



IRA Beneficiary Designation

Use this form to designate beneficiaries on your Pacific Premier Trust ("PPT") Account (including Traditional, Roth, Simple, SEP and Inherited IRAs). Please submit a Solo(K) Beneficiary Designation form if making updates to a Solo(K) Account. Additional pages may be attached if you wish to designate more than two primary or two contingent beneficiaries beyond the space allotted on Page 2; all requested information (social security number, date of birth, phone numbers) should be included for Pacific Premier Trust to accept the designations. Your signature and date are required on Page 3.

1. ACCOUNT OWNER/BENEFICIAL ACCOUNT OWNER INFORMATION

Form fields for Account Owner Name, Pacific Premier Trust Account No., Social Security Number, Date of Birth, and Primary Phone.

I wish to apply the beneficiary designations listed here (or attached to this form) to my following other accounts held by Pacific Premier Trust).

Form fields for listing other PPT accounts with PPT Account Number.

2. BENEFICIARY DESIGNATION

My beneficiaries and contingent beneficiaries (if applicable) are:

Listed on the next page Attached to this form

- You may designate as many beneficiaries as you wish; additional sheets may be attached, if needed, for contingent beneficiaries. Please provide the information requested for each beneficiary following the formats on the next page.
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
Providing Social Security Numbers for each beneficiary is required; without them, Pacific Premier Trust will be unable to process distribution instructions in the event of an Account Owner's death.

I hereby designate the persons named herein as primary and contingent beneficiaries to receive my interest in this IRA according to the terms of the IRA Custodial Account Agreement, hereby revoking any such prior designations made by me.

I understand that, under the terms of the IRA Custodial Account Agreement, upon my death, my surviving Primary Beneficiary(ies) each will be entitled to name their own beneficiary(ies) for any IRA assets to which each such Primary Beneficiary became entitled upon my death, that remain in the IRA upon the death of such Primary Beneficiary(ies). If any Primary Beneficiary dies before my death, the IRA will pass upon my death to my remaining Primary Beneficiary(ies), if any, based on their proportional interests as specified below. If all of my Primary Beneficiaries die before my death, the IRA will pass to the Contingent Beneficiary(ies) named below. An Account Owner's beneficiary designation must be on record with the Custodian prior to his/her death to be considered an effective 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.

CONTINUED ON THE NEXT PAGE.



**2A PRIMARY BENEFICIARY(IES)**

Please provide us with your beneficiary information, below. These fields are needed to aid PPT in reaching the named parties if required.

BENEFICIARY #1 NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.	DATE OF BIRTH
RELATIONSHIP TO ACCOUNT OWNER			PERCENTAGE OF OWNERSHIP %
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> Cell Number
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

BENEFICIARY #2 NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.	DATE OF BIRTH
RELATIONSHIP TO ACCOUNT OWNER			PERCENTAGE OF OWNERSHIP %
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> Cell Number
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

Additional primary beneficiaries are attached.

**2B CONTINGENT BENEFICIARY(IES)**

In case of death of primary beneficiaries.

CONTINGENT BENEFICIARY #1 NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.	DATE OF BIRTH
RELATIONSHIP TO ACCOUNT OWNER			PERCENTAGE OF OWNERSHIP %
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> Cell Number
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

CONTINGENT BENEFICIARY #2 NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.	DATE OF BIRTH
RELATIONSHIP TO ACCOUNT OWNER			PERCENTAGE OF OWNERSHIP %
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> Cell Number
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

Additional contingent beneficiaries are attached.



### 3. SPOUSAL CONSENT

For use in community property states. If applicable, this section should be filled out, **signed and dated by the spouse of the Account Owner**, if:

- A. Account Owner is married and has designated any Primary Beneficiary other than his/her spouse; and
- B. Account Owner's plan includes, or will include property in which his/her spouse possesses a community property interest, or other type of property interest. (The current community property states are: **Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin**. Please consult with your legal advisor to ensure this satisfies the laws of your state.)

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 (REQUIRED)
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### NOTARY ACKNOWLEDGMENT

Notary is required for spousal consent signature when an Account Owner living in a community property state has designated a non-spouse beneficiary. If a notary is included, please fax or upload the document to Pacific Premier Trust.

