Change Certification,
Indemnity and Agreement



Account Number

Institutional Advisor Services

Revised Account Registration (Continued)

SECTION 1: Request Type		
A DECLIEST TYPE		
A. REQUEST TYPE		
Select all that apply:		
 ☐ Add Authorized Party ☐ Add amendment or restatement date to trust title ☐ Name Change ☐ Other (including reorganization) 	☐ Replace Authorized Partie ☐ Remove Authorized Party ☐ Trust title correction for ex	
Caron (monature root garinzation)		
If Other Describe Request Type	Axos Advisor Services Acct. Number	Last 4 Digits of Tax ID#
B. ADDITIONAL DOCUMENTATION REQUIREM	ENTS	
See Instructions to determine if additional documentation	is required.	
Additional required documentation is attached.		
SECTION 2: Current Account Registration		
Current Account Registration		
Current Account Registration (Continued)		
Current Account Registration (Continued)		
SECTION 3: Revised Account Registration		
A. REVISED ACCOUNT REGISTRATION		
IMPORTANT: Complete this section only for name changes	s or reorganization for any Account type.	
Revised Account Registration		
Revised Account Registration (Continued)		

Note: For trusts, the Account Registration must include the legal title of the trust, the date of the trust, the date of any amendments or restatements and the names of all trustees, adding and removing names as indicated in this form.

B. REVISED MANAGEMENT TY	PE (IF CHANGING)			
Select One:				
	, LP, or General Partnership		Manager-Run LLC	
☐ Member-Run LLC			Other	
Note: Each of the Partners, Members Indemnity, and Agreement in Section		authority to manage thi	is organization is requir	ed to sign the Change Certification,
C. ACCOUNT ADDRESS CHANG	GE (IF APPLICABLE)			
Mailing Address				
City	State		Zip (Code
SECTION 4: Authorized Part	v (Trustee/Partner/Ma	nager/Member/O	fficer)	
	ided below will replace existir		·	tners, Managers, Members or Officers) as
Axos Advisor Services, a financial in submit the information to a third-part permission to obtain a credit report o	stitution as defined by the B y service bureau, in which ca r any other means including r e shared with others unless r	ase the information will equesting additional ir	be compared against formation from you or	ded below to verify your identity. We may their database, we may request from you others. The responses from the above are s for completing this application to identify
IMPORTANT: All authorized parties	s listed below must sign Sect	ion 5.		
SECTION 4.A: Authorized Pa	arty One (Trustee/Part	ner/Manager/Mei	nber/Officer)	
A. Authorized Party (Trustee			·	
Authorized Party Informa	-			
First Name Mi	ddle Initial Last Name			Social Security Number
Date of Birth (mm/dd/yyyy)				
B. Authorized Party Entity In	formation			
Provide the official or legal name of the	nis business, trust, or other or	ganization. exactly as	it appears on the organ	ization's legal documents.
ŭ	, ,	, ,	11 3	v
Business/Entity/Trust Name	Indust	ry	Date of Trust	☐ EIN ☐ SSN ☐ TIN Number:
C. All Account Types Must C	omplete for the Authoriz	ed Party or Entity	Listed Above.	
2. Contact Information				
Home Phone M	obile Phone	Business Phone	Email Addre	ss (Required for eDelivery)
Legal Address 1 (Required, no			Address	2
P.O. Boxes)City		-	State	Zip Code

