

## Account Application Supplemental

This form is used for additional Account Holders or Authorized Parties to a Joint Account, Corporate Account, or other Entity account. Do not use this form for existing account changes.

Account Title (Name of this account)								Ac	Account Number					
STEP 2. PERSON	IAL INFORM	IATION												
Relationship to A	Account	Accou	nt Holde	r 🗌 Auth	orize	ed Party 🗌 As	socia	ted Pa	rty					
First Name Middle Initial						Last Name				Social Security Number				
Date of Birth (mm/dd/yyyy)  Gender  M F No Ansv				nswer			☐ Sing ☐ Wid		Dependents	Home ☐ Own ☐ Rent				
Contact Informati	on					•					•			
Home or Mobile Pl	hone	Busine	ss Phone		Fore	ign Phone		Email	Address					
Address(es)														
Physical Address (no PO Box)	Address 1				Address									
	City					State			Zip Code					
	Country					Province			Foreign Postal Code					
Mailing Address (if different from	Address 1						Addr	ess 2	<b>1</b>					
Physical)	City					State			Zip Code					
	Country				Р	rovince			Fo	reign Postal Code				
Previous Physical Address	Address 1				<u> </u>		Addr	ess 2						
(if Physical is less than 6 months old)	City					State			Zip Code					
Country					Province			Foreign Postal Code						
Citizenship									<b>I</b>					
Please check on	s is required	d for e	ach non-U	IS Person an	d US	Citizens living ab	road.	Non-R	Resident Alier	n must provide (	a valid Government			
□ U.S. □ U.S. Re	esident Aliei	n 🗆 No	n-Resider	nt Alien										
Country of legal  ☐ U.S ☐ Other		ident:												

**CONTINUED NEXT PAGE** 



All applicants m					Non-Re	sident alie	ns mus	t also	include a d	completed	d W-8.				
☐ Driver's Licen										•	_				
Place/Country of Is			ID No:	<del></del>	J				nm/dd/yyyy)		Expiration	Date (	mm/dd/yyyy)		
Employment and	Industry A	Affiliatio	ons												
☐ Employed ☐				☐ Unemp	oloved	☐ Homen	naker 🗆	Stud	ent						
If Employed/Self If Retired or Uni	f-Employed	is indi	cated, ple	ase comp	lete all	employm	ent field								
Employer Name					Years E	Employed	Phone	Numbe	er	Occupati	on	Bu	isiness Nature		
Employer's Address	;					City			State			Zip Co	de		
Country				Provinc	е				F	oreign Pos	stal Code				
Industry and Oth	er Affiliatio	ns		I											
IF CHECKED YES, O ATTACH THE COMPLIA OFFICER'S LETTER OF	ANCE	or a If y pro Nar An Wh Nar	a financial es, please vide a co Broker-De FINRA or ne of Entit officer, di at is your ne of com	services respectively expected by specify expected by specific spe	egulato entity be require funicipa Regulat  10% (c) ?	or? elow. If the dauthorial Securitie tory Organ or more) s % shareholi:	nis entit zation l s Deale ization shareho	y req etter r    der in		oroval for Applicatio t Adviser deral Sec -owned o	you to on). urities Reg	pen th	oroker-dealer firm)  nis account, please		
Relationship to A	ccount	Accou	nt Holde	r Au		ed Party  Last Name	As	socia	ted Party		Social Se	curity N	Number		
Date of Birth (mm/o	dd/wwv)		Gender			Marita	I □Ма	rried	☐ Single		Depender	nts	Home		
. ,				☐ F ☐ No	Answer				☐ Widowed	d	Берепие		□ Own □ Rent		
Contact Information		1							1						
Home or Mobile Ph	one	Busine	ss Phone		Fore	eign Phone			Email Addre	SS					
Address(es)															
Physical Address (no PO Box)	Address 1							Addı	ress 2						
	City	City					State			Zip			o Code		
	Country					Province				ign Postal C	Postal Code				
Mailing Address (if different from	Address 1				<u> </u>			Addı	ress 2						
Physical)	City					State				Zip (	Zip Code				
Country				P	Province			Foreign Postal Code							
Clearing, custody o	r other broke	erage ser	vices provid			NUED NE	XT PAG	GE		l			Page 2 of 5		
Clearing, custody o Member FINRA & S													Page 2 of SUPP 02/202		

Trademark(s) belong to their respective owners.

Account Number:

