



# Non-Qualified (Taxable) Account 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 customer 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.

### 1. ACCOUNT REGISTRATION

- Check the appropriate box.
- For trust accounts, a Trust Certification, as well as cover and signature pages of trust, must be submitted with this application.

Individual      Joint      Trust (see above)      Entity<sup>1</sup>  
 Estate      Guardianship/Conservatorship      Minor (UGMA/UTMA)

<sup>1</sup>Entity Account Owners are required to also complete the Pacific Premier Trust Certification of Beneficial Ownership form and the Pacific Premier Trust LLC/LP Addendum if the entity is an LLC or LP.

### 2. INDIVIDUAL ACCOUNT

- For a Transfer on Death ("TOD") Account, you must also submit a Transfer on Death Account Designation Form.

NAME (FIRST, MI, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
OCCUPATION		EMPLOYER (LEAVE BLANK IF SELF-EMPLOYED)	
EMPLOYER ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE

#### Source of Wealth

Salary/Wages/Savings      Social Security benefits      Sale of property or business      Family/relative inheritance  
 Investment capital gains      Other – Please provide detailed explanation \_\_\_\_\_

**NOTE:** If you are employed with a financial services firm you may be required to notify your Compliance department so they can gain access to your account if needed.

LEGAL PHYSICAL ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE
PRIMARY PHONE		EMAIL ADDRESS	

**GENDER:**    Female      Male      Decline to State    **CITIZENSHIP:\***    U.S.      Other (specify): \_\_\_\_\_

\*Only U.S. Citizens, or other U.S. persons (including Resident Aliens) will be able to establish an account with Pacific Premier Trust. If your citizenship status changes you must notify PPT to determine if PPT can maintain custody of your account.

**PLEASE BE AWARE THAT YOU WILL RECEIVE PRINTED QUARTERLY STATEMENTS BY MAIL.** You will be assessed a quarterly fee of \$10.00 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](https://PacificPremierTrust.com/register), then, you must elect to receive electronic statements through your online account.



3. JOINT ACCOUNT

Please indicate the type of Joint Account by checking one box:

- JTWROS – Joint Tenants with Rights of Survivorship
Community Property
Tenants in Common
Community Property with Rights of Survivorship

Add the Joint Account Owner information below. ALL PARTIES MUST SIGN THE ACKNOWLEDGMENTS & SIGNATURES SECTION OF THIS FORM.

3A. ACCOUNT OWNER 1

Form for Account Owner 1 including fields for Name, Social Security Number, Date of Birth, Occupation, Employer, and Address.

Source of Wealth

- Salary/Wages/Savings
Social Security benefits
Sale of property or business
Family/relative inheritance
Investment capital gains
Other – Please provide detailed explanation

NOTE: If you are employed with a financial services firm you may be required to notify your Compliance department so they can gain access to your account if needed.

Form for Account Owner 1 including fields for Legal Physical Address, City, County, State, Postal Code, Primary Phone, and Email Address.

GENDER: Female Male Decline to State CITIZENSHIP:\* U.S. Other (specify):

\*Only U.S. Citizens, or other U.S. persons (including Resident Aliens) will be able to establish an account with Pacific Premier Trust. If your citizenship status changes you must notify PPT to determine if PPT can maintain custody of your account.

I, the Joint Account Owner 1, would like to receive statements for this account.

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3B. ACCOUNT OWNER 2

Form for Account Owner 2 including fields for Name, Social Security Number, Date of Birth, Occupation, Employer, and Address.

Source of Wealth

- Salary/Wages/Savings
Social Security benefits
Sale of property or business
Family/relative inheritance
Investment capital gains
Other – Please provide detailed explanation

NOTE: If you are employed with a financial services firm you may be required to notify your Compliance department so they can gain access to your account if needed.



LEGAL PHYSICAL ADDRESS
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CITY	COUNTY	STATE	POSTAL CODE
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PRIMARY PHONE	EMAIL ADDRESS
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**GENDER:** Female Male Decline to State **CITIZENSHIP:\*** U.S. Other (specify): \_\_\_\_\_

\*Only U.S. Citizens, or other U.S. persons (including Resident Aliens) will be able to establish an account with Pacific Premier Trust. If your citizenship status changes you must notify PPT to determine if PPT can maintain custody of your account.

I, the Joint Account Owner 2, would like to receive statements for this account.

**PLEASE BE AWARE THAT YOU WILL RECEIVE PRINTED QUARTERLY STATEMENTS BY MAIL.** You will be assessed a quarterly fee of \$10.00 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](https://PacificPremierTrust.com/register), then, you must elect to receive electronic statements through your online account.