Province

Country

Account Number: ___

Foreign Postal Code

Mailing					
Address (If different	Address 1			Address 2	
from legal address)	City			State	Zip Code
	Country	Province	•		Foreign Postal Code
3. <u>Citize</u>	enship Status				
	ats must provide the information be type of identification, and enter the				
U.S. Citize	ens Only:		J.S. Resident	Aliens Only: (Driver's	License not accepted)
	ver's license or ID card issued by a he United States	state or outlying possession	Unexpired	d foreign passport wit ating unexpired emplo	h I-551 stamp or attached INS For
☐ ID o	card issued by a federal, state or lo	ocal government agency or	Permane		lien Registration Receipt Card with
_	s. Passport		priotogra	on (1140 1 onn 1 oo 1)	
☐ Cer	tification of U.S. Citizenship (INS F	Form N-560 or N-561)			
State or Co	ountry of Issuance	Identification Number		Expi	ration Date (mm/dd/yyyy)
4. Emp	ployment (If Retired or Unemploy	red, please check the appropriate	ccupation.	·	ration Date (mm/dd/yyyy)
4. Emp	ployment (If Retired or Unemploy d/Self-Employed, please complete and in an existing SEP or SIMPLE IF	red, please check the appropriate	ccupation.	required.	ration Date (mm/dd/yyyy)
4. Employed If Employed If transferrin Emplo	ployment (If Retired or Unemploy d/Self-Employed, please complete and in an existing SEP or SIMPLE IF yed Self-Employed ame	ved, please check the appropriate all employment fields including or RA and Retired, former employer Retired Unemployed	ccupation. information is r	required. ker	
4. Employed If Employed If transferrin	ployment (If Retired or Unemploy d/Self-Employed, please complete and in an existing SEP or SIMPLE IF yed Self-Employed ame	red, please check the appropriate all employment fields including or RA and Retired, former employer	ccupation. information is r	required.	Zip Code
4. Employed If Employed If transferrin Emplo	ployment (If Retired or Unemploy d/Self-Employed, please complete and in an existing SEP or SIMPLE IF yed Self-Employed ame	ved, please check the appropriate all employment fields including or RA and Retired, former employer Retired Unemployed	ccupation. information is r	required. ker	
4. Employed If Employed If transferrin Employer Name Imployer's Country	ployment (If Retired or Unemploy d/Self-Employed, please complete and in an existing SEP or SIMPLE IF yed Self-Employed ame	red, please check the appropriate all employment fields including or RA and Retired, former employer Retired Unemployed City Province	ccupation. information is r	required. ker	Zip Code Foreign Postal Code
4. Employed If Employed If transferrin Employer Name Imployer's Country	ployment (If Retired or Unemploy d/Self-Employed, please complete and in an existing SEP or SIMPLE IF yed Self-Employed ame Address 1 - Required if Employed/Self-Employed	red, please check the appropriate all employment fields including or RA and Retired, former employer Retired Unemployed City Province	ccupation. information is r Homema	required. ker	Zip Code Foreign Postal Code
4. Employed If Employed If transferrin Employer Note Employer's Ecupation	Address I - Required if Employed/Self-Employed Construction Construction	red, please check the appropriate all employment fields including or RA and Retired, former employer Retired Unemployed City Province	ccupation. information is r Homema	required. ker Student State st accurate occupation ufacturing	Zip Code Foreign Postal Code type from the below:
4. Employed If Employed If transferrin Employer National Employer's Country	Address I - Required if Employed/Self-Employed Construction Construction	red, please check the appropriate all employment fields including or RA and Retired, former employer Retired Unemployed City Province Clause Coordinate Among the province of the province	hoose the mos	required. ker	Zip Code Foreign Postal Code type from the below:
4. Employed If Employed If transferrin Employer Note Employer's Country Ccupation Account Agricultum	ployment (If Retired or Unemploy d/Self-Employed, please complete and in an existing SEP or SIMPLE IF yed Self-Employed ame Address 1 - Required if Employed/Self-Employed ant Construction ure Customer Service Education	red, please check the appropriate all employment fields including or RA and Retired, former employer Retired	hoose the mos	required. ker	Zip Code Foreign Postal Code type from the below: Retail Social Services
4. Employed If Employed If transferrin Employer Note Imployer's Employer's Ecupation Account Agricultury Artist	ployment (If Retired or Unemploy d/Self-Employed, please complete and in an existing SEP or SIMPLE IF yed Self-Employed ame Address 1 - Required if Employed/Self-Employed ant Construction ure Customer Service Education	red, please check the appropriate all employment fields including or RA and Retired, former employer Retired Unemployed City Province Clause Covernment Healthcare Import-Export	hoose the mos	required. ker Student State st accurate occupation facturing eting	Zip Code Foreign Postal Code type from the below: Retail Social Services Transportation
4. Employed If Employed If transferring Employer Note Imployer Note Imployer's Ecupation Account Agricultury Artist Aviation	Address Address The Required if Employed/Self-Employed and an existing SEP or SIMPLE IF and an exist an exist and an	red, please check the appropriate all employment fields including or RA and Retired, former employer Retired Unemployed City Province Clause of Government Healthcare Import-Export Information Technology	hoose the mos Manu Milita Nonp Perso	required. ker Student State st accurate occupation facturing eting ry profit Professional	Zip Code Foreign Postal Code type from the below: Retail Social Services Transportation Travel Vehicle Sellers

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

	oloyed by or associated with the se			
_	ager, registered representative, or otl Yes No	ner associated person of a brokei	-dealer firm) or a financial serv	ices regulator?
If Yes	s, please specify entity below.			
	☐ Broker-Dealer or Municipal Secu☐ Investment Advisor		other Self-Regulatory Organization	on
1	Name of Entity(ies):			
If thi	s entity requires its approval for you to	o open this Account, please provid	le a copy of the Compliance Lette	er of Approval with this Application.
	☐ I have included a copy of the Co	mpliance Letter of Approval with t	nis Application.	
	☐ A Compliance Letter of Approval			
	Name of company(ies)		Symbol(s)
	es, what is your title?			er Officer
	enior military, governmental or pol			
	Yes No Name of country			
	4.B: Authorized Party Two (
	ized Party (Trustee/Partner/Mar			
	ized Party Information	lager/Member/Office)		
n <u>Addion</u>	250 Turty Information			
First Name	Middle Initial	Last Name	Soci	al Security Number
Date of Birt	h (mm/dd/yyyy)			
B. Author	rized Party Entity Information			
Provide the o	fficial or legal name of this business,	trust, or other organization, exactl	y as it appears on the organization	on's legal documents.
				EIN SSN TIN
Business/E	ntity/Trust Name	Industry	Dete of Tour	mber:
C. All Acc	count Types Must Complete fo	r the Authorized Party or En	tity Listed Above.	
	ct Information	,	•	
2. <u>0011ta</u>	ot mormation			
Home Phor	ne Mobile Phone	Business Phone	Email Address (F	Required for eDelivery)
Legal				
Address (Required, no	Address 1		Address 2	
P.O. Boxes)	City		Ctata	Zin Codo
	City		State	Zip Code
	Country	Province		Foreign Postal Code

