

# Investment and Banking Multi-Account Application and Agreement



To open and fund your new account(s), please provide all the information requested. Be sure to initial any corrections or cross-outs. Any corrections to the Tax ID or SSN will require the submission of a new W-9. If the account holder is a non-US Person, the appropriate IRS form W-8 must be provided from the non-US holder.

Account Number \_\_\_\_\_

## Step 1. Account Type Selection

### Axos Bank Investor Checking Account (For Individual, Joint Tenant, Traditional IRA, Roth IRA or SIMPLE IRA Investment Account Types Only)

As part of the Investor and Banking Multi-Account Application and Agreement (hereafter, "the Account Application and Agreement"), you are explicitly agreeing to open an investment account with Axos Clearing LLC (through its tradename Axos Advisor Services, hereafter, "AAS") and an Investor Checking account with Axos Bank. For additional information about the Investor Checking account, please review page 15 of this application.

If you wish to only open an investment account with AAS, you may request to do so by selecting here:

Type of Investment Account		Additional Required Paperwork (We reserve the right to request additional documentation as needed)
<input type="checkbox"/>	<b>Individual</b>	None
<input type="checkbox"/>	<b>Joint Tenant:</b> <u>Tenancy Clause (choose one)</u> Number of Tenants: _____ <input type="checkbox"/> Community Property <input type="checkbox"/> Community Property with Rights of Survivorship <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Tenants by Entirety <input type="checkbox"/> Joint Tenants with Rights of Survivorship    P % _____ J % _____	
<input type="checkbox"/>	<b>Custodial:</b> <input type="checkbox"/> UGMA <input type="checkbox"/> UTMA    State Code (REQ): _____	Availability: UTMA - All states except SC and VT UGMA - Only SC and VT
<input type="checkbox"/>	<b>Trust:</b> <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Further Distinction: <input type="radio"/> Testamentary <input type="radio"/> Family <input type="radio"/> Charitable <input type="radio"/> Living	Axos Trust Certification. W-9 signed by grantor if not a trustee.
<input type="checkbox"/>	<b>Company (Unincorporated)</b>	Beneficial Owner Certification
<input type="checkbox"/>	<b>LLC</b>	Beneficial Owner Certification
<input type="checkbox"/>	<b>Tax-exempt Organization</b>	Formation documents/charter, proof of 501(c)(3) status, Beneficial Owner Certification
<input type="checkbox"/>	<b>Partnership</b>	Beneficial Owner Certification
<input type="checkbox"/>	<b>Estate:</b> Person or Entity appointed to act on behalf of the account: <input type="checkbox"/> Administrator <input type="checkbox"/> Personal Representative <input type="checkbox"/> Executor/Executrix Number of Entities or Persons appointed to act on account: _____	Copy of Letter of Testamentary or Court Appointment
<input type="checkbox"/>	<b>Legal:</b> <input type="checkbox"/> Conservator <input type="checkbox"/> Guardianship	Court Order(s) appointing conservator/guardian and restrictions
<b>Qualified Retirement Plan:</b> <input type="checkbox"/> With Form 1099-R Reporting <input type="checkbox"/> No Form 1099-R Reporting Further Distinction: <input type="radio"/> Pooled Plan <input type="radio"/> Participant Account		Beneficial Owner Certification
<b>Corporation:</b> <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp		Articles of Incorporation, Beneficial Owner Certification
<b>IRA:</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Inherited <input type="checkbox"/> Inherited Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE: Original Funding Date _____		For SEP & SIMPLE Plans, if retired, please provide name of employer. For Inherited (Beneficiary) accounts, please complete Step 4.



**Step 2. Advisor Details**

Advisory Firm or Money Manager Firm Name

RIA or Money Manager Firm Number

Advisor Representative 1 Name

Rep ID 1

Advisor Representative 2 Name *(if applicable)*

Rep ID 2

**Step 3. Primary Account Holder Information**

Primary account holder may include owner, minor, ward, executor or entity.

On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder.

Please complete either A or B.

**A. Individual's Account Information - Used for Accounts Owned by Individual Persons Only.**

Note: For additional authorized parties on Entity accounts, please use Step 6.A, Additional/Secondary Account Holder Information.

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth *(mm/dd/yyyy)***B. Non-Individual Entity Account Information – Used for Accounts Owned by Entities Only.** Do not enter an individual's name.

Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents.

