PENSCO TRUST COMPANY

P 1.800.962.4238
W www.pensco.com

Trust Certification

PURPOSE OF THIS FORM

This form should be completed when an Account Owner/Participant names a trust as their beneficiary and EITHER:

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 the beneficiaries of the Trust wish to use the life expectancy of the oldest trust beneficiary to calculate the RMD. **This form must be completed by the trustee(s) of the trust and received by PENSCO Trust Company (PENSCO) no later than October 31st of the year following the year of the death of the Account Owner/Participant.** PENSCO will not accept an improperly completed or incomplete form.

TRUST AGREEMENT

Please **DO NOT** forward a copy of the trust agreement and other trust documents unless specifically requested to do so. The trustee/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 trustee/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 (*Indicates a required field)

*First Name: ______________________ *MI: _____ *Last Name: ______________________

*Social Security Number: ______________________ *Birth Date: ____________ *Date of Death: ____________

*Account Number: ____

2. TRUST INFORMATION (Attach additional page if necessary)

Name of Trust: ____

Trustee Mailing Address: ____

City: ______________________ State/Province: ______________________

Country: ______________________ Postal Code: ______________________

Trust Tax Identification Number*: ______________________

***The trust must obtain a tax identification number prior to distributions. The Social Security Number of the account owner may not be used. Tax I.D. numbers may be obtained from the IRS online or at (800) 829-4933.**

Trustee First Name: ______________________ MI: _____ Last Name: ______________________

Social Security Number: ______________________ Birth Date: ____________

Address: ____

City: ______________________ State/Province: ______________________

Country: ______________________ Postal Code: ______________________

☐ Sole Trustee ☐ Co-Trustee

Trustee First Name: ______________________ MI: _____ Last Name: ______________________

Social Security Number: ______________________ Birth Date: ____________

Address: ____

City: ______________________ State/Province: ______________________

Country: ______________________ Postal Code: ______________________

☐ Sole Trustee ☐ Co-Trustee

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

3. 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 these 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 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:

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."

I, ____, (name) as the trustee certify, by initialing next to the requirement, that the

____ (trust) meets the following IRS requirements:

If this form is being completed by Co-trustees, each trustee must initial each statement.

(initial)

______ 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, the list is correct and complete.

______ If the trust instrument is amended at anytime in the future, I, within a reasonable amount of time, will provide PENSCO 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.

(initial)

______ All requirements of Paragraph (a)(1) & (a)(2) of regulation 1.401(a)(9)-4 Q & A 6 are satisfied.

4. TRUST BENEFICIARY INFORMATION *(Attach additional pages if necessary)*

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 beneficiaries 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.

A. Name of Beneficiary: ______________________ MI: _____ Last Name: ______________________

Date of Birth: ______________________ Social Security Number or TIN: ______________________

Relationship to Account Owner/Participant: ______________________

Description of Entitlement (i.e. primary 50%, or contingent 25%, etc.): ______________________

B. Name of Beneficiary: ______________________ MI: _____ Last Name: ______________________

Date of Birth: ______________________ Social Security Number or TIN: ______________________

Relationship to Account Owner/Participant: ______________________

Description of Entitlement (i.e. primary 50%, or contingent 25%, etc.): ______________________

C. Name of Beneficiary: ______________________ MI: _____ Last Name: ______________________

Date of Birth: ______________________ Social Security Number or TIN: ______________________

Relationship to Account Owner/Participant: ______________________

Description of Entitlement (i.e. primary 50%, or contingent 25%, etc.): ______________________

D. Name of Beneficiary: ______________________ MI: _____ Last Name: ______________________

Date of Birth: ______________________ Social Security Number or TIN: ______________________

Relationship to Account Owner/Participant: ______________________

Description of Entitlement (i.e. primary 50%, or contingent 25%, etc.): ______________________

E. Name of Beneficiary: ________________________________ MI: _____ Last Name: ____________________________________

Date of Birth: _________________________________ Social Security Number or TIN: ______________________________

Relationship to Account Owner/Participant: ____

Description of Entitlement (i.e. primary 50%, or contingent 25%, etc.): ______________________________________

5. SIGNATURES AND NOTARY/ACKNOWLEDGEMENTS AND 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 PENSCO will rely solely on the direction of the trustee or Account Owner/Participant as to the terms of the trust document; however, PENSCO in its discretion may at anytime request a certified true and correct copy of the trust document for its review.
- I (we) agree to indemnify and hold harmless PENSCO 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 PENSCO as the result of any action taken in reliance on the certifications provided by me (us) on this form.

A. TRUSTEE/ACCOUNT OWNER/PARTICIPANT NAME:

____

____
Trustee/Account Owner Signature/Participant Signature

Date: ____

State of ____________________________________)

County of ___________________________________)

The foregoing instrument was acknowledged before me this _____ day of ____________________________ , 20______

by ____ (name).
WITNESS my hand and official seal

(Seal)

My commission expires _____/_____/_____

____
Notary Public Signature

B. CO-TRUSTEE/ACCOUNT OWNER/PARTICIPANT NAME:

____

____
Co-Trustee/Account Owner Signature/Participant Signature

Date: ____

State of ____________________________________)

County of ___________________________________)

The foregoing instrument was acknowledged before me this _____ day of ____________________________ , 20______

by ____ (name).
WITNESS my hand and official seal.

(Seal)

My commission expires _____/_____/_____

____
Notary Public Signature

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Upload forms to:
www.pensco.com/upload

Fax to: 303-614-7038

Send mail to:
PENSCO
P.O. Box 173859
Denver, CO 80217-3859

For express deliveries:
PENSCO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?
Call 1-800-962-4238