Mailing					
Address (If different	Address 1			Address 2	
from legal address)	City			State	Zip Code
	Country	Province			Foreign Postal Code
3. <u>Citize</u>	enship Status				
	ts must provide the information belotype of identification, and enter the l				processing.
U.S. Citize	ens Only:	U	.S. Resident Aliens	Only: (Driver's	License not accepted)
☐ Driv	ver's license or ID card issued by a s ne United States	state or outlying possession	Unexpired foreign	gn passport with	I-551 stamp or attached INS Form
_	card issued by a federal, state or loc	al government agency or	Permanent Resi	ident Card or Ali	en Registration Receipt Card with
enti	ty . Passport		photograph (INS	S Form I-551)	
_	·	N. 500 an N. 504\			
□ Cer	tification of U.S. Citizenship (INS Fo	orm N-560 or N-561)			
State or Co	ountry of Issuance	Identification Number		Expira	ation Date (mm/dd/yyyy)
4. <u>Emp</u>	Dountry of Issuance Iloyment (If Retired or Unemploye	rd, please check the appropriate	,	Expir	ation Date (mm/dd/yyyy)
4. Emp If Employed	viloyment (If Retired or Unemployer I/Self-Employed, please complete all ag in an existing SEP or SIMPLE IR/	nd, please check the appropriate	cupation.	·	ation Date (mm/dd/yyyy)
4. Emp If Employed If transferrin Employ	viloyment (If Retired or Unemployed)/Self-Employed, please complete along in an existing SEP or SIMPLE IR/	ed, please check the appropriate Il employment fields including occ A and Retired, former employer in	cupation. Information is required	d.	ation Date (mm/dd/yyyy)
4. Emp If Employed If transferrin Employ mployer Na	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete along in an existing SEP or SIMPLE IRA I/Self-Employed Self-Employed The semble of the semble o	ed, please check the appropriate Il employment fields including occ A and Retired, former employer in	cupation. Information is required	d.	Zip Code
4. Employed If Employed If transferrin Employer Na	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete along in an existing SEP or SIMPLE IRA I/Self-Employed Self-Employed The semble of the semble o	rd, please check the appropriate Il employment fields including occ A and Retired, former employer in Retired	cupation. Information is required	d.	
4. Employed If Employed If transferrin Employer Na Employer Na Employer's	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete along in an existing SEP or SIMPLE IRA I/Self-Employed Self-Employed The semble of the semble o	ed, please check the appropriate Il employment fields including occ A and Retired, former employer in Retired Unemployed City Province	cupation. Iformation is required Homemaker	d. Student State	Zip Code Foreign Postal Code
4. Employed If Employed If transferrin Employer National Employer National Employer's Ecountry	Isoloyment (If Retired or Unemployer) I/Self-Employed, please complete all and in an existing SEP or SIMPLE IR/ I/Self-Employed Self-Employed Address I - Required if Employed/Self-Employed	ed, please check the appropriate Il employment fields including occ A and Retired, former employer in Retired Unemployed City Province	cupation. Iformation is required Homemaker	d. Student State	Zip Code Foreign Postal Code
4. Employed of transferrin Employer Namployer Namployer's ccupation	Address Construction Constructi	Il employment fields including occ A and Retired, former employer in Retired Unemployed City Province	cupation. Information is required Homemaker	d. Student State	Zip Code Foreign Postal Code Type from the below:
4. Employed of transferrin Employer Namployer Namployer's ountry	Address Construction Constructi	rd, please check the appropriate Il employment fields including occ A and Retired, former employer in Retired	cupation. Information is required. Homemaker Homemaker	d. Student State	Zip Code Foreign Postal Code Type from the below:
4. Employed If Employed If transferrin Employer National Employer National Employer's Ecupation Account Agricultum Agricultum	Address - Required if Employed/Self-Employed - Construction - Customer Service	city City Province Government Healthcare	cupation. Information is required. Homemaker Homemaker Manufacturin Marketing	d. Student State rate occupation fing	Zip Code Foreign Postal Code Type from the below: Retail Social Services
4. Employed If Employed If transferrin Employer National Employer National Employer's Employer's Ecupation Account Account Agricultury Artist	Address - Required if Employed/Self-Employed - Construction - Customer Service - Education	city City Province Government Government Healthcare Il employment fields including occ City City Il province	cupation. Information is required. Homemaker Homemaker Manufacturin Marketing Military Nonprofit Pr	d. Student State rate occupation fing	Zip Code Foreign Postal Code Type from the below: Retail Social Services Transportation
4. Employed If Employed If transferrin Employer National Employer National Employer's Em	Address - Required if Employed/Self-Employed - Construction - Customer Service - Education - Engineer/Scientist	city City Province Government Government Healthcare Information Technology	Doubation. Information is required. Homemaker Homemaker Manufacturia Marketing Military Nonprofit Pr	State State rate occupation for the content of th	Zip Code Foreign Postal Code Type from the below: Retail Social Services Transportation Travel Vehicle Sellers