Business/Entity/Trust Name

Industry

Date of Trust

 EIN  SSN  TIN

Number: \_\_\_\_\_

**C. All Account Types Must Complete for the Individual or Entity Listed Above****1. Contact Information**

Home Phone

Mobile Phone

Business Phone

Email Address *(Required for eDelivery)*

Legal

Address Address 1

Address 2

(Required, no  
P.O. Boxes)

City

State

Zip Code

Country

Province

Foreign Postal Code

Mailing

Address Address 1

Address 2

(If different  
from legal  
address)

City

State

Zip Code

Country

Province

Foreign Postal Code

Previous

Legal Address Address 1

Address 2

(If legal  
address is  
less than 6  
months old)

City

State

Zip Code

Country

Province

Foreign Postal Code

CONTINUED TO NEXT PAGE

**2. Citizenship Status**

All applicants must provide the information below and may include a copy of their identification to avoid delays in processing. Select one type of identification, and enter the Identification Number and expiration date below (cannot be expired):

**U.S. Citizens Only:**

- Driver's license or ID card issued by a state or outlying possession of the United States
- ID card issued by a federal, state or local government agency or entity
- U.S. Passport
- Certification of U.S. Citizenship (INS Form N-560 or N-561)

**U.S. Resident Aliens Only:** (Driver's License not accepted)

- Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

\_\_\_\_\_  
**State or Country of Issuance**\_\_\_\_\_  
**Identification Number**\_\_\_\_\_  
**Expiration Date (mm/dd/yyyy)****3. Employment** (If Retired or Unemployed, please check the appropriate box below)

If Employed/Self-Employed, please complete all employment fields including occupation.

If transferring in an existing SEP or SIMPLE IRA and Retired, former employer information is required.

- Employed     Self-Employed     Retired     Unemployed     Homemaker     Student

\_\_\_\_\_  
**Employer Name**\_\_\_\_\_  
**Employer's Address**\_\_\_\_\_  
**City**\_\_\_\_\_  
**State**\_\_\_\_\_  
**Zip Code**\_\_\_\_\_  
**Country**\_\_\_\_\_  
**Province**\_\_\_\_\_  
**Foreign Postal Code**

**Occupation** - Required if Employed/Self-Employed is chosen above. Please choose the most accurate occupation type from the below:

- |                                      |   |   |   |  |
|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> Accountant  | <input type="checkbox"/> Construction       | <input type="checkbox"/> Government             | <input type="checkbox"/> Manufacturing              | <input type="checkbox"/> Retail          |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Customer Service   | <input type="checkbox"/> Healthcare             | <input type="checkbox"/> Marketing                  | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Artist      | <input type="checkbox"/> Education          | <input type="checkbox"/> Import-Export          | <input type="checkbox"/> Military                   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Aviation    | <input type="checkbox"/> Engineer/Scientist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Nonprofit Professional     | <input type="checkbox"/> Travel          |
| <input type="checkbox"/> Banker      | <input type="checkbox"/> Entertainment      | <input type="checkbox"/> Insurance              | <input type="checkbox"/> Office and Administrative  | <input type="checkbox"/> Vehicle Sellers |
| <input type="checkbox"/> Casino      | <input type="checkbox"/> Finance            | <input type="checkbox"/> Legal Services         | <input type="checkbox"/> Personal Care and Services |  |
| <input type="checkbox"/> Clergy      | <input type="checkbox"/> Food Services      | <input type="checkbox"/> Maintenance            | <input type="checkbox"/> Real Estate                |  |

**4. Industry and Other Affiliations**

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

**A. 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) **or a financial services regulator?**

- 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): \_\_\_\_\_

If this entity requires its approval for you to open this account, please provide a copy of the Compliance Letter of Approval with this Application.

- I have included a copy of the Compliance Letter of Approval with this Application.
- A Compliance Letter of Approval is not required.

**CONTINUED TO NEXT PAGE**

**B. An officer, director or 10% (or more) shareholder in a publicly owned company?** Yes  No

Name of company(ies) \_\_\_\_\_

Symbol(s) \_\_\_\_\_

If Yes, what is your title?  10% shareholder  CEO  CFO  COO  Other Officer**C. A senior military, governmental or political official in a non-US country?** Yes  No

Name of country \_\_\_\_\_

**Step 4. Inherited (Beneficiary) IRA and Inherited IRA Roth Accounts Only**

Original Decedent Name \_\_\_\_\_

Original Decedent Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Original Decedent Date of Death (mm/dd/yyyy) \_\_\_\_\_

**Complete if You Qualified as an Eligible Designated Beneficiary at the Time of the Decedent's Death:**I certify that on the day of the decedent IRA account holder's death, I: *(check all that apply, leave blank if none apply)*

- Was the legal spouse of the decedent
- Was chronically ill as defined by IRC 7702B(c)(2)
- Was disabled per 42USC1382c(a)(3), schedule R filing with the IRS, or IRS requirements for disability
- Was the legal minor child of the decedent IRA account holder

By Signing this Agreement, I confirm and certify, under penalty of perjury, that the information provided is true and accurate for the account listed on this application. I confirm that I have consulted with a certified tax professional that I have met the specific requirements to qualify as an eligible designated beneficiary.

