



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 PPT Account Number (three columns).

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

