Marital Status Verification—Citi Retirement Savings Plan

We are sorry to hear of your loss and wish to express our sincere sympathy. This form requests information the Plan will need in order to transfer the benefit to the appropriate beneficiary.

Federal law requires that the Citi Retirement Savings Plan benefit be paid to the participant's surviving spouse, unless that spouse has authorized, in writing, otherwise. Before the benefit can be transferred, marital status and spouse information must be confirmed. Confirm the marital information below.

Participant Name: _____

_____ Was legally married at the time of death.

_____ Was **NOT** legally married at the time of death.

Spouse Information

If Legally Married at the Time of Death
Provide (print) the following information for the surviving spouse:

Spouse Name: _____

Spouse Address: _____

_____

Spouse Phone Number: _____

Spouse Date of Birth: _____

Spouse Social Security Number: _____

When returning this form to the Citi Benefits Center **include a copy of the marriage certificate for the participant and the spouse** entered above. If the plan has no record of the above-named spouse authorizing the benefit to be payable to someone else, he/she will receive the benefit as required by law.

Sending This Information

The Social Security Number is needed in order to establish an account in the beneficiary's name.

Don't send the original certificate as it will not be returned.

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

Timing

It's important that this information be returned to the Citi Benefits Center as soon as possible. Federal law requires that beneficiaries begin to receive distributions from the Plan after the participant's death. If these payments aren't made to the beneficiaries on time, the IRS imposes a 50% penalty of each required payment, payable by the beneficiary. Receiving this information will help the plan make these required payments in a timely manner.

Signature of Person Completing this Form

The undersigned certifies that under penalty of perjury, the information provided is true and correct to the best of their knowledge. If it's determined that the above declaration is false, the undersigned may be responsible for returning any payment, including earnings, to the Citi Retirement Savings Plan.

Printed Name: _____

Relationship to Participant: _____

Signature: _____ Date: _____

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.

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