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]
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### 4. ACKNOWLEDGMENT & SIGNATURE

I acknowledge that this new beneficiary designation supersedes any and all other beneficiary designations previously provided to Pacific Premier Trust. This designation shall be in effect until I otherwise notify Pacific Premier Trust in writing.

PLEASE SIGN AND DATE BELOW.

	ACCOUNT OWNER SIGNATURE	DATE
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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.

**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.**

Upload forms to:  
[PacificPremierTrust.com/upload](https://PacificPremierTrust.com/upload)  
Fax to: 303-614-7038

Send mail to:  
Pacific Premier Trust  
Processing Center  
P.O. 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





Trust Certification

FOR IRA OR BUSINESS RETIREMENT ACCOUNTS

IMPORTANT INFORMATION

This form should be completed when an Account Owner/Participant names a trust as their beneficiary. Additionally, use this form in either of the following scenarios:

The Account Owner/Participant is living and wishes to calculate his/her Required Minimum Distribution (RMD) using a joint life expectancy calculation with his/her own life expectancy and the life expectancy of the beneficiary of the trust. This form must be received with the Account Owner's/ Participant's initial request for required minimum distributions.

(NOTE: This calculation will result in a lower RMD amount only when the Account Owner's spouse is the sole beneficiary of the trust and is greater than 10 years younger than the Account Owner/Participant. When there are multiple trust beneficiaries, the RMD calculation will be made using the Uniform Life Table using the age of the living Account Owner/Participant); OR

The Account Owner/Participant is deceased, and both trustee and beneficiary of the Trust wish to use the life expectancy of a sole eligible designated beneficiary, or oldest trust beneficiary to calculate the RMD. Eligibility for this option changed with the introduction of the SECURE act in 2019. If you are unsure of the option's availability, please review Treasury regulation 1.401(a)(9)-4, or consult a tax professional. This form must be completed by the trustee(s) of the trust and received by Pacific Premier Trust no later than October 31st of the year following the year of the death of the Account Owner/Participant. Pacific Premier Trust will not accept an improperly completed or incomplete form.

TRUST AGREEMENT

Along with this form, you must also include a copy of the first and signature pages of the trust agreement.

Please DO NOT forward a full copy of the trust agreement and other trust documents unless specifically requested to do so. Pacific Premier Trust in its role as account custodian cannot and will not interpret the terms of the trust agreement or other trust documents. If such an interpretation is required, the trustee(s) must obtain a legal opinion of the trust agreement's terms. The custodian will rely solely on the direction of the trustee(s) as to the terms of the trust agreement and other trust documents.

1. ACCOUNT OWNER INFORMATION

Form fields for Account Owner Information: NAME (FIRST, MI, LAST)\*, PACIFIC PREMIER TRUST ACCOUNT NO.\*, SSN\*, DATE OF BIRTH\*, DATE OF DEATH

2. TRUST INFORMATION

- The trust must obtain a tax identification number prior to distributions. The Social Security Number of the account owner may not be used. Tax ID numbers may be obtained from the IRS at irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online or by calling (800) 829-4933.

Form fields for Trust Information: NAME OF TRUST\*, TRUST TAX ID NO.\*, MAILING ADDRESS\*, CITY\*, STATE/PROVINCE\*, COUNTY\*, POSTAL CODE\*

Trust Establishment Date\* \_\_\_\_/\_\_\_\_/\_\_\_\_



### 3. TRUSTEE INFORMATION

- Please attach additional pages if necessary.

TRUSTEE #1 NAME (FIRST, MI, LAST)*	SSN*	DATE OF BIRTH*
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MAILING ADDRESS*
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CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*
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LEGAL PHYSICAL ADDRESS*
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CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*
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Sole Trustee     Co-Trustee

TRUSTEE #2 NAME (FIRST, MI, LAST)*	SSN*	DATE OF BIRTH*
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MAILING ADDRESS*
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CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*
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LEGAL PHYSICAL ADDRESS*
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CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*
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Sole Trustee     Co-Trustee

### 4. CERTIFICATIONS

Complete this section if the trust is seeking certification as a qualifying trust in order to stretch payments over the life expectancy of the oldest beneficiary of the trust or for other tax purposes. You must seek guidance from a legal or tax professional if you have any questions about any of the following statements.

