



TRUST CERTIFICATION FORM
(TO BE USED WITH JMS IRA BENEFICIARY DESIGNATION)

THIS FORM MUST BE ATTACHED TO A SIGNED BENEFICIARY DESIGNATION NAMING A TRUST AS BENEFICIARY TO YOUR IRA.

GENERAL INFORMATION

IRA Owner Name: JMS Account No:

Social Security Number:

If the Participant is deceased, the following must be completed:

Name of Trustee(s) of Trust:

Trust E.I.N.: Date of Death:

TRUST BENEFICIARY(IES)

I certify that I am either the Participant or the Trustee of the Trust and I have listed below the beneficiary(ies) of the Trust.

Primary Contingent Name: SSN: Birthdate:

Address: Relationship: Share: %

Conditions on entitlement:

Primary Contingent Name: SSN: Birthdate:

Address: Relationship: Share: %

Conditions on entitlement:

Primary Contingent Name: SSN: Birthdate:

Address: Relationship: Share: %

Conditions on entitlement:

SIGNATURES

I certify that to the best of my knowledge all of the trust requirements described in Treasury Regs. 1.401(a)(9)-4 Q&A 5 and 6 are satisfied. I understand if the Trust instrument is amended at any time in the future I must, within a reasonable time, provide a copy of such amendment or a corrected certification form to the Plan Administrator/Payor. I also agree to provide a copy of the trust instrument to the Plan Administrator/Payor upon demand; and upon the death of the Participant, provide a final list of all beneficiary(ies) or an actual copy of the Trust no later than October 31st of the year following the year of the participant's death.

Signature: X

Date:

Signature of: (check one) Participant Trustee of Trust