement Savings Plan

The undersigned _____, in accordance with Section 2518 of
(Beneficiary name, please print)
the Internal Revenue Code[1], does hereby irrevocably and without qualification disclaim and refuse to accept each and every interest he/she might have in any property, interests and powers passing under Section 4.09 or any other section of the Citi Retirement Savings Plan (As Amended and Restated Effective January 1, 2014) (the "Plan") of which _____ was a participant but
(Plan participant name)
deceased on _____.
(Date of death)

The disclaimed property being more particularly described below:

The Citi Retirement Savings Plan balance in the account of _____.
(Plan participant name)

The undersigned acknowledges, represents, and certifies that he/she has not accepted any of the property, property interests or benefits in or to the property interest being disclaimed herein.

The undersigned represents that he/she is fully informed of the rights and interests in and to the disclaimed property to which he/she would otherwise be entitled, but for this disclaimer, and that he/she is freely and voluntarily executing this disclaimer with full knowledge as to its effect.

The undersigned represents that he/she understands that the interest in the disclaimed property shall pass without any direction on his/her part.

I affirm under the penalties of perjury that I have read the foregoing, and that the facts recited herein are true to the best of my knowledge and belief as of _____.
(date)

By: _____
(Beneficiary Name)

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on the __ day of _____, 20__ by _____.

_____

NOTARY PUBLIC IN AND FOR THE STATE OF _____

[1] This disclaimer is intended to satisfy the requirements of the Internal Revenue Code but may or may not meet all of the requirements of state law. Therefore, it is recommended that the undersigned seek legal advice to ensure that all of the relevant state's requirements have been met.

Sending This Information

Keep a copy of this form for your records. Then submit **all pages** of this completed, original notice (not a copy) and any documentation by:

Mail:
CITI RETIREMENT SAVINGS PLAN
DEPT 01488
PO BOX 64049
THE WOODLANDS, TX 77387-4049

For overnight mailing:
CITI RETIREMENT SAVINGS PLAN
DEPT 01488
8770 NEW TRAILS DRIVE
THE WOODLANDS, TX 77381

For More Information

Online
Visit Your Benefits Resources™ available through My Total Compensation and Benefits at www.totalcomponline.com

Phone
Call the Citi Benefits Center via ConnectOne at 1-800-881-3938, from the 'Benefits' menu, select the appropriate option.

For a representative, call from 9 a.m. to 6 p.m., Eastern time, Monday through Friday toll-free at 1-800-881-3938

For expatriate staff employees and from outside the United States, Puerto Rico and Canada, call 1-469-220-9600 to reach ConnectOne.

For text telephone services, call the telecommunications Relay Services at 711 (employees located in Puerto Rico should call 1-866-280-2050), then call 1-800-881-3938 and follow the instructions to enter ConnectOne above.