Treasury Regulation 1.401(a)(9)-4 paragraphs (b)(1), (2), and (3) of A-5 are being provided below as a convenience. A legal advisor and/or tax professional should be consulted for questions regarding these or any other relevant Treasury Regulations. The paragraph states in part:

“The requirements of this paragraph are met if, during any period during which Required Minimum Distributions are being determined by treating the beneficiaries of the trust as designated beneficiaries of the Account, the following requirements are met:

1. The trust is a valid trust under state law, or would be but for the fact that there is no corpus.
2. The trust is irrevocable or will, by its terms, become irrevocable upon the Participant’s death.
3. The beneficiaries of the trust who are beneficiaries with respect to the trust’s interest in the Participant’s benefit are identifiable from the trust instrument within the meaning of A-1 of section 1.401(a)(9)-4.”

I, , as the trustee certify, by initializing next to the requirement, that the  meets the following IRS requirements.



If this form is being completed by Co-Trustees, each trustee must initial each of the following statements.

- \_\_\_\_\_ The trust is valid under the state law of the state in which I am a legal resident.
- \_\_\_\_\_ The trust is irrevocable or under the terms of the trust, becomes irrevocable upon the death of the Account Owner/Participant.
- \_\_\_\_\_ The TIN provided on this form is the correct TIN for federal tax reporting purposes.
- \_\_\_\_\_ All beneficiaries of the trust (including contingent and remaindermen beneficiaries with a description of his/her entitlement) are listed on this form and, to the best of my knowledge, this list is correct and complete.
- \_\_\_\_\_ If the trust instrument is amended at anytime in the future, I, within reasonable amount of time, will provide Pacific Premier Trust with corrected certifications to the extent that the amendment changes any information previously certified.

If the Account Owner/Participant is determining the amount of his/her Required Minimum Distribution using the age(s) of the trust's Beneficiary(ies), the following statement must be initialed.

\_\_\_\_\_ All requirements of Paragraph (a)(1) & (a)(2) of regulation 1.401(a)(9)-4 Q & A 6 are satisfied.

### 5. TRUST BENEFICIARY INFORMATION

- The IRS requires that you provide a list of all beneficiaries of the trust, including contingent and remaindermen beneficiaries, along with a description of each beneficiary's entitlement. Only list individuals or entities that are named as beneficiaries in the trust. DO NOT list the trustee(s) unless he/she is also a beneficiary of the trust. Attach additional pages if necessary.

BENEFICIARY #1 NAME (FIRST, MI, LAST)*	SSN OR TIN*	DATE OF BIRTH*
RELATIONSHIP TO ACCOUNT OWNER/PARTICIPANT*		
DESCRIPTION OF ENTITLEMENT (I.E. PRIMARY 50%, OR CONTINGENT 25%, ETC.)*		

Eligible Designated Beneficiary?<sup>1</sup>  Yes  No

BENEFICIARY #2 NAME (FIRST, MI, LAST)*	SSN OR TIN*	DATE OF BIRTH*
RELATIONSHIP TO ACCOUNT OWNER/PARTICIPANT*		
DESCRIPTION OF ENTITLEMENT (I.E. PRIMARY 50%, OR CONTINGENT 25%, ETC.)*		

Eligible Designated Beneficiary?<sup>1</sup>  Yes  No

BENEFICIARY #3 NAME (FIRST, MI, LAST)*	SSN OR TIN*	DATE OF BIRTH*
RELATIONSHIP TO ACCOUNT OWNER/PARTICIPANT*		
DESCRIPTION OF ENTITLEMENT (I.E. PRIMARY 50%, OR CONTINGENT 25%, ETC.)*		

Eligible Designated Beneficiary?<sup>1</sup>  Yes  No

BENEFICIARY #4 NAME (FIRST, MI, LAST)*	SSN OR TIN*	DATE OF BIRTH*
RELATIONSHIP TO ACCOUNT OWNER/PARTICIPANT*		
DESCRIPTION OF ENTITLEMENT (I.E. PRIMARY 50%, OR CONTINGENT 25%, ETC.)*		

Eligible Designated Beneficiary?<sup>1</sup>  Yes  No

<sup>1</sup>An eligible designated beneficiary includes a surviving spouse, a disabled individual, a chronically ill individual, a minor child, or an individual who is not more than 10 years younger than the account owner. For additional information regarding this beneficiary classification please see Treasury regulation section 1.401(a)(9)(E).