**Step 5. Trusted Contact (Optional)**

By choosing to provide information for a Trusted Contact Person ("TCP"), you authorize your Advisor to contact and to disclose information about you and your account(s) to the TCP:

- Provide the TCP with information about you or your account(s), but does not provide the TCP with the ability to transact on your account(s)
- Inquire about your current contact information or health status
- Inquire if another person or entity has legal authority to act on your behalf (e.g. legal guardian or conservator, executor, trustee, or holder of a power of attorney)

The TCP must be at least 18 years old, must be someone other than an account holder and cannot be your Advisor. The Advisor may provide the TCP information about you or your account(s) but does not allow the TCP the ability to transact on your account(s).

_____ <b>First Name</b>		_____ <b>Middle Initial</b>		_____ <b>Last Name</b>	
_____ <b>Mailing Address</b>		_____ <b>City</b>		_____ <b>State</b>	
_____ <b>Country</b>		_____ <b>Province</b>		_____ <b>Foreign Postal Code</b>	
_____ <b>Email Address</b>		_____ <b>Phone Number (required)</b>		_____ <b>Relationship</b>	

## Step 6.A. Secondary/Additional Account Holder 1 Information: For Joint Account Holders, Custodians, Trustees or Authorized Parties

Additional account holders may include custodian, conservator, guardian, or Trustee/Officer. On a UGMA/UTMA account the minor is the primary account holder, the custodian is an additional account holder.

### 1. Secondary/Additional Account Holder Details

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)		FBO: Can be an Individual or an Entity name. Applicable only for Qualified Retirement Plan account type.	

### 2. Contact Information

Home Phone	Mobile Phone	Business Phone	Email Address	
<b>Legal Address</b> (Required, no P.O. Boxes)				
Address 1		Address 2		
City		State	Zip Code	
Country		Province	Foreign Postal Code	
<b>Mailing Address</b> (If different from legal address)				
Address 1		Address 2		
City		State	Zip Code	
Country		Province	Foreign Postal Code	
<b>Previous Legal Address</b> (If legal address is less than 6 months old)				
Address 1		Address 2		
City		State	Zip Code	
Country		Province	Foreign Postal Code	

### 3. Citizenship Status

All applicants must provide the information below and may include a copy of their identification to avoid delays in processing. Select one type of identification, and enter the Identification Number and expiration date below (cannot be expired):

#### U.S. Citizens Only:

- Driver's license or ID card issued by a state or outlying possession of the United States
- ID card issued by a federal, state or local government agency or entity
- U.S. Passport
- Certification of U.S. Citizenship (INS Form N-560 or N-561)

#### U.S. Resident Aliens Only: (Driver's License not accepted)

- Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

State or Country of Issuance	Identification Number	Expiration Date (mm/dd/yyyy)
------------------------------	-----------------------	------------------------------

CONTINUED TO NEXT PAGE

**4. Employment** (If Retired or Unemployed, please check the appropriate box below)

If Employed/Self-Employed, please complete all employment fields including occupation.

If transferring in an existing SEP or SIMPLE IRA and Retired, former employer information is required.

Employed    Self-Employed    Retired    Unemployed    Homemaker    Student

**Employer Name**

**Employer's Address**

**City**

**State**

**Zip Code**

**Country**

**Province**

**Foreign Postal Code**

**Occupation** - Required if Employed/Self-Employed is chosen above. Please choose the most accurate occupation type from the below:

- |                                      |   |   |   |  |
|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> Accountant  | <input type="checkbox"/> Construction       | <input type="checkbox"/> Government             | <input type="checkbox"/> Manufacturing              | <input type="checkbox"/> Retail          |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Customer Service   | <input type="checkbox"/> Healthcare             | <input type="checkbox"/> Marketing                  | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Artist      | <input type="checkbox"/> Education          | <input type="checkbox"/> Import-Export          | <input type="checkbox"/> Military                   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Aviation    | <input type="checkbox"/> Engineer/Scientist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Nonprofit Professional     | <input type="checkbox"/> Travel          |
| <input type="checkbox"/> Banker      | <input type="checkbox"/> Entertainment      | <input type="checkbox"/> Insurance              | <input type="checkbox"/> Office and Administrative  | <input type="checkbox"/> Vehicle Sellers |
| <input type="checkbox"/> Casino      | <input type="checkbox"/> Finance            | <input type="checkbox"/> Legal Services         | <input type="checkbox"/> Personal Care and Services |  |
| <input type="checkbox"/> Clergy      | <input type="checkbox"/> Food Services      | <input type="checkbox"/> Maintenance            | <input type="checkbox"/> Real Estate                |  |

**5. Industry and Other Affiliations**

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

**A. 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) **or a financial services regulator?**

Yes    No

If Yes, please specify entity below.

