

# EQUI-VEST®

## Trustee Certification Form

*Use this form only if a Trust is electing the **Beneficiary Continuation Option Form (BCO)***

### About This Form

Use this form, the Sample Attorney letter on the reverse side along with the *Beneficiary Continuation Option* form, only if a Trust is the beneficiary of a Traditional IRA, Roth IRA, QP IRA, SEP, SIMPLE IRA or TSA annuity contract and the Trust's beneficiaries are individuals. Attach an additional list of Trust beneficiaries and/or Trustees, if needed. For assistance, call us at 1-800-628-6673. **You must provide us with these items no later than October 31 of the calendar year following the calendar year the deceased annuity contract owner died.**

Under Treasury Regulations §1.401(a)(9)-4 Q&A A-5 (2002)

### 1. Provide Information About the Deceased and the Trust's Beneficiaries

Name of the Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

Name of the Trust which is the death beneficiary of the deceased's annuity contract \_\_\_\_\_

Please list all beneficiaries of the Trust and their respective interests in the Trust (use additional sheets if you need more space)

1. \_\_\_\_\_  
 Name of Beneficiary \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Type of Interest in Trust (e.g., income vs. remainder; primary vs. contingent; conditions of entitlement) \_\_\_\_\_ % of Interest in Trust \_\_\_\_\_

2. \_\_\_\_\_  
 Name of Beneficiary \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Type of Interest in Trust (e.g., income vs. remainder; primary vs. contingent; conditions of entitlement) \_\_\_\_\_ % of Interest in Trust \_\_\_\_\_

3. \_\_\_\_\_  
 Name of Beneficiary \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Type of Interest in Trust (e.g., income vs. remainder; primary vs. contingent; conditions of entitlement) \_\_\_\_\_ % of Interest in Trust \_\_\_\_\_

### 2. Trustee(s) Certification and Signature(s)

\_\_\_\_\_ (Name of Trust) is the death beneficiary of the deceased's

(choose one)    Traditional IRA    QP IRA    Roth IRA    SEP IRA    SIMPLE IRA    TSA

Certificate/contract # \_\_\_\_\_

I certify that, as of (insert date)\* \_\_\_\_\_, to the best of my knowledge, this list of Trust beneficiaries is correct and complete. All of the Trust beneficiaries are individuals. I have attached a certification letter from the attorney for the Trust confirming the conditions that must be met for the Trust to be eligible to receive payments of Beneficiary Continuation Option (BCO) Interest.

Name of Trustee \_\_\_\_\_ Signature of Trustee \_\_\_\_\_ Date \_\_\_\_\_

Name of Trustee \_\_\_\_\_ Signature of Trustee \_\_\_\_\_ Date \_\_\_\_\_

\* Insert a date which cannot be later than September 30 of the calendar year following the calendar year the deceased annuity contract owner died.

### 3. Sample Attorney's Letter

This, or a similar letter, must accompany any claim in which a Trust is the death beneficiary and elects the Beneficiary Continuation Option (BCO). **The letter must be written on your attorney's letterhead.** This letter and the BCO Election by a qualifying Trust must be provided no later than October 31 of the calendar year following the calendar year of the deceased annuity contract owner's death.

To the EQUI-VEST® Processing Office

RE: Name of the Trust: \_\_\_\_\_

Dear Processing Office:

(Name of the Trust) \_\_\_\_\_ (henceforth called "the Trust") is the death beneficiary of (choose one)  Traditional IRA  SEP IRA  Roth IRA  QP IRA  SIMPLE IRA  TSA contract # \_\_\_\_\_ owned by \_\_\_\_\_, who died on \_\_\_\_\_.

The Trust would like to elect the Beneficiary Continuation Option under the above contract, which would permit it to receive the minimum distribution payments required after death of the deceased. In order to elect this option, I understand that all Trust beneficiaries must be individuals. I also understand that you require the Trust to meet the requirements of Treasury Regulations §1.401(a)(9)-4 Q&A A-5 (2002).

Therefore, I confirm that, as of the decedent's death, all of the following are true:

- The Trust is a valid trust under the laws of the State of \_\_\_\_\_, or would be but for that there is no corpus.
- The Trust is irrevocable, per section \_\_\_\_\_ of the Trust Instrument.
- The beneficiaries of the Trust are identifiable from the Trust Instrument as of the date the beneficiaries are determined under Treasury Regulations, (per section \_\_\_\_\_ of the Trust Instrument). This date cannot be later than September 30 of the calendar year following the calendar year of the deceased annuity contract owner's death. (The members of a class of beneficiaries capable of expansion or contraction will be treated as being identifiable if it is possible as of the date the beneficiaries are determined to identify the class member with the shortest life expectancy.)
- (Pick which of the two sentences below applies.)
  - I am providing a copy of the Trust Instrument to you with this letter and have indicated the applicable sections of the Trust Instrument.
  - I sent a copy of the Trust Instrument to you on \_\_\_\_\_. I have indicated the applicable sections of the Trust Instrument in this letter.

Sincerely,

Attorney's Name, Esq.