BENEFICIARY #5 NAME (FIRST, MI, LAST)*	SSN OR TIN*	DATE OF BIRTH*
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RELATIONSHIP TO ACCOUNT OWNER/PARTICIPANT*
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DESCRIPTION OF ENTITLEMENT (I.E. PRIMARY 50%, OR CONTINGENT 25%, ETC.)*
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Eligible Designated Beneficiary?  Yes  No

BENEFICIARY #6 NAME (FIRST, MI, LAST)*	SSN OR TIN*	DATE OF BIRTH*
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RELATIONSHIP TO ACCOUNT OWNER/PARTICIPANT*
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DESCRIPTION OF ENTITLEMENT (I.E. PRIMARY 50%, OR CONTINGENT 25%, ETC.)*
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Eligible Designated Beneficiary?  Yes  No


**6. SIGNATURES & NOTARY/ACKNOWLEDGMENTS & INDEMNIFICATIONS**

- I (we) declare that I am (we are) the trustee(s) or Account Owner/Participant of the above-named trust and that all certifications made by me (us) are true and correct.
- I (we) bind the trust and future trustees to this Agreement and indemnification.
- I (we) acknowledge that I (we) have read and understand any and all relevant Internal Revenue Code and Treasury Regulation sections that pertain to this Trust Certification and that I (we) fully understand any and all tax implications that may result from distributions and/or tax reporting made pursuant to this certification.
- If there are multiple trustees of the trust, and this Trust Certification is executed with only one trustee's signature, the sole trustee executing this Trust Certification certifies that he/she has the authority to act severally on behalf of the trust.
- I (we) agree that Pacific Premier Trust will rely solely on the direction of the trustee or Account Owner/Participant as to the terms of the trust document; however, Pacific Premier Trust in its discretion may at anytime request a certified true and correct copy of the trust document for its review.
- I (we) agree to indemnify and hold harmless Pacific Premier Trust and each of its officers, directors, shareholders, agents and employees from and against all losses, expenses (including attorney's fees), settlement payments, or judgments incurred by, or entered against Pacific Premier Trust as the result of any action taken in reliance on the certifications provided by me (us) on this form.
- The Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in the Certification of trust to be incorrect.
- I (we) declare under penalty of perjury under the laws of the state listed below that the foregoing is true and correct. The term Trustee as used in this Certification includes any Trustee or Co-Trustee of the Trust.

SIGNATURES REQUIRED ON NEXT PAGE



**TRUSTEE/ACCOUNT OWNER/PARTICIPANT:**

 TRUSTEE/ACCOUNT OWNER/PARTICIPANT SIGNATURE*	
STATE OF*	COUNTY OF*

The foregoing instrument was acknowledged before me this

DAY*	day of,	NAME OF CURRENT MONTH*	YEAR (YYYY)*
NAME OF WITNESS*			


by Witness my hand and official seal

[SEAL]

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

 NOTARY PUBLIC SIGNATURE*
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**CO-TRUSTEE/ACCOUNT OWNER/PARTICIPANT NAME:**

 CO-TRUSTEE/ACCOUNT OWNER/PARTICIPANT SIGNATURE*	
STATE OF*	COUNTY OF*


The foregoing instrument was acknowledged before me this

DAY*	day of,	NAME OF CURRENT MONTH*	YEAR (YYYY)*
NAME OF WITNESS*			

by Witness my hand and official seal

[SEAL]

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

 NOTARY PUBLIC SIGNATURE*
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Upload forms to:  
[PacificPremierTrust.com/upload](https://PacificPremierTrust.com/upload)  
 Fax to: 303-614-7038

Send mail to:  
 Pacific Premier Trust  
 Processing Center  
 P.O. 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