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

Legal Address equired, no .O. Boxes)	Address 1 City			State	Zip Code
Address equired, no	Address 1				
1				Address 2	
me Phone		Mobile Phone	Business Phone	Email Address (Required for eDelivery)
Contac	t Information				
All Acc	ount Types Mus	st Complete for the	Authorized Party or Entity	Listed Above.	
usiness/Er	ntity/Trust Name		Industry	Date of Trust No	umber:
]EIN □ SSN □ TIN
ovide the of	ficial or legal name	of this business, trust,	or other organization, exactly as	it appears on the organizati	on's legal documents.
Authori	ized Party Entity	/ Information			
ate of Birth	n (mm/dd/yyyy)				
rst Name		Middle Initial Las	st Name	Soc	ial Security Number
Authoriz	zed Party Inform	<u>iauon</u>			
		ee/Partner/Manage	i/Member/Office)		
				embenomicer)	
CTION 4		•	ustee/Partner/Manager/M	ember/Officer\	
	Yes	ame of country			
C. A se	nior military, gove	ernmental or political	official in a non-US country?		
If Yes	s , what is your title	? 🔲 10% shareho	older 🗆 CEO 🗆 CFO	□ coo □ Oti	her Officer
	Yes	ame of company(ies)			Symbol(s)
			nolder in a publicly owned com	pany?	
		etter of Approval is not		ррповион.	
If this	_		n this Account, please provide a c nce Letter of Approval with this A		er of Approval with this Applicati
	☐ Investment Adv			al Securities Regulator	
	_	or Municipal Securities	_	r Self-Regulatory Organizati	on
		thy bolow.			
If Yes	, please specify en	tity below			

Mailing					
Address (If different	Address 1		A	ddress 2	
from legal address)	City			ate	Zip Code
	Country	Province			Foreign Postal Code
3. Citize	nship Status				
	nts must provide the information belo type of identification, and enter the lo				rocessing.
U.S. Citize	ens Only:	U.S	. Resident Aliens O	nly: (Driver's L	icense not accepted)
☐ Driv	ver's license or ID card issued by a st he United States	tate or outlying possession	Unexpired foreign	passport with	I-551 stamp or attached INS Form ment authorization
	card issued by a federal, state or loca	al government agency or	Permanent Reside	ent Card or Alie	en Registration Receipt Card with
enti U.S	ту 5. Passport		photograph (INS F	orm 1-551)	
☐ Cer	tification of U.S. Citizenship (INS For	m N-560 or N-561)			
		,			
State or Co	ountry of Issuance	Identification Number		Expira	tion Date (mm/dd/yyyy)
4. Emple					
	ovment (If Retired or Unemployed	please check the appropriate box	helow)		
·		please check the appropriate box			
If Employed	oyment (If Retired or Unemployed, d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA	employment fields including occu	pation.		
If Employed	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA	employment fields including occu and Retired, former employer info	pation. ormation is required.] Student	
If Employed	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA	employment fields including occu	pation.] Student	
If Employed	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA	employment fields including occu and Retired, former employer info	pation. ormation is required.] Student	
If Employed If transferrir	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA	employment fields including occu and Retired, former employer info	pation. ormation is required.] Student	
If Employed If transferrir	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including occu and Retired, former employer info	pation. ormation is required.	Student State	Zip Code
If Employed If transferrin Employer N Employer's	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including occu and Retired, former employer info Retired	pation. ormation is required.		·
If Employed If transferrin Emplo	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including occu and Retired, former employer info	pation. ormation is required.		Zip Code Foreign Postal Code
If Employed If transferrin Employer N Employer's Country	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including occu and Retired, former employer info Retired Unemployed City Province	pation. ormation is required. Homemaker	State	Foreign Postal Code
If Employed If transferrin Employer N Employer's Country	A/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed Fame Address 1 - Required if Employed/Self-Employed	employment fields including occu and Retired, former employer info Retired Unemployed City Province	pation. ormation is required. Homemaker	State State	Foreign Postal Code
If Employed If transferrin Employer N Employer's Country	A/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed Fame Address 1 - Required if Employed/Self-Employed cant Construction	employment fields including occu and Retired, former employer info Retired Unemployed City Province yed is chosen above. Please choo	pation. Drmation is required. Homemaker	State State	Foreign Postal Code ype from the below:
If Employed If transferrin Employer N Employer S Country Occupation Account	A/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed Fame Address 1 - Required if Employed/Self-Employed cant Construction	employment fields including occu and Retired, former employer info Retired	pation. primation is required. Homemaker	State State	Foreign Postal Code ype from the below:
If Employed If transferrin Employer N Employer S Country Occupation Account	A/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed Fame Address 1 - Required if Employed/Self-Employed cant Construction ure Customer Service Education	employment fields including occu and Retired, former employer info Retired	pation. primation is required. Homemaker See the most accurate Manufacturing Marketing	State e occupation to	Foreign Postal Code ype from the below: Retail Social Services
If Employed If transferrin Employer N Employer's Country Occupation Account Agriculture Artist	A/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed Fame Address 1 - Required if Employed/Self-Employed ant Construction ure Customer Service Education	employment fields including occu and Retired, former employer info Retired	pation. primation is required. Homemaker See the most accurate Manufacturing Marketing Military	State e occupation to	Foreign Postal Code ype from the below: Retail Social Services Transportation
If Employed If transferrin Employer N Employer N Employer's Country Occupation Account Agricultury Artist Aviation	A/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed Fame Address 1 - Required if Employed/Self-Employed cant Construction ure Customer Service Education Engineer/Scientist	employment fields including occu and Retired, former employer info Retired	pation. primation is required. Homemaker Manufacturing Marketing Military Nonprofit Prof	State e occupation to the occ	Foreign Postal Code ype from the below: Retail Social Services Transportation Travel

