



Account Access Authorization Form

1 ACCOUNT OWNER INFORMATION

NAME (FIRST, MI, LAST)	PHONE NO. (IF KNOWN)
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PRIMARY PHONE NO.	SOCIAL SECURITY NO.
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ACCOUNT NO.

I authorize the Designated Representative listed below to act on behalf of all of my accounts held at Pacific Premier Trust.

2 DESIGNATED REPRESENTATIVE INFORMATION

Complete the fields below to designate a representative for your Account. Note: The IRA Custodial Account Agreement and Disclosure Statement authorizes Pacific Premier Trust to rely on any instructions provided by the person and/or firm listed here, and states that Pacific Premier Trust and its related entities are indemnified by you against any loss or expense it may incur when relying on such instructions.

DESIGNATED REPRESENTATIVE (DR) NAME (FIRST, MI, LAST)

DR OFFICE NAME	DR BROKER-DEALER NAME
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DR INDIVIDUAL CRD NO.	DR FIRM CRD NO.
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DR REPRESENTATIVE NO.	DR BRANCH NO.
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DR MAILING ADDRESS

CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
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BUSINESS PHONE NO.	CELL PHONE NO.	FAX NO.
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EMAIL ADDRESS



3 AUTHORIZATION & SIGNATURES

I designate or remove the above listed individual as my primary authorized representative at the above firm; I recognize that Pacific Premier Trust is authorized to act on instructions from not only this primary representative, but from any principal or authorized officer of the firm, or additional representative assigned by a principal or authorized officer of the firm.

I recognize that the firm has the authority to designate representatives that may have access to my account information.

By signing below, I agree:

- To a modification of my Pacific Premier Trust custodial agreement to enable the firm to make this appointment for this purpose;
- That the firm will have sole responsibility, and Pacific Premier Trust will have no responsibility for the selection, retention and actions of the Designated Representative;
- That the Designated Representative will be an agent of the firm and shall not be treated for any purpose as an employee, agent or affiliate of Pacific Premier Trust, or as controlled, approved, recommended or endorsed by Pacific Premier Trust, and;
- That the firm may remove a Designated Representative effective upon Pacific Premier Trust's receipt of their written notice of removal.

SIGNATURES

Both signatures are required.

	ACCOUNT OWNER SIGNATURE	DATE
	DESIGNATED REPRESENTATIVE 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.

Please note that directions from an advisor (ASA) may incur charges to a client account, in accordance with the client's fee schedule. Examples include research fees, wire transfers, and overnight shipping.

Upload forms to:

www.PacificPremierTrust.com/upload

Fax to: 303.614.7052

Send mail to:

Pacific Premier Trust
Processing Center
P.O. Box 981012
Boston, MA 02298-1012

For express deliveries:

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

Questions?

Call 800.962.4238