**4. TRUST ACCOUNT**

- If there are more than three trustees, please attach an additional sheet providing the required information. If the Account Owner is not a trustee, please complete Section 2 ("Individual Account"). **You must also complete a Trust Certification Form for Taxable Account and submit the 1st and Signature Pages of the Trust Agreement.**

**Select Trust Type:** Individual Family

NAME OF TRUST	TRUST TAX ID NO.
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**4A. TRUSTEE 1**

NAME (FIRST, MI, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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OCCUPATION	EMPLOYER (LEAVE BLANK IF SELF-EMPLOYED)
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EMPLOYER ADDRESS
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CITY	COUNTY	STATE	POSTAL CODE
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**Source of Wealth**

Salary/Wages/Savings Social Security benefits Sale of property or business Family/relative inheritance  
Investment capital gains Other – Please provide detailed explanation \_\_\_\_\_

**NOTE:** If you are employed with a financial services firm you may be required to notify your Compliance department so they can gain access to your account if needed.

LEGAL PHYSICAL ADDRESS
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CITY	COUNTY	STATE	POSTAL CODE
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PRIMARY PHONE	EMAIL ADDRESS
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**GENDER:** Female Male Decline to State **CITIZENSHIP:\*** U.S. Other (specify): \_\_\_\_\_

\*Only U.S. Citizens, or other U.S. persons (including Resident Aliens) will be able to establish an account with Pacific Premier Trust. If your citizenship status changes you must notify PPT to determine if PPT can maintain custody of your account.

I, the Trustee 1, would like to receive statements for this account.

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**4B. TRUSTEE 2**

NAME (FIRST, MI, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
OCCUPATION		EMPLOYER (LEAVE BLANK IF SELF-EMPLOYED)	
EMPLOYER ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE

**Source of Wealth**

Salary/Wages/Savings      Social Security benefits      Sale of property or business      Family/relative inheritance  
Investment capital gains      Other – Please provide detailed explanation \_\_\_\_\_

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LEGAL PHYSICAL ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE
PRIMARY PHONE		EMAIL ADDRESS	

**GENDER:**    Female      Male      Decline to State    **CITIZENSHIP:\***    U.S.      Other (specify): \_\_\_\_\_

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I, the Trustee 2, would like to receive statements for this account.

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**4A. TRUSTEE 3**

NAME (FIRST, MI, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
OCCUPATION		EMPLOYER (LEAVE BLANK IF SELF-EMPLOYED)	
EMPLOYER ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE

**Source of Wealth**

Salary/Wages/Savings      Social Security benefits      Sale of property or business      Family/relative inheritance  
Investment capital gains      Other – Please provide detailed explanation \_\_\_\_\_

**NOTE:** If you are employed with a financial services firm you may be required to notify your Compliance department so they can gain access to your account if needed.

LEGAL PHYSICAL ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE
PRIMARY PHONE		EMAIL ADDRESS	



GENDER: Female Male Decline to State CITIZENSHIP:\* U.S. Other (specify): \_\_\_\_\_

\*Only U.S. Citizens, or other U.S. persons (including Resident Aliens) will be able to establish an account with Pacific Premier Trust. If your citizenship status changes you must notify PPT to determine if PPT can maintain custody of your account.

I, the Trustee 3, would like to receive statements for this account.

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**5. ESTATE ACCOUNT INFORMATION**

- IMPORTANT:** Supporting documentation is required to establish an Estate Account. Please include original or certified copy of legal documentation identifying authorized representative(s) or executor on the Account below.

DECEDENT NAME			
OCCUPATION		EMPLOYER (LEAVE BLANK IF SELF-EMPLOYED)	
AUTHORIZED REPRESENTATIVE NAME (FIRST, MI, LAST) – (E.G. OFFICER, PARTNER, OWNER, EXECUTOR)		TAX ID NO. / SSN	DATE OF BIRTH
EMPLOYER ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE

**Source of Wealth**

Salary/Wages/Savings      Social Security benefits      Sale of property or business      Family/relative inheritance  
 Investment capital gains      Other – Please provide detailed explanation \_\_\_\_\_

**NOTE:** If you are employed with a financial services firm you may be required to notify your Compliance department so they can gain access to your account if needed.

