



Trust Beneficiary Certification Form and Definitions

Complete this form to designate a trust as the beneficiary of a retirement plan or claim benefits as a trustee of the employee's trust. This form is for trusts subject to the required minimum distribution (RMD) requirements under Internal Revenue Code Section 401(a)(9), as updated by the SECURE Act and subsequent IRS guidance. The information provided will be used to determine the applicable distribution option and RMD amount. If updates are required to a previously completed form, please attach a copy of the original form that identifies changes to beneficiaries, conditions, or other relevant information.

If you need help with the form or have questions, we recommend that you consult an attorney. After you complete the form, make a copy of it for your records and return the original to:

Fidelity Investments
PO Box 5000
Cincinnati, OH 45273-8202

Fidelity will not accept a copy of the Trust Agreement. You must include any special requirements or trust provisions as an attachment to this form.

Requirements:

By signing this form, you acknowledge that:

1. You, as the employee or trustee, must provide all the required information to designate a trust as the beneficiary of a retirement plan account. You certify that the information is true, accurate, and complete, and that all trust requirements are satisfied.
2. After the death of the employee, you, as the trustee, certify to the best of your knowledge that the information provided is true, accurate, and complete. If updates to a previously submitted form or a new form is required, you must submit to Fidelity by October 31 of the year following the employee's death.

Trust requirements:*

The trust may be treated as a "see-through trust" and the beneficiaries of the trust may be treated as the designated beneficiaries of the employee's retirement plan account if, as of October 31 of the year following the employee's death, the trust satisfies the following requirements:

- the trust is valid under state law or would be, but for the fact that there is no corpus,
- the trust is irrevocable or will, by its terms, become irrevocable upon the death of the employee,
- the beneficiaries of the trust are identifiable in the trust, and
- documentation has been provided, including:
 - a list of the beneficiaries of the trust (including second- and/or third-tier beneficiaries) detailing the relationship to the employee to determine whether the spouse is the sole beneficiary, and
 - certification that the list provided is true, accurate, and complete and that it meets all the requirements stated above.

*If the above requirements are not met, the trust will be treated as a non-see-through trust, with corresponding distribution options available to a non-individual beneficiary.

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Trust Beneficiary Certification Form

Please print clearly and complete all required information in each section. See pages 6-7 for definitions.

1. General Information

Plan Name	
Employee Name	Date of Employee Death <i>If applicable</i>
Legal Trust Name	Date Trust Created
Employer Identification Number (EIN)	

If you do not have an EIN leave this field blank. However, the Trustee must obtain an EIN before any retirement account assets can be paid to the trust.

Trust Mailing Address

Street Address		
City	State	ZIP Code

2. Trust Type

Please select the trust type below. If the selection is not made, the trust will be treated as a "Non-See-Through Trust."

- Non-See-Through Trust
- See-Through Trust *Check (a) or (b) below*
 - (a) Conduit Trust
 - (b) Accumulation Trust

State where the trust was created

Have there been any amendments to the trust? Yes No

If yes, please provide the date of the last amendment.

Date of the last amendment

Is the trust an applicable Multi-Beneficiary Trust? Yes No

If yes, check one: Type I Type II

Is this a special needs trust with a charitable organization as the beneficiary? Yes No

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3. Trustee Information

Trustee Authorization *Check one and complete, if applicable*

- Single Trustee *(Trustee has authority to act alone and must sign below)*
- Joint Trustees *Check (a) or (b) below*
 - (a) Jointly *(All Trustees must agree and all must sign below)*
 - (b) Individually *(One Trustee has authority to act alone and must sign below)*

Trustee 1

Name		Date of Birth	
Address			
Email address		Phone Number	

Trustee 2

Name		Date of Birth	
Address			
Email address		Phone Number	

Trustee 3

Name		Date of Birth	
Address			
Email address		Phone Number	

Trust Email Address(es) Where Account Statements Should Be Sent

Email address	Email address	Email address
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Successor Trustee *Not required, but complete if applicable*

Name		Date of Birth	
Address			
Email address		Phone Number	

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4. Trust Beneficiary Information

