



IRA Beneficiary Designation

Use this form to designate beneficiaries on your Pacific Premier Trust ("PPT") Account (including Traditional, Roth, Simple, SEP and Inherited IRAs). Please submit a Solo(K) Beneficiary Designation form if making updates to a Solo(K) Account. Additional pages may be attached if you wish to designate more than two primary or two contingent beneficiaries beyond the space allotted on Page 2; all requested information (social security number, date of birth, phone numbers) should be included for Pacific Premier Trust to accept the designations. Your signature and date are required on Page 4.

All beneficiary designations are subject to an administrative review and acceptance by PPT

1. ACCOUNT OWNER/BENEFICIAL ACCOUNT OWNER INFORMATION

Form fields for Account Owner Name, Pacific Premier Trust Account No., Social Security Number, Date of Birth, and Primary Phone.

I wish to apply the beneficiary designations listed here (or attached to this form) to my following other accounts held by Pacific Premier Trust).

Form fields for PPT Account Number (three columns).

2. BENEFICIARY DESIGNATION

My beneficiaries and contingent beneficiaries (if applicable) are:

Listed on the next page Attached to this form

- You may designate as many beneficiaries as you wish; additional sheets may be attached, if needed, for contingent beneficiaries. Please provide the information requested for each beneficiary following the formats on the next page.
If you are designating a Trust as a beneficiary please read and complete page 3 of this form - Trusts Named As a Beneficiary.
Providing Social Security Numbers for each beneficiary is required; without them, Pacific Premier Trust will be unable to process distribution instructions in the event of an Account Owner's death.
Important note about community property rights. If you live in a community property state and you are married, your spouse may have certain rights to your retirement account. You may wish to consult with your legal advisor(s) for guidance on community property rights.

I hereby designate the persons named herein as primary and contingent beneficiaries to receive my interest in this IRA according to the terms of the IRA Custodial Account Agreement, hereby revoking any such prior designations made by me.

I understand that, except as otherwise set forth in this IRA Beneficiary Designation Form or any attachment to this form, the terms of the IRA Custodial Account Agreement will govern with regard to the disposition of my account upon my death.

The total percentage of ownership for each level of beneficiary, both primary and contingent, must equal 100%. For example: if you are designating 3 beneficiaries with rights to equal portions of the account, the amount should reflect 33.33%, 33.33% and 33.34%. If your beneficiary designation request does not total 100%, Pacific Premier Trust will not be able to process the designation and will reach out for clarification.

CONTINUED ON THE NEXT PAGE.



2A PRIMARY BENEFICIARY(IES)

Please provide us with your beneficiary information, below. These fields are needed to aid PPT in reaching the named parties if required.

BENEFICIARY #1 NAME (FIRST, MI, LAST / ENTITY NAME)		SOCIAL SECURITY NO. / TAX ID NO.	DATE OF BIRTH (N/A IF ENTITY)
RELATIONSHIP TO ACCOUNT OWNER		PERCENTAGE OF OWNERSHIP %	
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> Cell Number
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

BENEFICIARY #2 NAME (FIRST, MI, LAST / ENTITY NAME)		SOCIAL SECURITY NO. / TAX ID NO.	DATE OF BIRTH (N/A IF ENTITY)
RELATIONSHIP TO ACCOUNT OWNER		PERCENTAGE OF OWNERSHIP %	
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> Cell Number
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

Additional primary beneficiaries are attached.

2B CONTINGENT BENEFICIARY(IES)

In case of death of primary beneficiaries.

CONTINGENT BENEFICIARY #1 NAME (FIRST, MI, LAST / ENTITY NAME)		SOCIAL SECURITY NO. / TAX ID NO.	DATE OF BIRTH (N/A IF ENTITY)
RELATIONSHIP TO ACCOUNT OWNER		PERCENTAGE OF OWNERSHIP %	
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> Cell Number
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

CONTINGENT BENEFICIARY #2 NAME (FIRST, MI, LAST / ENTITY NAME)		SOCIAL SECURITY NO. / TAX ID NO.	DATE OF BIRTH (N/A IF ENTITY)
RELATIONSHIP TO ACCOUNT OWNER		PERCENTAGE OF OWNERSHIP %	
MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER	<input type="checkbox"/> Cell Number
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

Additional contingent beneficiaries are attached.



3. 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.¹

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 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.

I am both account owner and Trustee of the Beneficiary Trust.

TRUSTEE INFORMATION

- Please attach additional pages if necessary.

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 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

¹ A copy of the portion of the Will that creates a Testamentary Trust may also be provided in lieu of a Trust Agreement.



4. ACKNOWLEDGMENT & SIGNATURE

I authorize Pacific Premier Trust to process this beneficiary designation. I agree to release, indemnify, defend, and hold Pacific Premier Trust and its related entities harmless from any claims arising out of processing my beneficiary changes/updates including any damages, fees, costs or expenses arising therefrom. I acknowledge that this new beneficiary designation supersedes any and all other beneficiary designations previously provided to Pacific Premier Trust. This designation shall be in effect until I otherwise notify Pacific Premier Trust in writing.

PLEASE SIGN AND DATE BELOW.

	ACCOUNT OWNER SIGNATURE	DATE*
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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
Fax to: 303.614.7086

Send mail to:
Pacific Premier Trust
Processing Center
P.O. 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

