



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. If you wish to designate secondary beneficiaries, please complete the Solo(k) Secondary Beneficiary form.

For primary beneficiaries that are trusts or estates, please include a copy of the related legal documents (i.e., beneficiary and signature pages).

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.

Form with fields: NAME (FIRST, MI, LAST)\* and PACIFIC PREMIER TRUST ACCOUNT NO.\*

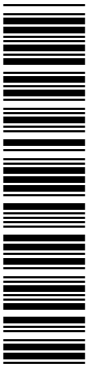
2 PARTICIPANT INFORMATION

Form with fields: NAME (FIRST, MI, LAST)\*, SSN NO.\*, DATE OF BIRTH\*, CURRENTLY MARRIED\* (Yes/No)

3 PRIMARY BENEFICIARY DESIGNATION

- Please indicate the Primary Share Percentage(s) below. The total at the bottom must add up to 100%.

Form with multiple sections for beneficiary information, including fields for NAME, SSN/TAX ID NO., DATE OF BIRTH/ESTABLISHMENT, RELATIONSHIP, PERCENTAGE, MAILING ADDRESS, CITY, STATE/PROVINCE, COUNTRY, POSTAL CODE, EMAIL ADDRESS, and PRIMARY PHONE NO.



#### 4 SECONDARY BENEFICIARY DESIGNATION

- Please indicate the Primary Share Percentage(s) below. The total at the bottom must add up to 100%.

NAME OF INDIVIDUAL, TRUST, WILL, INSTITUTION, 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, WILL, INSTITUTION, 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.

 PARTICIPANT SIGNATURE*	DATE*
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#### 6 SPOUSAL CONSENT (FOR USE IN COMMUNITY OR MARITAL PROPERTY STATES)

This section, if applicable, must be signed and dated by the spouse of the Account Owner.

- If the Account Owner is married and has designated any Primary Beneficiary other than his/her spouse; and
- If the 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. As of this printing the 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 in 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 SIGNATURE*	DATE*
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(Notary acknowledgement required for spouse's consent signature when Account Owner has designated a non-spouse beneficiary.)

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:  
[www.PacificPremierTrust.com/upload](http://www.PacificPremierTrust.com/upload)

Fax to: 303-614-7038

Send mail to:  
Pacific Premier Trust  
Processing Center  
P.O. Box 173859  
Denver, CO 80217-3859

For express deliveries:  
Pacific Premier Trust  
Processing Center  
1560 Broadway, Suite 400  
Denver, CO 80202-3308

Questions?  
Call 800-962-4238