Invest in your future.

ilsecurechoice.com





Benefits:

Illinois Secure Choice is a transparent, convenient, and voluntary way for Illinoisans to save for retirement.

Your employer has registered with the Illinois Secure Choice program. You are invited to set up your account or opt out at this time.

Illinois Secure Choice is a program that allows you to automatically save for retirement through payroll deductions at work. Amounts you save in this account are always your money. Your account is in your control and goes with you from job to job. Every little bit you save now can potentially make a difference in retirement.

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30 Days to Decide:

Option One:

Start saving

- Set up your account now
 - Establish online access and update your savings choices
- Set up your account later
 - Your savings will start automatically based on the standard savings choices

Option Two:

Opt out



- Opt out of participating to avoid saving through payroll deductions
 - You can opt back in
- Consider smaller contribution rates
 - A great alternative to opting out entirely

Decide	online at saver.ilsecurechoice.com, by	,	phone at 855-650-6914, or by	filling out a form
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Standard Savings Choices:

30 days after receiving the invitation, you will be automatically enrolled in the program and start saving part of each paycheck into your own Roth Individual Retirement Account (IRA) (unless you opt out within the 30 day window).

\$ 5% of your gross pay (wages before taxes and other deductions) will be contributed to your Roth IRA.

Your account will be a Roth IRA. Contributions into a Roth IRA are made after-tax and not taxable when you remove them from your account. Any earnings on those contributions could be tax free if you meet certain IRS criteria.

The only administrative charge for Illinois Secure Choice is in the form of an annual asset-based fee of approximately .75%, which means you will pay approximately \$0.75 per year for every \$100 in your account. You will not get a bill. This cost is automatically taken out of your Illinois Secure Choice balance on a regular basis to help pay for the administration of the program.



Set Up Your Account:

- Verify your contact information
- Accept the account documents
- Add beneficiaries (who will inherit your Roth IRA in the event of your death)
- You can also:
 - Change your contribution rate
 - minimum = 1%, maximum = 100% up to IRS limits for Roth IRAs
 - Change your investment choices. Available options include:
 - Illinois Secure Choice Capital Preservation Fund: 100% invested in the State Street Institutional Liquid Reserves Fund (Ticker: SSHXX)
 - Illinois Secure Choice Target Date Retirement Funds: 100% invested in the BlackRock LifePath Index Target Date Retirement Funds. Choose your fund based on your target retirement date.
 - Illinois Secure Choice Growth Fund: 100%invested in the Schwab S&P 500 Index Fund (Ticker: SWPPX)
 - Illinois Secure Choice Conservative Fund: 100% invested in the Schwab U.S. Aggregate Bond Index Fund (Ticker: SWAGX)

*The default investment is the Illinois Secure Choice Target Date Retirement Fund

Learn more about Illinois Secure Choice at saver.ilsecurechoice.com.

The Illinois Secure Choice Savings Program ("IL Secure Choice") is overseen by the Illinois Secure Choice Savings Board ("Board"). Ascensus College Savings Recordkeeping Services, LLC ("ACSR") is the program administrator. ACSR and its affiliates are responsible for day-to-day program operations. Participants saving through IL Secure Choice beneficially own and have control over their Roth IRAs, as provided in the program offering set out at saver.ilsecurechoice.com.

IL Secure Choice's Portfolios offer investment options selected by the Board. For more information on IL Secure Choice's Portfolios go to saver.ilsecurechoice.com. Account balances in IL Secure Choice will vary with market conditions and are not guaranteed or insured by the Board, the State of Illinois, the Federal Deposit Insurance Corporation (FDIC) or any other organization.

IL Secure Choice is a completely voluntary retirement program. Saving through a Roth IRA will not be appropriate for all individuals. Employer facilitation of IL Secure Choice should not be considered an endorsement or recommendation by your employer of IL Secure Choice, Roth IRAs, or these investments. Roth IRAs are not exclusive to IL Secure Choice and can be obtained outside of the program and contributed to outside of payroll deduction. Contributing to an IL Secure Choice Roth IRA through payroll deduction offers some tax benefits and consequences. You should consult your tax or financial advisor if you have questions related to taxes or investments.









EMPLOYEE OPT OUT FORM

Illinois Secure Choice is a completely voluntary program. You can opt out at any time online, by phone, or by completing this form. If you do not opt out your employer will send payroll contributions to your Illinois Secure Choice account. Amounts you save in this account are always your money. Your account is in your control and goes with you from job to job in accordance with the Illinois Secure Choice Program terms. Every little bit you save now can potentially make a difference in retirement. To opt out of payroll contributions to Illinois Secure Choice for more than one employer you must submit a separate form for each employer.