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

manager, registered re				
☐ Yes ☐ No				
If Yes, please spec	ify entity below.			
☐ Broker-De	ealer or Municipal Securities D	Dealer	er Self-Regulatory Organization	on
☐ Investmer	nt Advisor	☐ State or Fede	ral Securities Regulator	
Name of Entity	(ies):			
If this entity require	es its approval for you to open	this Account, please provide a	copy of the Compliance Lette	er of Approval with this Applica
☐ I have inc	luded a copy of the Compliand	ce Letter of Approval with this A	Application.	
☐ A Complia	nce Letter of Approval is not re	equired.		
B. An officer, direct	or or 10% (or more) shareho	older in a publicly owned con	npany?	
☐ Yes ☐ No	·			
	Name of company(ies)			Symbol(s)
If Yes, what is you	r title?	der 🗆 CEO 🗆 CFC)	er Officer
C. A senior military,	governmental or political o	fficial in a non-US country?		
□ Ves □ No				
1c3 1vc	Name of country			
TION 4 D. A. the	vina d Davita Farm (Turat	tee/Partner/Manager/M		
Authorized Party In	<u>formation</u>			
		t Name	Soci	al Security Number
st Name	Middle Initial Last	t Name	Soci	al Security Number
st Name te of Birth (mm/dd/yyyy	Middle Initial Last	t Name	Soci	al Security Number
st Name te of Birth <i>(mm/dd/yyy)</i> Authorized Party E	Middle Initial Last /) Entity Information	t Name r other organization, exactly as		·
st Name te of Birth (mm/dd/yyyy) Authorized Party E	Middle Initial Last () Entity Information name of this business, trust, or	r other organization, exactly as	it appears on the organizatio	·
st Name te of Birth (mm/dd/yyyy) Authorized Party E	Middle Initial Last () Entity Information name of this business, trust, or		it appears on the organizatio	on's legal documents.
st Name te of Birth (mm/dd/yyyy) Authorized Party E vide the official or legal r siness/Entity/Trust Na	Middle Initial Last () Entity Information name of this business, trust, or	r other organization, exactly as	it appears on the organizatio	on's legal documents. EIN □ SSN □ TIN
st Name The of Birth (mm/dd/yyyy) Authorized Party E Tride the official or legal resiness/Entity/Trust Name All Account Types	Middle Initial Last // Entity Information name of this business, trust, or me Must Complete for the A	r other organization, exactly as	it appears on the organizatio	on's legal documents. EIN □ SSN □ TIN
e of Birth (mm/dd/yyyy Authorized Party E ride the official or legal r	Middle Initial Last // Entity Information name of this business, trust, or me Must Complete for the A	r other organization, exactly as	it appears on the organizatio	on's legal documents. EIN □ SSN □ TIN
te of Birth (mm/dd/yyyy) Authorized Party E vide the official or legal r siness/Entity/Trust Na All Account Types Contact Information	Middle Initial Last // Entity Information name of this business, trust, or me Must Complete for the A	r other organization, exactly as	it appears on the organization Date of Trust Nu Listed Above.	on's legal documents. EIN SSN TIN mber:
st Name te of Birth (mm/dd/yyyy) Authorized Party E vide the official or legal r siness/Entity/Trust Na All Account Types Contact Information	Middle Initial Last // Entity Information name of this business, trust, or me Must Complete for the A	r other organization, exactly as Industry Authorized Party or Entity	it appears on the organization Date of Trust Nu Listed Above.	on's legal documents. EIN □ SSN □ TIN
te of Birth (mm/dd/yyyy) Authorized Party E ride the official or legal r siness/Entity/Trust Na All Account Types Contact Information ne Phone Legal	Middle Initial Last // Entity Information name of this business, trust, or me Must Complete for the A	r other organization, exactly as Industry Authorized Party or Entity	it appears on the organization Date of Trust Nu Listed Above. Email Address (F	on's legal documents. EIN SSN TIN mber:
te of Birth (mm/dd/yyyy) Authorized Party E vide the official or legal r siness/Entity/Trust Na All Account Types Contact Information ne Phone Legal Address 1 quired, no	Middle Initial Last // Entity Information name of this business, trust, or me Must Complete for the A	r other organization, exactly as Industry Authorized Party or Entity	it appears on the organization Date of Trust Nu Listed Above.	on's legal documents. EIN SSN TIN mber:
te of Birth (mm/dd/yyyy) Authorized Party E vide the official or legal r usiness/Entity/Trust Na All Account Types Contact Information me Phone Legal Address 1 quired, no	Middle Initial Last // Entity Information name of this business, trust, or me Must Complete for the A	r other organization, exactly as Industry Authorized Party or Entity	it appears on the organization Date of Trust Nu Listed Above. Email Address (F	on's legal documents. EIN SSN TIN mber:
rst Name Ate of Birth (mm/dd/yyyy) Authorized Party E ovide the official or legal r usiness/Entity/Trust Na All Account Types Contact Information me Phone Legal Address 1 equired, no O. Boxes)	Middle Initial Last // Entity Information name of this business, trust, or me Must Complete for the A	r other organization, exactly as Industry Authorized Party or Entity	it appears on the organization Date of Trust Nu Listed Above. Email Address (F	on's legal documents. EIN SSN TIN mber: Required for eDelivery)

