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 Columbia Private Trust no later than October 31st of the year following the year of the death of the Account Owner/Participant.** Columbia Private 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. Columbia Private 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

NAME (FIRST, MI, LAST)*	COLUMBIA PRIVATE 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 800.829.3676.

NAME OF TRUST*	TRUST TAX ID NO.*

MAILING ADDRESS*

CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*

Trust Establishment Date* ____ / ____ / ______

3. TRUSTEE INFORMATION

- Please complete all fields. Attach additional pages if necessary. If fewer than all trustees are included with this form, only those who are listed in this section will be classified as designated trustees for this trust.

TRUSTEE #1 NAME (FIRST, MI, LAST)*	SSN*	DATE OF BIRTH*

MAILING ADDRESS*

CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*

LEGAL PHYSICAL ADDRESS*

CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*

EMAIL ADDRESS*	PHONE NUMBER*

☐ Sole Trustee ☐ Co-Trustee

TRUSTEE #2 NAME (FIRST, MI, LAST)*	SSN*	DATE OF BIRTH*

MAILING ADDRESS*

CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*

LEGAL PHYSICAL ADDRESS*

CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*

EMAIL ADDRESS*	PHONE NUMBER*

☐ 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:

I, 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."

NAME*

, as the Trustee certify, by initializing next to each requirement listed below, that the

NAME OF TRUST*

meets the aforementioned IRS requirements.

4. CERTIFICATIONS (CONTINUED)

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 any time in the future, I, within a reasonable amount of time, will provide Columbia Private 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.

6. 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?[1] ☐ 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?[1] ☐ 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?[1] ☐ 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?[1] ☐ Yes ☐ No

[1] 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).

5. TRUST BENEFICIARY INFORMATION (CONTINUED)

BENEFICIARY #5 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?[1] ☐ Yes ☐ No

BENEFICIARY #6 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?[1] ☐ Yes ☐ No

[1] 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).

7. 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 Columbia Private Trust will rely solely on the direction of the trustee or Account Owner/Participant as to the terms of the trust document; however, Columbia Private Trust, at its discretion, may at any time request a certified true and correct copy of the trust document for its review.
- I (we) agree to indemnify and hold harmless Columbia Private 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 Columbia Private 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*

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*

Upload forms to:
ColumbiaPrivateTrust.com/Upload

Fax to: 303.614.7038

Send mail to:
Columbia Private Trust
Processing Center
P.O. Box 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238