Completed forms should be mailed back to Illinois Secure Choice.	Illinois Secure Choice PO Box 56000 Boston, MA 02205-6		Illinois Secure Choice 95 Wells Avenue, Suite 155 Newton, MA 02459
You may also opt out online or by ph 855-650-6914 8 a.m. to 8 p.m. CT, Monda			saver.ilsecurechoice.com
1. EMPLOYEE INFORMATION (All f	ields required)		
To verify your information, please provide eith access code and date of birth. The access cod	er the last four digits of you	our Social Security Number/Taxpayer ail or letter you received from Illinois	Identification Number, or your Secure Choice.
Legal Name (First)			(M.I.
Legal Name <i>(Last)</i>			
Address			
Address			
City	<u> </u>	State Zip Code	
Telephone Number (In case we have a questic	n)		Number or Taxpayer Identification
		Number	
Access Code		Birth Date (mm/dd/yyyy)	
2. OPT OUT REASON		bitti bate (minidalyyyy)	
Z. OF FOUT REASON			
I don't qualify for a Roth IRA due to my ir	ncome	I don't trust the financial ma	arkets
I would prefer a Traditional IRA		I'm not satisfied with the inv	vestment options
I have my own retirement plan		I'm not interested in contrib	uting through this employer
I can't afford to save at this time		Other	
3. EMPLOYER INFORMATION			
Employer Name		—	
4. SIGNATURE			
I do not wish to participate in the Illinois Secur participating in Illinois Secure Choice at a later decide to opt back in, I can contact Illinois Sec	date, subject to and in ac	time. I understand that I can change ccordance with the terms of the Illino	e my mind at any time and begin bis Secure Choice Program. If I
Signature of Employee			- []



IRA ACCOUNT MAINTENANCE FORM

Complete this form to change your name, permanent and/or mailing address, phone number, email address, contribution rate, annual increase, or bank information. You may also update this information online by logging into your account at saver.ilsecurechoice.com.

If you are changing your legal name, your signature with your old name and your signature with your new name are required to be Medallion Signature Guaranteed in Section 3 by an authorized officer of a bank, broker, or other qualified financial institution. In place of a Medallion Signature Guarantee, you have the option to submit a signed letter of instruction with supporting legal documentation (i.e. marriage certificate, court order, divorce documentation) for this change.

The updates/changes on this form override all previous elections for this IRA. Contact the Client Service team if you need assistance completing this form.

Completed forms should be mailed to: Illinois Secure Choice Overnight Address: Illinois Secure Choice

	PO Box 56000 Boston, MA 02205-6000	95 Wells Avenue, Suite 155 Newton, MA 02459
855-650-6914 8 a.m. to 8 p.m. CT, Mo	onday through Friday	saver.ilsecurechoice.com
1. IRA OWNER INFORMATION		
If you are updating your information, enter	er the information that is currently on file in this secti	ion and the new information in Section 3.
Account Number		
IRA Owner Legal Name (First) (If you are	changing your name, enter the name you have on file	le in this section.) (M.I
IRA Owner Legal Name (Last)		
Telephone Number (In case we have a quifile in this section and the new number in	uestion about your Account. If you are updating your on Section 3.)	phone number, enter the number you have on
Employer Name (If you contribute through election, you must submit a separate forn	th more than one employer and want to change your on for each employer.)	contribution rate or automatic annual increase
2. ACCOUNT UPDATES OR CHA	NGES	
Check the box(es) to indicate which section	on(s) you plan to update or change.	
IRA Owner Information – Section	3	
Bank Information – Section 4		
Contribution Rate - Section 5		
Automatic Annual Increase - Sect	tion 6	

