

TRUST BENEFICIARY CERTIFICATION FORM

Plan #: _____
Plan Name: _____ (“the Plan”)
Participant ID: _____
Participant Name: _____ (“the Participant”)
Trust ID: _____
Trust Name: _____ (“the Trust”)
Trustee Name: _____ (“the Trustee”)

Trust Requirements

Pursuant to Treasury regulation §1.401(a)(9)-4, the Trust must satisfy the following requirements:

- (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 by its terms, became 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.

Documentation Requirements

The Trustee hereby:

- (1) Provides the plan administrator with a final list of all beneficiaries of the trust’s interest in the Participant’s account under the Plan (including contingent and remaindermen beneficiaries with a description of the conditions on their entitlement) as of September 30 of the calendar year following the calendar year of the Participant’s death;
- (2) Certifies that, to the best of the Trustee’s knowledge, the list is correct and complete;
- (3) Certifies that, to the best of the Trustee’s knowledge, the above-listed “Trust Requirements” are satisfied; and
- (4) Agrees to provide a copy of the trust instrument to the plan administrator upon demand.

Trust Beneficiary Information - as of September 30th of the calendar year following the year of the Participant’s death. If there are more than two Trust beneficiaries, or if additional information is required, please attach additional sheets.

Beneficiary Name: _____
Beneficiary Date of Birth: _____
Relationship to Participant: _____

I hereby certify the above to be correct and true, and direct the plan administrator to act in accordance with the information contained herein.

Trustee Signature: _____ Date: _____