Unidentified Beneficiary Affidavit — Citi Retirement Savings Plan

We are sorry to hear of your loss and wish to express our sincere sympathy. When a participant in the Citi Retirement Savings Plan (the "Plan") does not designate a beneficiary, the Plan must take additional steps to determine the appropriate beneficiary to receive this benefit. This form requests information the Plan will need in order to transfer the benefit to the beneficiary.

When no beneficiary is designated, the Citi Retirement Savings Plan dictates that the benefit be paid:

- First, to a surviving spouse of the participant**.**
- To a surviving domestic partner, if not legally married.
- To the surviving children (in equal parts) if no living spouse or domestic partner.
- To the surviving parent(s) (in equal parts) if no living children.
- To the person(s) named as the beneficiary(ies) of any group life insurance maintained by the deceased's employer (if no living parents).
- To the participant's estate.

Potential Beneficiary Information

Federal law requires that the Citi Retirement Savings Plan benefit be paid to the participant's spouse, unless that spouse has authorized, in writing, otherwise. Confirm the marital information below.

Participant Name: _____

_____ Was legally married at the time of death

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

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 we have 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.

If Not Legally Married At the Time of Death
If the participant was not legally married at the time of death, but had a surviving Domestic Partner, print the following information.

Domestic Partner Name:_____

Domestic Partner Address:_____

_____

Domestic Partner Phone Number: _____

Domestic Partner Date of Birth: _____

Domestic Partner Social Security Number:_____

____ **Or** check here if no surviving domestic partner

If Not Legally Married, nor had a Domestic Partner at the Time of Death
If the participant was not legally married, nor had a Domestic Partner at the time of death, print the following information for any surviving children of the participant. If more space is needed, include an additional sheet with the following information for each additional child.

Child Name: _____

Child Address: _____

_____

Child Phone Number: _____

Child Date of Birth: _____

Child Social Security Number: _____

Child Name: _____

Child Address: _____

_____

Child Phone Number: _____

Child Date of Birth: _____

Child Social Security Number: _____

Child Name: _____

Child Address: _____

_____

Child Phone Number: _____

Child Date of Birth: _____

Child Social Security Number: _____

____ **Or** check here if no surviving children

If Not Legally Married, nor had a Domestic Partner, And No Living Children At the Time of Death
If the participant was not legally married, nor had a Domestic Partner and had no surviving children, the benefit will be payable to the surviving parent(s) (birth or legally adoptive). Print the following information:

Parent Name: _____

Parent Address: _____

_____

Parent Phone Number: _____

Parent Date of Birth: _____

Parent Social Security Number: _____

Parent Name: _____

Parent Address: _____

_____

Parent Phone Number: _____

Parent Date of Birth: _____

Parent Social Security Number: _____

____ **Or** check here if no surviving parents

If Not Legally Married, nor had a Domestic Partner, nor any Living Children or Parents at the Time of Death
If the participant was not legally married, nor had a Domestic Partner and had no surviving children or parents, the benefit will be payable to the person(s) named as the beneficiary(ies) of any group life insurance maintained by the deceased's employer. Print the following information:

Carrier Name: _____

Policy Number: _____

Carrier contact number_____

Carrier Address: _____

_____

Beneficiary Name _____

Beneficiary Address:_____

_____

Beneficiary Phone Number: _____

Beneficiary Date of Birth: _____

Beneficiary Social Security Number: _____

Beneficiary Name _____

Beneficiary Address:_____

_____

Beneficiary Phone Number: _____

Beneficiary Date of Birth: _____

Beneficiary Social Security Number: _____

Beneficiary Name _____

Beneficiary Address:_____

_____

Beneficiary Phone Number: _____

Beneficiary Date of Birth: _____

Beneficiary Social Security Number: _____

____ **Or** check here if no group life insurance was maintained by the deceased employer

If Not Legally Married, nor had a Domestic Partner, had No Surviving Children or Parents nor had a group life insurance through the employer At the Time of Death
If the participant was not legally married, nor had a Domestic Partner, had no surviving children, had no surviving parents nor had a group life insurance benefit through the employer, the benefit will be payable to the participant's estate. Print the following information:

Full Name of Estate: _____

Executor Name: _____

Executor Phone Number: _____

Taxpayer ID Number: _____

When returning this form to the Citi Benefits Center, include a copy of the IRS Form SS-4 for the estate with the assigned Employer Identification Number (EIN). If it's a small estate, send a copy of the small estate affidavit pursuant to the applicable state law Affidavits can be located on each state's probate website.

Death Certificate

A copy of the Plan participant's death certificate is also required. Include it when sending this request if one has not already been sent. We cannot proceed with paying the benefit without it.

Sending This Information

The Social Security Number(s) of the potential beneficiary(ies) is needed in order to establish an account in his/her name.

Do not send original certificates or other supporting documents as they 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) and any documentation by:

Fax: 847-883-8282
A separate cover page is not needed.
Mark the total number of pages to be faxed at the top of the form.

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 is 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 are not 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 is 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.