

Toll Free: 800.962.4238 PacificPremierTrust.com

Traditional/SEP/Roth IRA Application

IMPORTANT INFORMATION:

In order 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 6.

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. PLAN INFORMATION			
 Check the appropriate IRA type below. If you are opening an INHERITED IRA, please complete SEC Traditional IRA Roth IRA Traditional Inherited IRA 			ion. ed Employee Pension (SEP) IRA
2. ACCOUNT OWNER INFORMATION			
Please DO NOT complete this section for an Inherited IRA. (NAME (FIRST, MI, LAST)	Continue to sec		DATE OF BIRTH
CITIZENSHIP*: U.S. Other (specify): If applicable, enter name of organization or individual referral, or p *Only U.S. Citizens, or other U.S. persons (including Resident Aliens) will be able to esta	romotion code:		Female
3. INHERITED IRA INFORMATION			
 Trust Certification Form is required for Trust Inherited IRAs. Please include a copy of the death certificate for the decease Estate Accounts - Please complete Appointment of Attorney Letters Testamentary/Administration. 			Form and provide original/certified copy of
3A. DECEASED ACCOUNT OWNER INFORMATION			
NAME (FIRST, MI, LAST)		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DATE OF DEATH	
3B. BENEFICIARY INFORMATION — The individual establishing	ng this accoun	t	
NAME (FIRST, MI, LAST)	SOCIAL SECURIT	Y NUMBER/EIN	DATE OF BIRTH
*Only U.S. Citizens, or other U.S. persons (including Resident Aliens) will be able to esta Relationship to deceased account owner: Spouse N			Female



4. CONTACT INFORMATION						
OCCUPATION (FOR ACCOUNT OWNERS, TRUSTEES OR EXECU	EMPLOYER (LEAVE BLANK IF SELF-EMPLOYED)					
EMPLOYER ADDRESS						
CITY	COUNTY		STATE	POSTAL CODE		
Source of Wealth						
☐ Salary/Wages/Savings ☐ Social security b	enefits \square Sale of pro	perty or business	☐ Family/relative inhe	ritance		
\square Investment capital gains \square Other – Please	provide detailed explanation					
NOTE: If you are employed with a financial service account if needed.	s firm you may be required	to notify your Com	pliance department so they c	an gain access to your		
4A. MAILING ADDRESS						
All fields in this section are required.						
STREET ADDRESS (IF P.O. BOX, PROVIDE PHYSICAL ADDRESS	BELOW)					
CITY	STATE/PROVINCE	COUNTY		POSTAL CODE		
PRIMARY PHONE NO.	EMAIL ADDRESS					
 4B. LEGAL PHYSICAL ADDRESS Required if different from mailing address, or 	if P.O. Box is provided above	e as mailing addres	SS.			
CITY	STATE/PROVINCE	COUNTY		POSTAL CODE		
PLEASE BE AWARETHATYOU WILL RECEIVE PF for this service; this quarterly fee will be waived statements, you must first register your Pacific I receive electronic statements through your onli	l if you elect to receive you PremierTrust account onlin	r statements elec	ctronically. To waive this fee	and receive electronic		
5. INVESTMENT INFORMATION						
Please select all of the investment types you plan to your investments. Selecting an asset type below is may change over the life of your account. Your acc	not intended as your instru	ction for a purchas	se or transfer, and we underst			
☐ Standard Assets — includes Mutual Funds, N Annuities, Managed Accounts, Brokerage Accounts	·		-	-		
☐ Inherited IRA — I am inheriting this PPT account and do not intend to make further investments. I intend to take a full distribution.						
Alternative Assets						
Real Property Secured Notes (i.e. Trust Deeds/Mortgages)			☐ Unsecured Notes (i.e. Loans to a person or corporation)			
☐ Private Stock ☐ Limited Partnerships/Limited Liability Companies			REITs (Non-exchange traded and private)			
☐ Offshore Funds ☐ Tax Liens ☐ Foreign Securities						



6. CHECK ENCLOSURE SUMMARY (CONTRIBUTION ALLOCATION)

Your signed Application must be received by Pacific Premier Trust in its offices on or before tax-filing due date, with no extensions (generally April 15), in order for the IRA to be eligible to receive contributions for that tax year. Contribution checks must also be postmarked to Pacific Premier Trust on or before the Account Owner's tax-filing due date (with no extensions).