LEGAL PHYSICAL ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE
PRIMARY PHONE		EMAIL ADDRESS	

**6. MINOR: UGMA – UTMA (UNIFORM GIFT/TRANSFERTO MINOR)**

RESPONSIBLE INDIVIDUAL NAME (FIRST, MI, LAST)		RESPONSIBLE INDIVIDUAL SOCIAL SECURITY NO.	CUSTODIAN DATE OF BIRTH
OCCUPATION OF RESPONSIBLE INDIVIDUAL		EMPLOYER (LEAVE BLANK IF SELF-EMPLOYED)	
EMPLOYER ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE

**Source of Wealth**

Salary/Wages/Savings      Social Security benefits      Sale of property or business      Family/relative inheritance  
 Investment capital gains      Other – Please provide detailed explanation \_\_\_\_\_

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MINOR NAME (FIRST, MI, LAST)		UNDER CUSTODIAN FOR: UGMA                      UTMA	
MINOR SOCIAL SECURITY NO.		MINOR DATE OF BIRTH	
MINOR TAX IDENTIFICATION NO. (OR SOCIAL SECURITY NO.)		DONOR STATE	
MAILING ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE
LEGAL PHYSICAL ADDRESS			
PRIMARY PHONE		EMAIL ADDRESS	

**GENDER:**    Female            Male            Decline to State    **CITIZENSHIP:\***    U.S.            Other (specify): \_\_\_\_\_

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**7. GUARDIANSHIPS/CONSERVATORSHIPS**

- IMPORTANT:** An original or certified true copy of the court appointment of guardian/conservator must be included when returning this application form.

GUARDIAN/CONSERVATOR NAME (FIRST, MI, LAST)		CONSERVATOR SOCIAL SECURITY NO.	CONSERVATOR DATE OF BIRTH
OCCUPATION		EMPLOYER (LEAVE BLANK IF SELF-EMPLOYED)	
EMPLOYER ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE

**Source of Wealth**

Salary/Wages/Savings            Social Security benefits            Sale of property or business            Family/relative inheritance  
Investment capital gains            Other – Please provide detailed explanation \_\_\_\_\_

**NOTE:** If you are employed with a financial services firm you may be required to notify your Compliance department so they can gain access to your account if needed.

GUARDIAN/CONSERVATEE NAME (FIRST, MI, LAST)		CONSERVATEE SOCIAL SECURITY NO.	CONSERVATEE DATE OF BIRTH
GUARDIAN MAILING ADDRESS			
CITY	COUNTY	STATE	POSTAL CODE
LEGAL PHYSICAL ADDRESS			
PRIMARY PHONE		GUARDIAN EMAIL ADDRESS	



GENDER: Female Male Decline to State CITIZENSHIP:\* U.S. Other (specify): \_\_\_\_\_

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**8. ANNUAL ACCOUNT ADMINISTRATION FEE NOTICE**

Your account Fee Payment preference is currently set to automatically pay your account fees using available cash in your account. Please refer to your Custodial Agreement: Terms and Conditions Addendum for more information on Billing & Fee Collection.

**9. 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.

**10. SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

- If there are multiple account owners, please provide SSN/TIN for each person, along with the name as identified in IRS records.

ACCOUNT OWNER(S) SOCIAL SECURITY NUMBER(S) OR OTHER TAX IDENTIFICATION NUMBER(S)

- The designated Tax Identification Number(s) (TIN) belongs to (exact name as corresponds with IRS records):

NAME

NAME

NAME



**Substitute Form W-9: Request for Taxpayer Identification Number and Certification**

**Under penalties of perjury, I certify the following:**

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

**PLEASE SIGN AND DATE IN SECTION 11 BELOW.**




The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**11. ACKNOWLEDGMENT & SIGNATURE**

I, the undersigned Participant ("Account Owner"/"Trustee"), hereby establish this Account under the Custodial Account Agreement, which is incorporated within this application by this reference. I designate Pacific Premier Trust, a Division of Pacific Premier Bank, as Custodian of this Account and make the following declarations:

I have read, understand and agree to all of the terms as set forth in the Application, Custodial Account Agreement (collectively, and Custodial Agreement Terms and Conditions Addendum "Account Documents") and I have retained the Account Documents including a copy of this completed Application. I further specifically acknowledge that I have read, understand and agree to the Arbitration Statement that is part of the Plan Documents, and the Fee Schedule that is available at the Pacific Premier Trust website, PacificPremierTrust.com; and that Pacific Premier Trust provided me with this document. I acknowledge that a minimum cash requirement may apply to my Account, as stated in the Fee Schedule. If this requirement is not met, I understand additional fees may apply. I also understand that fees may apply. I also understand that fees may not be prorated upon establishment or termination, and I consent to have my conversations with Pacific Premier Trust recorded.

Please complete, sign and return this Application with any deposits 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.)

	ACCOUNT OWNER/TRUSTEE SIGNATURE	DATE
	ACCOUNT OWNER/TRUSTEE SIGNATURE	DATE
	ACCOUNT OWNER/TRUSTEE SIGNATURE	DATE

When the Account has been accepted by Pacific Premier Trust, the Account Owner/Trustee will be sent an Account Establishment confirmation letter showing the account number and account information. The purchase of an asset may be delayed until a Pacific Premier Trust account number has been assigned and the Account has been funded by the Account Owner/Trustee.

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:**  
FIS-Processing Center  
Attn: Pacific Premier Trust  
PO 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