Mailing					
Address	Address 1			Address 2	
(If different from legal	-				
address)	City			State	Zip Code
	Country	Provin	се		Foreign Postal Code
3. <u>Citize</u>	nship Status				
	nts must provide the information below type of identification, and enter the Ide				ocessing.
U.S. Citize	ens Only:		U.S. F	Resident Aliens Only: (Driver's L	icense not accepted)
☐ Driv	ver's license or ID card issued by a sta he United States	te or outlying possession		Unexpired foreign passport with I-94 indicating unexpired employi	-551 stamp or attached INS Form ment authorization
☐ ID o	card issued by a federal, state or local	government agency or		Permanent Resident Card or Alie photograph (INS Form I-551)	n Registration Receipt Card with
	S. Passport			31(37)	
☐ Cer	tification of U.S. Citizenship (INS Form	n N-560 or N-561)			
State or C	ountry of Issuance	Identification Number	er	Expira	tion Date (mm/dd/yyyy)
4. Empl	oyment (If Retired or Unemployed, p	lease check the appropriate	a hov h	elow)	
	, , , , , , , , , , , , , , , , , , , ,			,	
. ,	d/Self-Employed, please complete all e ng in an existing SEP or SIMPLE IRA a	. ,			
∐ Emplo	yed Ll Self-Employed Ll Re	etired Unemployed	Ш	Homemaker	
Employer N	ame				
1					
Employer's	Address	City		State	Zip Code
Country		Province	1		Foreign Postal Code
Occupation	<u>1</u> - Required if Employed/Self-Employe	ed is chosen above. Please	choos	e the most accurate occupation ty	pe from the below:
☐ Account	tant Construction	☐ Government		☐ Manufacturing	Retail
☐ Agricult	ure Customer Service	☐ Healthcare		☐ Marketing	☐ Social Services
☐ Artist	☐ Education	☐ Import-Export		☐ Military	☐ Transportation
☐ Aviation	☐ Engineer/Scientist	☐ Information Technolog	Jy	☐ Nonprofit Professional	☐ Travel
☐ Banker	☐ Entertainment	☐ Insurance		Office and Administrative	☐ Vehicle Sellers
☐ Casino	Finance	☐ Legal Services		☐ Personal Care and Services	
☐ Clergy	☐ Food Services	☐ Maintenance		Real Estate	

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

	☐ Yes ☐ No	
	If Yes, please specify entity below.	
	☐ Broker-Dealer or Municipal Securities Dealer ☐ FINRA or other Self-Regulatory Organization	
	☐ Investment Advisor ☐ State or Federal Securities Regulator	
	Name of Entity(ies):	
	☐ I have included a copy of the Compliance Letter of Approval with this Application.	
В.	 ☐ I have included a copy of the Compliance Letter of Approval with this Application. ☐ A Compliance Letter of Approval is not required. An officer, director or 10% (or more) shareholder in a publicly owned company?	
В.	☐ A Compliance Letter of Approval is not required. An officer, director or 10% (or more) shareholder in a publicly owned company?	
В.	☐ A Compliance Letter of Approval is not required.	Symbol(s)
В.	☐ A Compliance Letter of Approval is not required. An officer, director or 10% (or more) shareholder in a publicly owned company? ☐ Yes ☐ No	, (,
B.	An officer, director or 10% (or more) shareholder in a publicly owned company? Yes No Name of company(ies)	, (,

Section 5. Certification, Indemnity and Agreement.