Complete the following information for individuals or trusts that are beneficiaries of the trust. A beneficiary's entitlement to retirement plan assets is determined by the employee's date of death and the position in the trust hierarchy. If more space is needed, attach a separate page, and note if the beneficiary is second or third tier. **See pages 6-7 for definitions.**

Description	First-Tier Trust Beneficiary	First-Tier Trust Beneficiary	First-Tier Trust Beneficiary	Second-Tier Trust Beneficiary
Name				
Mailing address				
Date of birth				
Check one for each beneficiary, as of employee's date of death:				
Minor child of the employee who has not reached age 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor grandchild who has not reached age 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronically ill individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former spouse under qualified domestic relations order (QDRO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual who is not more than 10 years younger than employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor child, but not of the employee <i>Specify the relationship to the employee</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Another trust*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (estate, charity, other) <i>Specify*</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
For See-Through or Type II Applicable Multi-Beneficiary Trusts, does the trust beneficiary have: <i>Check one</i>	<input type="checkbox"/> lifetime benefits OR <input type="checkbox"/> a remainder interest	<input type="checkbox"/> lifetime benefits OR <input type="checkbox"/> a remainder interest	<input type="checkbox"/> lifetime benefits OR <input type="checkbox"/> a remainder interest	<input type="checkbox"/> lifetime benefits OR <input type="checkbox"/> a remainder interest

*A separate page is required for supporting information.

Check this box if a separate page is included.

This form does not include any information about powers of appointment or any unique trust rules. The Plan Administrator is responsible for providing direction to Fidelity about the name of any beneficiary who is entitled to receive the deceased employee's account balance based on the terms of the Plan. The distribution options are based on the terms of the Plan and applicable provisions of the Internal Revenue Code Section 401(a)(9).

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5. Certification

I certify that to the best of my knowledge the trustee information provided above is true, accurate, and complete, and that it meets the specified requirements. Additionally, I certify that the distribution meets the requirements under Internal Revenue Code 401(a)(9).
Signature required if the employee is designating the beneficiary.

Employee Name	
Employee Signature	Date <i>MM/DD/YYYY</i>
SIGN ▶	▶

Signature required by the trustee(s) *only after* employee's death.

Trustee Name	
Trustee Signature	Date <i>MM/DD/YYYY</i>
SIGN ▶	▶

Trustee Name <i>if applicable</i>	
Trustee Signature	Date <i>MM/DD/YYYY</i>
SIGN ▶	▶

Trustee Name <i>if applicable</i>	
Trustee Signature	Date <i>MM/DD/YYYY</i>
SIGN ▶	▶

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Definitions

Trust Type

- **Non-See-Through Trust:** A trust that is designated as the beneficiary of the employee under the Plan and is not a See-Through Trust.
- **See-Through Trust:*** A trust that is designated as the beneficiary of an employee under the Plan and meets the trust requirements under the IRS regulations. A See-Through Trust can be either a Conduit Trust or Accumulation Trust:
 - **Conduit Trust:** This is a See-Through Trust in which the terms require that all distributions made to the trust from the deceased employee's account must be paid by the Trustee on receipt directly to, or for the benefit of, specified beneficiaries.
 - **Accumulation Trust:** This is a See-Through Trust that is not a Conduit Trust, in which the terms of the trust allow for the accumulation of the Plan's interest under the trust so that a beneficiary with a remainder interest may receive a portion of the employee's interest in the Plan. This beneficiary must also be included in the RMD calculation.
- **Applicable Multi-Beneficiary Trust (AMBT):**† There are two types of Applicable Multi-Beneficiary Trusts:
 - **Type I Multi-Beneficiary Trust:** The trust terms provide that it must be divided immediately upon the death of the employee into separate trusts for each beneficiary and at least one trust beneficiary is chronically ill or disabled. If the separation occurs no later than the end of the year following the year of your death, each beneficiary can calculate their portion of the RMD separately. If the assets are not separated in a timely manner, then the oldest chronically ill or disabled beneficiary's life expectancy must be used for the RMD calculation.
 - **Type II Multi-Beneficiary Trust:** The trust terms identify one or more individuals who are disabled or chronically ill and entitled to lifetime benefits and no other individuals are entitled to the benefit until all the disabled or chronically ill individuals are deceased. Only the disabled or chronically ill individuals' life expectancy will be used for the RMD calculation.