						ACCOU	nt Nui	nber:				
							2					
Previous Physical Address	Address 1			Address 2								
(if Physical is less than 6 months old)	City			State					Zip Code			
,	Country			Province				Fore	ign Postal (	Code		
Citizenship												
•												
Please check onl Proof of address ID and a form W-	is required for	each non-US	Person and	US Citizens li	iving ab	road. No	on-Reside	nt Alien	must prov	vide a valid Government		
□ U.S. □ U.S. Re	sident Alien 🗌	Non-Resident	Alien									
Country of legal  ☐ U.S ☐ Other		:										
	· · · /p		\									
All applicants m				Docidont alia	nc m	t also inc	dudo o o	- mnloton	I M/ O			
☐ Driver's Licen	•								I VV-8.			
Place/Country of Is		ID No:			1	Issue Date (mm/dd/yyyy)			Expiration Date (mm/dd/yyyy)			
Employment and	Industry Affilia	tions										
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☐ Employed ☐ If Employed/Sel												
If Retired or Uni	employed is ind	icated, please	indicate for	mer Occupati	ion.							
Employer Name			Yea	rs Employed	Phone	Number		Occupation	on	Business Nature		
Employer's Address				City			State			Zip Code		
, ,, , , , , , , , , , , , , , , , , , ,				,						,		
Country			Province	nce			Foreign Postal Cod			de		
ndustry and Oth	er Affiliations											
industry and Oth	er Armacions									_		
	Are you,	your spouse, o	or any othe	r immediate	family n	nembers,	including	parents	s, in-laws,	siblings or dependents:		
☐ Yes ☐ No				-			_			prietor, partner, officer,		
IF CHECKED YES, O							-	-	-	of a broker-dealer firm)		
ATTACH THE COMPLIA		r a financial se	_	-	•				•	,		
OFFICER'S LETTER OF			•		his entit	v require	s its ann	roval for	vou to o	pen this account, please		
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				ipal Securitie					,.			
		_		ulatory Organ		=			urities Reg	ulator		
		lame of Entity(i	_	andtory Organi			atc 01 1 C	, C. U. JCC	aritics ince	, and to i		
☐ Yes ☐ No		n officer, dire		(or more)	harehol	der in a	publicly-	owned o	ompany?			
		What is your p							ompany:			
		lame of compa						J				
□Yes □ No		senior milita						country?	•			
□ 163 □ INO		lame of countr		iciitai di poli	Lical Ull	iciai III a	11011-03	country!				

							1	Асс	ount N	umber:				
Relationship to A	Account	Vccon	ınt Holde	r 🗆 🗛	thoriza	d Party	Λ <sub>ε</sub> ς	ociat	ed Party					
First Name	Account	Accou	iiit Holde	Middle In		Last Name		ociai	eu raity		Social Se	ecurity N	lumber	
Date of Birth (mm/dd/yyyy) Gender  □ M □ F □ No A							☐ Single ☐ Widowe	ed.	Depende	nts	Home □ Own □ Rent			
ontact Informati	ion							nccu	widow	<u> </u>	1			
Home or Mobile P	hone	Busine	ess Phone		Forei	gn Phone			Email Addı	ress				
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Physical Address (no PO Box)							Addr	ess 2						
	City				Sta	ate				Zip (	Code			
	Country	Country				ovince				Fore	ign Postal	Code		
Mailing Address (if different from	Address 1				l			Addr	ess 2					
Physical)	City				State				Zip Co			ode		
	Country				Province				Foreign Postal			Code		
Previous Physical Address	Address 1	Address 1				Ad			ress 2					
(if Physical is less than 6 months old)	City	City				State				Zip Code				
	Country			Province					Fore	ign Postal	Code			
itizenship														
Please check on Proof of address ID and a form W	s is require	d for e	ach non-U	IS Person	and US	Citizens I	iving abı	oad.	Non-Resid	dent Alien	must pro	vide a	valid Government	
□ U.S. □ U.S. R		n □ No	on-Residei	nt Alien										
Country of legal  U.S  Other	and tax resi													
O.S D Other	(Specify)													
ISA Patriot Act Ir														
All applicants m											W-8.			
Place/Country of Is		зроге	ID No:	7 1010	eign Tax ID							expiration Date (mm/dd/yyyy)		
mployment and	l Industry /	Affiliation	ons				1							
☐ Employed ☐				Unemn	loved 「	Homem	aker □ ٩	ituder	nt					
If Employed/Sel	lf-Employed	is indi	icated, ple	ase comp	lete all	employm	ent field							
Employer Name				Years Er	Years Employed Phone N			Number Occupation			Business Nature			
Employer's Addres	S					City			State	1		Zip Co	ode	
Country				Provinc	e					Foreign Postal Code				
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Clearing, custody or other brokerage services provided by Axos Clearing LLC,	Page 4 of 5
Member FINRA & SIPC. Axos Clearing LLC is a subsidiary of Axos Financial, Inc.	SUPP 02/2024
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Industry and Other Affiliation	ns
Are y	you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:
Yes No	Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm)
ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL	or a financial services regulator?  If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).
	☐ Broker-Dealer or Municipal Securities Dealer ☐ Investment Adviser ☐ FINRA or other Self-Regulatory Organization ☐ State or Federal Securities Regulator Name of Entity(ies):
☐ Yes ☐ No	An officer, director or 10% (or more) shareholder in a publicly-owned company?  What is your position?   10% shareholder   CEO   CFO   COO  Name of company and symbol:
☐Yes ☐ No	A senior military, governmental or political official in a non-US country?

**Account Number:** 

## STEP 3. SIGNATURES

This Supplemental form is an extension of the Account Application and Agreement. All certifications and disclaimers contained within the main Account Application are applicable to the supplemental party completing this form.

By signing this agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to enter into this agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

Account Holder/Trustee/Corporate Officer Signature

Name of country:

Account Holder Signature	Print Name	Date
Account Holder Signature	Print Name	Date
Account Holder Signature	Print Name	Date
Axos Principal Signature	Print Name	Date