By signing this Change Certification, Indemnity and Agreement ("Certification") each Authorized Party signing below certifies as follows:

- 1) The information provided in this Certification is true and complete and any supporting documentation required by the Governing Documents has been provided;
- 2) If this Certification is for a trust identified herein, each trustee currently authorized to act on behalf of the trust is listed in Section 4, is named as an Authorized Party and has signed below;
- 3) Axos Advisor Services is authorized to make the requested changes and maintain the Account in accordance with the Terms and Conditions that follow and the applicable Account agreements/Governing Documents; and
- 4) I have read and agree to be governed and bound by the terms and conditions of the Axos Advisor Services Account Agreement under this the Account is currently maintained.
 - Each of the Authorized Parties represents and warrants that their signature below is their genuine signature and that they have the authority to execute this Certification. If a corporation is an Authorized Party, the signatures below are the genuine signatures of the officers duly authorized to act on its behalf. A corporate resolution is attached.

Authorized Si	<u>gnature</u>						
1. Select One:	☐ Partner	☐ Manager	☐ Member	☐ TTEE	Officer		
×							
Authorized Sign	nature 1			Print Name		Date	
2. Select One:	☐ Partner	☐ Manager	☐ Member	☐ TTEE	Officer		
×							
Authorized Sign	nature 2			Print Name		Date	
3. Select One:	☐ Partner	☐ Manager	☐ Member	☐ TTEE	Officer		
×							
Authorized Sigr	nature 3			Print Name		Date	
4. Select One:	Partner	☐ Manager	☐ Member	☐ TTEE	Officer		
×							
Authorized Sigr	nature 4			Print Name		Date	

Account Number:

GENERAL TERMS AND CONDITIONS:

By signing this Certification, the Authorized Parties (identified herein) hereby certify that Axos Advisor Services is authorized to follow the instructions of the Authorized Party(ies) listed above and to deliver funds, securities or any other assets in this Account to any party or on any Authorized Party's instructions, because either (1) the articles of incorporation, partnership agreement, trust agreement or other agreement that establishes and governs the entity (the "Governing Documents") expressly provides that each party is authorized to act individually, independently and without the consent of any others for all purposes related to the Account with Axos Advisor Services, or (2) if the Governing Documents does not contain such an express provision, the party so acting has obtained the requisite consent of the other parties in accordance with the terms of the Governing Documents. Axos Advisor Services is authorized to follow the instructions of any of the Authorized Parties listed in Section 4 of this Certification and to deliver funds, securities or other assets in this Account to any party or on any Authorized Party's instructions on the presumption that the party so acting has obtained the consent of the other parties in accordance with the Governing Documents. Axos Advisor Services is not responsible for determining the purpose or propriety of any instructions received from any Authorized Party or for the disposition of payments or deliveries among Authorized Parties. Any notice sent to one Authorized Party shall constitute notice to all Authorized Parties. Axos Advisor Services may rely on this Certification and upon the representations made herein. The Authorized Parties agree to send prompt written notice to Axos Advisor Services of any change in Authorized Parties, of any amendment or modification to the Governing Documents which would cause the representations contained herein to become inaccurate or incorrect, or of the occurrence of any event which would affect the Authorized Party's powers or any representation made in the Certification or, in the case of a trust, the trust's revocability. The Authorized Parties represent and warrant that they have the power under the Governing Documents and applicable law to enter the transactions and issue the instructions that are made in this Account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the Account). Such power may include, without limitation, to delegate to others trading authority within the Account, to retain the services of outside professionals such as investment advisors, money managers, counsel and/or accountants and to pay the fees of such professional from the asset of the Axos Advisor Services Account. The Authorized Parties understand that all orders and transactions will be governed by the terms and conditions of all other Account agreements applicable to this Account. In the event of the death, resignation or replacement of an Authorized Party, the remaining Authorized Party(s) shall provide prompt written notice of the event to Axos Advisor Services. Additional paperwork shall be provided upon reasonable request from Axos Advisor Services.

The representations and obligations stated herein are binding on all the Authorized Parties and shall survive the termination of the agreement related to or governing the Account with Axos Advisor Services and the trust agreement, if applicable. This Certification replaces any prior or existing certification provided by and for this Account. The Authorized Parties agree to supply additional information about the Governing Documents for the Account upon reasonable request in order for Axos Advisor Services to carry out any instructions including but not limited to the transfer or liquidation of securities owned by the Account. The Authorized Parties, in accordance with Treasury Regulation Section 1.6041(e)(2) as amended, agree to report to the Internal Revenue Service all payments paid from the Account by Axos Advisor Services to third parties or beneficiaries as directed or instructed by an Authorized Party. The Authorized Parties agree and understand that Axos Advisor Services, in reliance hereon, will not file any information returns or other forms with the Internal Revenue Service concerning any payments made from the Account as directed by the Authorized Parties. Where applicable, plural references in this Certification shall be deemed singular.

