



Firm Contact & Principal Assignment

Use this form to assign a firm; designate principals/authorized officers; add, update or remove authorized interested parties or designated representatives on an Account(s) held at Pacific Premier Trust.

Please refer to Advisor Services Agreement for additional information on Firm information and disclosures.

1. FIRM INFORMATION

Type of Firm: [ ] RIA [ ] Broker/Dealer [ ] Bank [ ] Other: \_\_\_\_\_

Form fields for Firm Information: CRD NO. (IF APPLICABLE), FIRM NAME, TAX ID NO., FIRM PRIMARY CONTACT (FIRST, MI, LAST), ADDRESS (PRINCIPAL PLACE OF BUSINESS), CITY, STATE/PROVINCE, COUNTY, POSTAL CODE, PRIMARY PHONE, FAX, EMAIL, WEBSITE.

2. PRINCIPAL/AUTHORIZED OFFICER

2A PRINCIPAL/AUTHORIZED OFFICER #1

Action Requested: [ ] Add [ ] Update [ ] Remove [ ] Social Security No.: \_\_\_\_\_

Form fields for Principal/Authorized Officer: NAME (FIRST, MI, LAST), TITLE, CRD NO., ADDRESS, CITY, STATE/PROVINCE, COUNTY, POSTAL CODE, PRIMARY PHONE, FAX, EMAIL, PACIFIC PREMIER TRUST CONTACT ID NO.

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**2B PRINCIPAL/AUTHORIZED OFFICER #2**

Action Requested:  Add  Update  Remove  Social Security No.: \_\_\_\_\_

NAME (FIRST, MI, LAST)		TITLE	CRD NO.
ADDRESS			
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
PRIMARY PHONE		FAX	
EMAIL		PACIFIC PREMIER TRUST CONTACT ID NO.	

**3. AUTHORIZED INTERESTED PARTY (AIP)**

Action Requested:  Add  Update  Remove  
Access Rights:  Information Only  Account Update (non-transactional)

NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.	CRD NO. (IF APPLICABLE)
ADDRESS			
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
PRIMARY PHONE		FAX	
EMAIL		PACIFIC PREMIER TRUST CONTACT ID NO.	


	SIGNATURE (REQUIRED FOR ADD OR UPDATE)	TITLE



#### 4. DESIGNATED REPRESENTATIVE INFORMATION

Full access to designated accounts. PLEASE ATTACH LIST OF CLIENT NAMES AND ACCOUNT NUMBERS.

Action Requested:  Add  Update  Remove

FINANCIAL REPRESENTATIVE (DR) NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.		
OFFICE NAME		BROKER-DEALER NAME		
INDIVIDUAL CRD NO.		FIRM CRD NO.		
REPRESENTATIVE NO.		BRANCH NO.		
MAILING ADDRESS				
CITY		STATE/PROVINCE	COUNTY	POSTAL CODE
BUSINESS PHONE NO.		CELL PHONE NO.	FAX NO.	
EMAIL		PACIFIC PREMIER TRUST CONTACT ID NO.		
		SIGNATURE (REQUIRED FOR ADD OR UPDATE)		TITLE

#### 5. COMPLIANCE OFFICER

Action Requested:  Add  Update  Remove  Social Security No.: \_\_\_\_\_

NAME (FIRST, MI, LAST)		TITLE		
ADDRESS				
CITY		STATE/PROVINCE	COUNTY	POSTAL CODE
PRIMARY PHONE		FAX		
EMAIL		PACIFIC PREMIER TRUST CONTACT ID NO.		



**6. AUTHORIZATION**

Principals and Authorized Officers will have access to all client Accounts represented by the firm. You agree to advise Pacific Premier Trust promptly in writing of any additions, updates, or deletions. Please attach a Corporate Resolution authorizing these Principals and Authorized Officers to sign on behalf of the firm. By signing this agreement I acknowledge that I have received, read and agree to abide by the terms of the accompanying Advisor or Broker Services Agreement, and Pacific Premier Trust Client Account Owner Agreement and Disclosure Statements (available on the Pacific Premier Trust website), which both contain pre-dispute arbitration clauses.

The undersigned acknowledges that the content of this form is true and accurate.

	PRINCIPAL / AUTHORIZED SIGNATURE	DATE (REQUIRED)
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PRINTED NAME
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	PRINCIPAL / AUTHORIZED SIGNATURE	DATE (REQUIRED)
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PRINTED NAME
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	COMPLIANCE OFFICER SIGNATURE	DATE (REQUIRED)
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PRINTED NAME
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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: 303.614.7040

Send mail to:  
Pacific Premier Trust  
Processing Center  
P.O. BOX 981012  
Boston, MA 02298

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

Questions?  
Call 800.962.4238

