



## Disclaimer of Beneficiary — Citi Retirement Savings Plan

The undersigned \_\_\_\_\_, in accordance with Section 2518 of  
(Beneficiary name, please print)  
 the Internal Revenue Code<sup>1</sup>, 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 \_\_\_\_\_

<sup>1</sup> 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  
C/O CITI BENEFITS CENTER  
PO BOX 661072  
DALLAS, TX 75266-1072

**For overnight mailing:**

CITI RETIREMENT SAVINGS PLAN  
C/O CITI BENEFITS CENTER  
2701 EAST GRAUWYLER RD  
MS-55  
IRVING, TX 75061

## For More Information

**Online**

Visit Your Benefits Resources™ available through My Total Compensation and Benefits at [www.totalcomponline.com](http://www.totalcomponline.com)

**Phone**

Call the Citi Benefits Center via ConnectOne at 1-800-881-3938, from the 'Benefits' menu, select the appropriate option. When prompted, enter your user ID and PIN. If you don't have a ConnectOne PIN, follow the prompts to designate a PIN. Once you designate a PIN, you can use ConnectOne immediately.

For a representative, call from 8 a.m. to 8 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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