3.	UPDATE IRA	OWNER	INFORMATION
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If you are changing your name and/or contact information, provide the new Secure Choice IRA.	information exactly as you would like it to appear on your Illinois
If you are changing your name, you must also provide a Medallion Signature	e Guarantee below or legal document(s) verifying the name change.
IRA Owner Legal Name (First)	
TICA OWNER Legal Name (PIS)	(M.I.)
IRA Owner Legal Name (Last)	
Email Address	
Physical Address (We cannot accept a PO Box)	
City	State Zip Code
Mailing Address if different from above (This address will be used as the address)	
City	
	State Zip Code
Telephone Number	NGES TO THE AGGOUNT OWNER OF AN EXCEPTING
 Telephone Number Medallion Signature Guarantee — REQUIRED FOR NAME CHANACCOUNT ONLY You must provide the following information as underwritten certification You can obtain a Medallion Signature Guarantee from an authorized offinotary public cannot provide a Medallion Signature Guarantee, nor can ye Do not sign below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com 	that the new signature is genuine. icer of a bank, broker, or other qualified financial institution. A rou guarantee your own signature. officer providing the signature guarantee.
 Medallion Signature Guarantee — REQUIRED FOR NAME CHANACCOUNT ONLY You must provide the following information as underwritten certification You can obtain a Medallion Signature Guarantee from an authorized offinotary public cannot provide a Medallion Signature Guarantee, nor can you Do not sign below until you are in the presence of the authorized 	that the new signature is genuine. icer of a bank, broker, or other qualified financial institution. A rou guarantee your own signature. officer providing the signature guarantee.
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Medallion Signature Guarantee — REQUIRED FOR NAME CHAN ACCOUNT ONLY • You must provide the following information as underwritten certification • You can obtain a Medallion Signature Guarantee from an authorized offinotary public cannot provide a Medallion Signature Guarantee, nor can ye • Do not sign below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com Former Signature of Account Owner (For name change only)	that the new signature is genuine. icer of a bank, broker, or other qualified financial institution. A rou guarantee your own signature. officer providing the signature guarantee. nplete in all respects.
Medallion Signature Guarantee — REQUIRED FOR NAME CHAN ACCOUNT ONLY • You must provide the following information as underwritten certification • You can obtain a Medallion Signature Guarantee from an authorized offinotary public cannot provide a Medallion Signature Guarantee, nor can ye • Do not sign below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com Former Signature of Account Owner (For name change only) Current Signature of Account Owner	that the new signature is genuine. icer of a bank, broker, or other qualified financial institution. A rou guarantee your own signature. officer providing the signature guarantee. nplete in all respects.
Medallion Signature Guarantee — REQUIRED FOR NAME CHAN ACCOUNT ONLY • You must provide the following information as underwritten certification • You can obtain a Medallion Signature Guarantee from an authorized offinotary public cannot provide a Medallion Signature Guarantee, nor can ye • Do not sign below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com Former Signature of Account Owner (For name change only) Current Signature of Account Owner	that the new signature is genuine. icer of a bank, broker, or other qualified financial institution. A rou guarantee your own signature. officer providing the signature guarantee. nplete in all respects.
Medallion Signature Guarantee — REQUIRED FOR NAME CHANACCOUNT ONLY • You must provide the following information as underwritten certification • You can obtain a Medallion Signature Guarantee from an authorized offinotary public cannot provide a Medallion Signature Guarantee, nor can ye • Do not sign below until you are in the presence of the authorized By signing here I certify that the information provided herein is true and com Former Signature of Account Owner (For name change only) Current Signature of Account Owner Signature of Guarantor	that the new signature is genuine. icer of a bank, broker, or other qualified financial institution. A rou guarantee your own signature. officer providing the signature guarantee. nplete in all respects.
Medallion Signature Guarantee — REQUIRED FOR NAME CHANACCOUNT ONLY • You must provide the following information as underwritten certification • You can obtain a Medallion Signature Guarantee from an authorized officential public cannot provide a Medallion Signature Guarantee, nor can year on the presence of the authorized By signing here I certify that the information provided herein is true and compared the signature of Account Owner (For name change only) Current Signature of Account Owner Signature of Guarantor	that the new signature is genuine. icer of a bank, broker, or other qualified financial institution. A rou guarantee your own signature. officer providing the signature guarantee. nplete in all respects.

Important: By signing this form, you agree and confirm that your ACH transaction will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.
Add Delete Bank Information Indicated Below Delete All Current Bank Information and Add New Bank Information Below
Financial Organization Name
Financial Organization Routing Number Financial Organization Account Number Financial Organization Account Number
ACCOUNT TYPE (Select one)
Checking Savings
Note: The routing number is usually located on the bottom left corner of your checks. You can also ask your financial organization for the routing number.
Add Delete Bank Information Indicated Below Delete All Current Bank Information and Add New Bank Information Below
Name
Financial Organization Routing Number Financial Organization Account Number Financial Organization Account Number
ACCOUNT TYPE (Select one)
Checking Savings
Note: The routing number is usually located on the bottom left corner of your checks. You can also ask your financial organization for the routing number.
5. UPDATE CONTRIBUTION RATE
If you wish to change your contribution rate, enter the percentage of your pay check you wish to contribute as a whole number. Note: Your contributions to all of your Roth IRA are limited to \$5,500 (\$6,500 if 50 or older) for 2018 depending on your income. See IRS Publication 590A for more information.
New Contribution Rate %
6. AUTOMATIC ANNUAL INCREASE
Contributions for accounts open at least 180 days will automatically increase by 1% on January 1 of each year, with the first increase scheduled for January 1, 2019.
I wish to have my contribution rate automatically increased by 1% each year until it reaches 10%.
I DO NOT wish to have my contribution rate automatically increased each year.
7. SIGNATURE
I certify that I am the account owner and verify the information above is accurate. I assume responsibility for any consequences that may result from these changes and I agree that Illinois Secure Choice, the custodian, or the program administrator are not responsible for any consequences that may arise from executing the changes outlined in this form.
Signature of IRA Owner Date (mm/dd/yyyy)

4. UPDATE BANK INFORMATION