



Custody Only Account Plan Application

IMPORTANT INFORMATION

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each client who opens an account. When you open an account, we will ask for your name, physical address, date of birth, Social Security number, and other information that will allow us to identify you. We may also ask to see your driver's license or other forms of identification.

YOUR SIGNATURE AND DATE ARE REQUIRED ON PAGE 3.

Please complete, sign and return this application with your contribution and applicable fee payment. Be sure to keep a copy for your records. Please print or type. All fields must be completed. **If not applicable, please indicate by printing "N/A" or "None" where appropriate.**

1. QUALIFIED PLAN INFORMATION

PLAN NAME	PLAN OR TAX ID NO.	ESTABLISHMENT DATE	
MAILING ADDRESS			

Is this a home or a business address? Home Business

CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
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If applicable, enter name of organization or individual referral, or promotion code: _____

2. PARTICIPANT INFORMATION

PARTICIPANT NAME (FIRST, MI, LAST)	DATE OF BIRTH	SOCIAL SECURITY NO.
MAILING ADDRESS		

Is this a home or a business address? Home Business

CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
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EMAIL ADDRESS

RECEIPT OF STATEMENTS ELECTION

Check this box if the Plan (the Owner) wishes to receive copies of Participant statements at the address listed in Section 1.

IF THE PARTICIPANT AND/OR ACCOUNT OWNER IS RECEIVING STATEMENTS FROM PACIFIC PREMIER TRUST, PLEASE BE AWARE THAT THEY WILL BE PRINTED QUARTERLY STATEMENTS DELIVERED BY MAIL. A quarterly fee of \$10.00 will be assessed for this service; this quarterly fee will be waived if you elect to receive your statements electronically. To waive this fee and receive electronic statements, you must register your Pacific Premier Trust account online at PacificPremierTrust.com/register, then, you must elect to receive electronic statements through your online account.



3. ADOPTING EMPLOYER/SPONSOR INFORMATION

CONTACT NAME (FIRST, MI, LAST)	NAME OF EMPLOYER/SPONSOR
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MAILING ADDRESS

Is this a home or a business address? Home Business

PRIMARY TRADE

CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
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PRIMARY PHONE NO.	EMPLOYER/SPONSOR'S FISCAL YEAR END
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FEDERAL TAX ID NO.

4. TRUSTEE CONTACT INFORMATION

TRUSTEE NAME (FIRST, MI, LAST)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY PHONE NO.
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4A ADDITIONAL TRUSTEES (IF APPLICABLE)

TRUSTEE NAME (FIRST, MI, LAST)	PRIMARY PHONE NO.
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TRUSTEE NAME (FIRST, MI, LAST)	PRIMARY PHONE NO.
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Number of trustee signatures required for binding: _____.

NOTE: Trustees will receive quarterly paper statements, for which you will be assessed a quarterly fee of \$10.00. This fee will be waived if you elect to receive statements electronically. In order to receive your statements electronically, you must register your account at PacificPremierTrust.com/register.

5. PLAN OR THIRD PARTY ADMINISTRATOR (TPA) CONTACT INFORMATION

Please use this address for mailing, if different than the Adopting Employer/Sponsor address given above.

CONTACT NAME (FIRST, MI, LAST)

COMPANY NAME

MAILING ADDRESS

Is this a home or a business address? Home Business

CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
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PRIMARY PHONE NO.	EMAIL ADDRESS
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6. UNINVESTED CASH

I hereby direct Pacific Premier Trust to deposit all undirected and uninvested cash from any source, including but not limited to contributions, transfers, proceeds from asset sales and income and distributions from assets held in the custodial account, into deposit accounts with a Federal Deposit Insurance Corporation ("FDIC") insured bank (which may include Pacific Premier Bank), at the discretion of Pacific Premier Trust. I also acknowledge that the deposits at each bank will be insured by the FDIC up to the federal deposit insurance limits (currently \$250,000) and that any amount in excess of the legal limit will not be insured by the FDIC.

I further understand and agree that my account may have a minimum cash requirement and that fees are applicable to accounts that fall below the required minimum, as outlined in the Fee Schedule. Check your Fee Schedule to confirm if this applies and for details.

7. ACCOUNT HOLDER (TRUSTEE OR FIDUCIARY) REPRESENTATIONS

The Account Holder acknowledges that:

- He or she has received, read and understands the Custodial Agreement, Custodial Addendum and Fee Schedule for the Pacific Premier Trust Custody Only Account that the Account Holder is establishing; and
- Understands that the Custodial Agreement, Custodial Addendum and Fee Schedule set forth the duties, limitations on duties and rights of the Account Holder, Pacific Premier Trust and its related entities.
- By signing this application below, the Account Holder warrants that all the information provided in this application is true and accepts and agrees to all of the terms and conditions of the Custodial Agreement, Custodial Addendum and Fee Schedule.
- 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.

	ACCOUNT HOLDER SIGNATURE	DATE
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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

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