Only complete this sec	tion IFYOU ARE SUBN	/IITTING YO	UR APPLICA	TION BY MAIL A	ND ENCLOSI	NG A PERSONAL (CHECK.
Rollover Contribution	\$		_ Roth	n IRA Contribution	n for 20	\$	
IRA Contribution for 20				n IRA Contribution			
IRA Contribution for 20					\$		
NOTE: Make check payable to F contributions for multiple account		,	-	•			te sheet. If you are providir
7. UNINVESTED CASH	1						
I hereby direct Pacific Premi proceeds from asset sales a Insurance Corporation ("FDI that the deposits at each bar of the legal limit will not be i I further understand and agr required minimum, as outlin	nd income and distributor") insured bank (which has will be insured by the sured by the sured by the FDIC.	tions from a h may includ e FDIC up to y have a mir	issets held in de Pacific Pre o the federal nimum cash r	the custodial accomier Bank), at the deposit insurance	count, into depose discretion of a limits (current chart fees are approximately country)	osit accounts with a Pacific Premier Trustly \$250,000) and the oplicable to account	Federal Deposit st. I also acknowledge at any amount in exces
8. BENEFICIARY DESI	GNATION						
My beneficiaries and conti ☐ Listed in Section 9 and/or • You may designate as mainformation requested for • If you are designating a Ti • Providing Social Security instructions in the event • Important note about conto your retirement account Agreement account Agreement understand that, except as Account Agreement will goven the total percentage of ow designating 3 beneficiaries designation request does in	any beneficiaries as you reach beneficiary follow rust as a beneficiary please. Numbers for each beneficiary please of an Account Owner's mmunity property rights nt. You may wish to contain a spring the property respectively record and the respective of the description of	form wish; additiving the form ase read and ficiary is required death. If you live it insult with you many and core such prior do is IRA Bene isposition of of beneficial ortions of the	ional sheets remats shown in complete paguired; without in a community our legal advisionations mediciary Designations mediciary Designations mediciary, both prince account, t	n Sections 9 and 1 ge 5 of this form - t them, Pacific Prest ty property state a sor(s) for guidance efficiaries to receive hade by me. hation Form or any upon my death. hary and conting the amount shou	Trusts Named As a mier Trust will and you are mand on community attachment to the ent, must equild reflect 33.33	As a Beneficiary. As a Beneficiary. be unable to proces arried, your spouse r property rights. In this IRA according this form, the term al 100%. For exam 3%, 33.33% and 33.	es distribution nay have certain rights to the terms of the IRA ns of the IRA Custodial ple: if you are 34%. If your beneficiar
9. BENEFICIARY INFO	RMATION						
9A. PRIMARY BENEFICIAR	Y(IES)						
NAME (FIRST, MI, LAST)			DATE OF BIRTI	Н	PHONE NO.		PERCENTAGE
SOCIAL SECURITY NO.				RELATIONSHIP			
LEGAL PHYSICAL ADDRESS							
CITY		STATE/PROVI	NCE	COUNTY			POSTAL CODE



NAME (FIRST, MI, LAST)		DATE OF BIRTH			PHONE NO.		PERCENTAGE
							%
SOCIAL SECURITY NO.			RELA	ATIONSHIP			
LEGAL PHYSICAL ADDRESS							
CITY	STATE/PROVII	NCE	COUNTY		POSTA		L CODE
9B. CONTINGENT BENEFICIARY(IES)						,	
NAME (FIRST, MI, LAST)	E (FIRST, MI, LAST) DATE OF BIF		Н		PHONE NO.		
SOCIAL SECURITY NO.		ı	RELATIONSHIP			%	
LEGAL PHYSICAL ADDRESS							
CITY	STATE/PROVII	TATE/PROVINCE COUN		COUNTY		POSTA	L CODE
NAME (FIRST, MI, LAST)		DATE OF BIRTH			PHONE NO.		PERCENTAGE %
OCIAL SECURITY NO.		RELATIONSHIP					
LEGAL PHYSICAL ADDRESS							
CITY	STATE/PROVII	NCE		COUNTY		POSTA	L CODE

CONTINUED ON THE NEXT PAGE.

NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BYTHE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECTTO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.



10. TRUSTS NAMED AS A BENEFICIARY

Please read and complete this section if you are designating a Trust as a beneficiary. Please provide us with the information below on the current Trustee(s) of the Trust and the pages of the trust agreement described below:

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. Pacific Premier Trust in its

role as account custodian cannot and will not in the trustee(s) must obtain a legal opinion of the of the trust agreement and other trust documer	trust agreement's					
☐ I am both account owner and Trustee of the	Beneficiary Trust.					
TRUSTEE INFORMATION						
Please attach additional pages if necessary	<i>/</i> .					
*This is a required field.						
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			PHONE NO.			
☐ Sole Trustee ☐ Co-Trustee						
TRUSTEE #2 NAME (FIRST, MI, LAST)*		SSN*		DATE OF	DATE OF BIRTH*	
MAILING ADDRESS*						
CITY*	STATE/PROVINCE*		COUNTY*		POSTAL CODE*	
LEGAL PHYSICAL ADDRESS*						
CITY*	STATE/PROVINCE*		COUNTY*		POSTAL CODE*	
EMAIL			PHONE NO.			
☐ Sole Trustee ☐ Co-Trustee						

11. ACKNOWLEDGMENT & SIGNATURE

I, the undersigned Participant (Account Owner) or Beneficiary in the case of an Inherited IRA, hereby establish an Individual Retirement Account (IRA) under the IRA 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 IRA and make the following declarations.

I have read, understand and agree to all of the terms as set forth in the IRA Application, IRA Custodial Account Agreement, Custodial Agreement Terms and Conditions Addendum and the IRA Disclosure Statement (collectively, "Plan Documents") and I have retained the Plan 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 (www.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 not be prorated upon establishment or termination, and I also consent to have my conversations with Pacific Premier Trust recorded.

Pacific Premier Trust performs the duties of a directed custodian of assets for self-directed individual and business retirement accounts as well as other custodial 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 OWNER SIGNATURE	DATE

ADDITIONAL STEPS REQUIRED TO SETUP YOUR ACCOUNT 12.

When the plan has been accepted by Pacific Premier Trust, the Account Owner will be sent an account establishment confirmation letter showing the account number and account information. Trading may be delayed until a Pacific Premier Trust account number has been assigned and the account has been funded by the Account Owner.

Once you receive your Pacific Premier Trust account number, you can register for online access. To do so, visit PacificPremierTrust.com/register, and follow the on screen prompts.

Please refer to your IRA Custodial Agreement: Terms and Conditions Addendum for more information on Billing & Fee Collection.

TO DESIGNATE AN INTERESTED PARTY OR FINANCIAL REPRESENTATIVE, PLEASE COMPLETE AND RETURNTHE FOLLOWING AFFILIATED PARTY AUTHORIZATION PAGES TO PACIFIC PREMIER TRUST.

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Upload forms to:

PacificPremierTrust.com/upload

Fax to: 303.614.7038

Send mail to: Pacific Premier Trust **Processing Center** 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