*The 2024 Final Regulations expand applicability of the separate accounting rule for beneficiaries of a qualified "see-through" trust where the trust is divided immediately upon the death of the employee into separate shares for the trust beneficiaries (without regard to whether any of the beneficiaries are disabled or chronically ill), to be held in separate "see-through" trusts.

†The SECURE 2.0 Act clarified that where an AMBT names a charitable organization (as defined under IRC section 408(d)(8)(B)(i)) as a remainder beneficiary to receive a qualified charitable distribution after the death of the chronically ill or disabled beneficiary, that charity would be treated as "designated beneficiary" for purposes of applying the AMBT rules.

Trust Beneficiary Information

The following terms are used to identify the applicable type of trust and beneficiary(ies) for purposes of determining the distribution options that may be available to each beneficiary based on the Plan's rules and RMD requirements.

- **First-Tier Trust Beneficiary:** This is any beneficiary of the trust (not the retirement plan) who could receive amounts in the trust representing the employee's interest in the Plan that are neither contingent on nor delayed until the death of another trust beneficiary. You may have more than one First-Tier Trust Beneficiary.
- **Second-Tier Trust Beneficiary:** This is a beneficiary of the trust (not the retirement plan) who could receive amounts in the trust representing the employee's interest in the Plan that were not distributed to the First-Tier Trust Beneficiaries.
- **Third-Tier Trust Beneficiary:** This is a beneficiary of the trust (not the retirement plan) who could receive amounts from the trust that represent the employee's interests in the Plan solely because of the death of another beneficiary, but only after the death of all Second-Tier Beneficiaries.
- **Chronically Ill Individual:** At the time of the employee's death, a person is unable to perform at least two daily living activities for an indefinite period (e.g., bathing or showering, dressing, eating, using a bathroom, walking, or getting out of bed), or has diminished memory, thinking, or behavior due to Alzheimer's disease or dementia. Documentation from a licensed health care practitioner must be submitted to the Plan Administrator by October 31 of the calendar year following the year of the employee's death.
- **Disabled Individual:** Disability is based on the age of the individual at the time of the employee's death. Documentation of the disability must be provided to the Plan Administrator by October 31 of the calendar year following the year of the employee's death.

- *Age 18 or older*: A person is unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment that may result in death or have an indefinite duration.
- *Under age 18*: A person has a medically determinable physical or mental impairment that results in marked and severe functional limitations that may result in death or have an indefinite duration.
- **Not More than 10 Years Younger than the Employee**: An individual who is not more than 10 years younger than the employee at the time of the employee's death. An individual who is not 10 years younger than the employee is an eligible designated beneficiary. (For example, if the employee is 35 years old at the time of their death, a beneficiary who is at least 25 years old would be an eligible designated beneficiary; however, a beneficiary younger than 25 years old would not be.)
- **Surviving Spouse**: A spouse or surviving spouse of an employee if the marriage is recognized for federal tax purposes (under the rules of 301.7701-18). A former spouse to whom all or a portion of the employee's benefit is payable under a qualified domestic relations order (QDRO) is treated as a spouse (including a surviving spouse) regardless of whether the QDRO provides otherwise.
- An **eligible designated beneficiary** is determined as of the date of the employee's death and is defined as: the employee's spouse who is the sole beneficiary, including a former spouse who is entitled to some or all of the employee's benefit pursuant to a QDRO; a minor child of the employee who has not reached the age of majority but is now age 21 for purposes of these rules, regardless of the applicable state law; a disabled individual; a chronically ill individual; an individual who is not more than 10 years younger than the employee; or, a designated beneficiary of an employee if the employee died before the effective date of the SECURE 1.0 Act.

Please make sure you describe the conditions for the beneficiary's entitlement to the employee's retirement plan account to establish whether the spouse is the sole trust beneficiary. You must identify all conditions that apply to a trust beneficiary's interest.