



EQUITABLE

EQUI-VEST® Trustee Certification Form

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EQUITABLE FINANCIAL LIFE INSURANCE COMPANY (EFLIC)
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERICA (EFLOA)

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 with the *Beneficiary Continuation Option* form, only if a trust that meets the requirements of Treasury Regulations Section 1.401(a)(9)-4 (a "see-through 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. See-through trusts are only eligible for the BCO payouts that their beneficiaries are eligible for. For example, a see-through trust where the sole beneficiary is an Eligible Designated Beneficiary (EDB) can choose to stretch or take the 10-year option. A see-through trust where one of the beneficiaries of the trust is an individual who is not an EDB can only take the 10-year option unless the trust is an "applicable multi-beneficiary trust" as defined under the Internal Revenue Code Section 401(a)(9)(H)(iv)(II). Please consult your attorney to make the determination that the trust is a "see-through trust" eligible to elect BCO. Please note that Required Minimum Distribution payments will be made to the Trust. The Trust's BCO Interest cannot be subdivided even if the Trust has multiple individual beneficiaries. 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.**

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 who are treated as beneficiaries for RMD purposes under Treasury Regulations Section 1.401(a)(9)-4 and their respective interests in the Trust (use additional sheets if you need more space). Please indicate whether the beneficiary of the Trust is an Eligible Designated Beneficiary (EDB) or not.	
1. _____	
Name of Beneficiary ☐ Eligible Designated Beneficiary	Relationship to Deceased ☐ Non-Eligible Designated Beneficiary
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 ☐ Eligible Designated Beneficiary	Relationship to Deceased ☐ Non-Eligible Designated Beneficiary
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 ☐ Eligible Designated Beneficiary	Relationship to Deceased ☐ Non-Eligible Designated Beneficiary
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. I understand that I am responsible for determining beneficiaries of the Trust for RMD purposes and complying with the minimum distribution requirements under federal tax rules. I acknowledge that even if the 10-Year Option applies to the Trust, the Trust may be required to take an RMD each year under federal tax law depending on the date of the original IRA owner's death. I understand that I can enroll in Equitable's Automatic RMD program to fulfill this requirement. I further understand that any remaining amounts will automatically be distributed to the Trust by the end of the 10th calendar year of the deceased contract owner's death.

Email Address _____

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

A letter from an attorney 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. See sample below.

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 continue the contract as beneficiary. 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.

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.