The Authorized Parties hereby agree to jointly and severally indemnify Axos Advisor Services, its affiliates, and each of their respective officers, directors, employees and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or in any way related to this Certification, including without limitation and by way of illustration only Axos Advisor Services' reliance or inaction taken in reliance upon any Authorized Party's instructions in connection with the Account established at Axos Advisor Services or any penalties assessed or claims asserted by the Internal Revenue Service against Axos Advisor Services for failing to report payments to third parties or beneficiaries made by Axos Advisor Services from the Account. This indemnification is made by each Authorized Party both in their capacity as Authorized Party and in the individual capacity and shall not be limited by the Authorized Party's provision to Axos Advisor Services of independent documentation concerning the representations made herein.

SPECIAL TERMS AND CONDITIONS FOR TRUSTS:

The following special provisions shall apply to Certifications for any Account that is a trust: In consideration of Axos Advisor Services opening and/ or maintaining an Account for the trust, the Authorized Parties represent, warrant and certify that the trust is in full force and effect, and that the Governing Documents (as defined herein) have not been revoked, modified or amended in any manner which would cause the representations contained in this Certification to be inaccurate or incorrect.

End of Form

SECTION 6. GENERAL INSTRUCTIONS

Use these instructions to complete the Change Certification, Indemnity, and Agreement Form (the "Certification"). Purpose of this form.

This form requires you to correct or change the legal name or title and to add, remove or replace Authorized Parties for an existing Axos Advisor Services Account.

Important: This form cannot be used to change an Account's tax identification number or type, or to open a new Account. To open a new Account, complete the applicable Axos Advisor Services Account Application and provide any required documentation. You must complete all required fields to expedite processing and to avoid requests for additional information. Print or type all entries. To type entries, a fillable PDF of this form can be found online at www.axosadvisorservices.com. Unknown information. If information is requested and you do not know where to obtain the requested information, contact your investment advisor or client representative for directions.

SECTION 1: Request Type

A. Request Type

Check the appropriate boxes to indicate the type of action you want to take for the Account. Then enter the Axos Advisor Services Account number and the last 4 digits of the Account's tax identification number.

Note: Axos Advisor Services reserves the right to request additional information as required to carry out any instructions including but not limited to transfer or liquidation of securities owned by the Account.

B. Additional Documentation Requirements

This section outlines specific additional documentation requirements to complete this form. Read carefully. You must provide all required documentation to expedite processing and to avoid requests for additional information. If an Authorized Party is a corporate trustee, please attach a corporate resolution. *Note: If one or more Authorized Parties are a corporate management company, a corporate resolution is required.*

Note: Axos Advisor Services reserves the right to request additional information it requires to carry out any instructions including but not limited to transfer or liquidation of securities owned by the Account.

SECTION 2: Current Account Registration

Note: You must complete this section for all request types.

Current Account Registration Enter the existing title exactly as it appears on your statements.

SECTION 3: Revised Account

A. Revised Account Registration: Enter the revised Account registration if there has been a change or reorganization.

Note: For trust Accounts, you must complete this section for all request types since the Account title will change if trustees are added or removed, or if authorized trustees are changed. For revised trust Account Registration, enter the title of the trust.

Please include as part of the title:

- The full legal name of the trust
- The date of the trust agreement
- For a testamentary trust or a trust established by a will include the name of the decedent The date of the latest trust amendment or restatement if any
- The names of all trustees

Important: Trusts should not present any supporting documentation with this Certification, including but not limited to the trust agreement. Axos Advisor Services will not be reviewing or relying on such documentation and will have no responsibility to maintain such documentation in Account records. If Axos Advisor Services determines to retain such documentation, it will have no responsibility for it.

- B. Revised Management Type Complete this section only if the management type is changing.
- C. Account Address Change Complete this section only if the mailing address for the Account is changing.

SECTION 4: Authorized Party Designation (including Trustees, Partners, Managers, Members and Officers)

Enter the information for all authorized parties for this Account. All Authorized Parties (trustees, partners, managers, members and officers), including currently and newly designated parties, must be listed and sign the Certification.

Important. To comply with Patriot Act rules, provide identification information for each newly designated Authorized Party in the space provided.

Important: The information provided on this form supersedes and replaces all existing Authorized Party authorizations. You must provide a complete listing of all Authorized Parties, not just additions or deletions to the previous authorizations. Axos Advisor Services is authorized to follow the individual and

Account Number:

independent instructions of any of the Authorized Parties listed in this section to deliver funds, Securities, or any other assets in this Account to any party. This is a representation that the Authorized Parties have obtained the requisite consent and have the authority under the requirements of the organization.

SECTION 5: Certification, Indemnity, and Agreement

All Authorized Parties named in Section 5, including any current Authorized Parties and any new Authorized Parties (if applicable), must sign and date the Certification, Indemnity, and Agreement. If only one Authorized Party is named, it is a representation that the named Authorized Party is the sole Authorized Party.

Return your completed form as instructed by your Investment Advisor or your client representative. Questions regarding this form should be directed to your Investment Advisor.