



Solo(k) Beneficiary Designation

IMPORTANT INFORMATION

THE ORIGINAL OF THIS FORM MUST BE KEPT BY THE EMPLOYER. PLEASE SUBMIT A COPY TO PACIFIC PREMIER TRUST.

Please complete the information below to indicate who will receive Plan benefits payable upon your death. You are not limited to the number of total beneficiaries. NOTE: please do not use this form for IRA accounts - submit the IRA Beneficiary Designation for those account types.

If you are designating a Trust as a beneficiary - Pacific Premier Trust also requires a completed Trust Certification Form in order to process the designation.

If you have more than two primary beneficiaries, complete additional copies of this form and indicate the percentage total (100%) at the bottom of the last page. If there are multiple participants for the plan, each participant will need to complete a separate beneficiary designation.

NOTE: If you designate two or more primary or secondary beneficiaries, and one of them predeceases you, his or her share will be allocated pro rata to the surviving primary or secondary beneficiaries, unless you indicate otherwise in an attachment to this form.

1. PLAN NAME & ACCOUNT

Enter the plan name you entered in Section 1 of your Solo(k) Application form.

PLAN NAME	PACIFIC PREMIER TRUST ACCOUNT NO.*
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2. PARTICIPANT INFORMATION

NAME (FIRST, MI, LAST)*	SSN NO.*
DATE OF BIRTH*	CURRENTLY MARRIED* <input type="checkbox"/> Yes <input type="checkbox"/> No

3. PRIMARY BENEFICIARY DESIGNATION

The total percentage of ownership for each level of beneficiary, both primary and contingent, must equal 100%. For example: if you are designating 3 beneficiaries with rights to equal portions of the account, the amount should reflect 33.33%, 33.33% and 33.34%. If your beneficiary designation request does not total 100%, Pacific Premier Trust will not be able to process the designation and will reach out for clarification.

NAME OF INDIVIDUAL, TRUST, ESTATE, ENTITY, ETC.*			
SSN/TAX ID NO.*	DATE OF BIRTH/ESTABLISHMENT*	RELATIONSHIP*	PERCENTAGE* %
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTRY*	POSTAL CODE*
EMAIL ADDRESS*		PRIMARY PHONE NO.*	

CONTINUED ON THE NEXT PAGE.



NAME OF INDIVIDUAL, TRUST, ESTATE, ENTITY, ETC.*			
SSN/TAX ID NO.*	DATE OF BIRTH/ESTABLISHMENT*	RELATIONSHIP*	PERCENTAGE* %
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTRY*	POSTAL CODE*
EMAIL ADDRESS*	PRIMARY PHONE NO.*		

4. CONTINGENT BENEFICIARY DESIGNATION

Please indicate the Contingent Share Percentage(s) below. **The total must add up to 100%.**

NAME OF INDIVIDUAL, TRUST, ESTATE, ENTITY, ETC.*			
SSN/TAX ID NO.*	DATE OF BIRTH/ESTABLISHMENT*	RELATIONSHIP*	PERCENTAGE* %
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTRY*	POSTAL CODE*
EMAIL ADDRESS*	PRIMARY PHONE NO.*		

NAME OF INDIVIDUAL, TRUST, ESTATE, ENTITY, ETC.*			
SSN/TAX ID NO.*	DATE OF BIRTH/ESTABLISHMENT*	RELATIONSHIP*	PERCENTAGE* %
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTRY*	POSTAL CODE*
EMAIL ADDRESS*	PRIMARY PHONE NO.*		

5. PARTICIPANT SIGNATURE

The designations above supersede any previous beneficiary designations I have made for my Plan benefits.

I understand that if I am married, this Beneficiary Designation will not be effective if I have designated a Primary Beneficiary other than my spouse unless my spouse has consented to this designation below.

	PARTICIPANT SIGNATURE*	DATE*

NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.



6. SPOUSAL CONSENT

- If the Account Owner is married and has designated any Primary Beneficiary other than their spouse, this section must be signed and dated by the spouse.

I, the undersigned spouse of the Account Owner named above, hereby consent to and accept the beneficiary designation without regard to whether I survive or predecease my spouse.

 SPOUSE'S SIGNATURE	DATE*
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NOTARY ACKNOWLEDGMENT

(Notary acknowledgement required for spouse's consent signature when Account Owner has designated a non-spouse beneficiary.)

State of _____; County of _____

On this _____ day of _____, 20____, before me, _____

a Notary Public in and for said County and State, personally appeared (Name): _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity on behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

[SEAL]

Pacific Premier Trust performs the duties of an independent custodian of assets for self-directed individual and business retirement accounts and does not provide investment advice, sell investments or offer any tax or legal advice. Clients or potential clients are advised to perform their own due diligence in choosing any investment opportunity as well as selecting any professional to assist them with an investment opportunity.

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Upload forms to:
PacificPremierTrust.com/upload
 Fax to: 303-614-7038

Send mail to:
 FIS - Processing Center
 Attn: Pacific Premier Trust
 PO BOX 981012
 Boston, MA 02298

For express deliveries:
 FIS-Remittance Processing
 Loading Dock #2
 Attn: Pacific Premier Trust
 10 Dan Road
 Canton, MA 02021

Questions?
 Call: 800-962-4238