- |   |  |
|---|--|
| <input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer | <input type="checkbox"/> FINRA or other Self-Regulatory Organization |
| <input type="checkbox"/> Investment Advisor                           | <input type="checkbox"/> State or Federal Securities Regulator       |

Name of Entity(ies): \_\_\_\_\_

If this entity requires its approval for you to open this account, please provide a copy of the compliance letter of approval with this Application.

- I have included a copy of the required compliance letter of approval with this Application.
- A Compliance Letter of Approval is not required.

**B. An officer, director or 10% (or more) shareholder in a publicly owned company?**

Yes    No

\_\_\_\_\_ Name of company(ies)   \_\_\_\_\_ Symbol(s)

What is your title?    10% shareholder    CEO    CFO    COO    Other Officer

**C. A senior military, governmental or political official in a non-US country?**

Yes    No

\_\_\_\_\_ Name of country

**Step 6.B. Secondary/Additional Account Holder 2 Information: For Joint Account Holders, Custodians, Trustees or Authorized Parties**

Additional account holders may include custodian, conservator, guardian, or Trustee/Officer. On a UGMA/UTMA account the minor is the primary account holder, the custodian is an additional account holder.

**Secondary/Additional Account 2 Holder Details**

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)			

**1. Contact Information**

Home Phone	Mobile Phone	Business Phone	Email Address
------------	--------------	----------------	---------------

**Legal Address**  
(Required, no P.O. Boxes)

Address 1	Address 2
City	State
Country	Foreign Postal Code

**Mailing Address**  
(If different from legal address)

Address 1	Address 2
City	State
Country	Foreign Postal Code

**Previous Legal Address**  
(If legal address is less than 6 months old)

Address 1	Address 2
City	State
Country	Foreign Postal Code

**2. Citizenship Status**

All applicants must provide the information below and may include a copy of their identification to avoid delays in processing. Select one type of identification, and enter the Identification Number and expiration date below (cannot be expired):

**U.S. Citizens Only:**

- Driver's license or ID card issued by a state or outlying possession of the United States
- ID card issued by a federal, state or local government agency or entity
- U.S. Passport
- Certification of U.S. Citizenship (INS Form N-560 or N-561)

**U.S. Resident Aliens Only:** (Driver's License not accepted)

- Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

State or Country of Issuance	Identification Number	Expiration Date (mm/dd/yyyy)
------------------------------	-----------------------	------------------------------

CONTINUED TO NEXT PAGE

**3. Employment** (If Retired or Unemployed, please check the appropriate box below)

If Employed/Self-Employed, please complete all employment fields including occupation.

If transferring in an existing SEP or SIMPLE IRA and Retired, former employer information is required.

- Employed    Self-Employed    Retired    Unemployed    Homemaker    Student

**Employer Name**

**Employer's Address**

**City**

**State**

**Zip Code**

**Country**

**Province**

**Foreign Postal Code**

**Occupation** - Required if Employed/Self-Employed is chosen above. Please choose the most accurate occupation type from the below:

- |                                      |   |   |   |  |
|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> Accountant  | <input type="checkbox"/> Construction       | <input type="checkbox"/> Government             | <input type="checkbox"/> Manufacturing              | <input type="checkbox"/> Retail          |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Customer Service   | <input type="checkbox"/> Healthcare             | <input type="checkbox"/> Marketing                  | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Artist      | <input type="checkbox"/> Education          | <input type="checkbox"/> Import-Export          | <input type="checkbox"/> Military                   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Aviation    | <input type="checkbox"/> Engineer/Scientist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Nonprofit Professional     | <input type="checkbox"/> Travel          |
| <input type="checkbox"/> Banker      | <input type="checkbox"/> Entertainment      | <input type="checkbox"/> Insurance              | <input type="checkbox"/> Office and Administrative  | <input type="checkbox"/> Vehicle Sellers |
| <input type="checkbox"/> Casino      | <input type="checkbox"/> Finance            | <input type="checkbox"/> Legal Services         | <input type="checkbox"/> Personal Care and Services |  |
| <input type="checkbox"/> Clergy      | <input type="checkbox"/> Food Services      | <input type="checkbox"/> Maintenance            | <input type="checkbox"/> Real Estate                |  |

**4. Industry and Other Affiliations**

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

**A. 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) **or a financial services regulator?**

- Yes    No

If Yes, please specify entity below.

- |   |  |
|---|--|
| <input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer | <input type="checkbox"/> FINRA or other Self-Regulatory Organization |
| <input type="checkbox"/> Investment Advisor                           | <input type="checkbox"/> State or Federal Securities Regulator       |

Name of Entity(ies): \_\_\_\_\_

If this entity requires its approval for you to open this account, please provide a copy of the compliance letter of approval with this Application.

- I have included a copy of the required compliance letter of approval with this Application.  
 A Compliance Letter of Approval is not required.

**B. An officer, director or 10% (or more) shareholder in a publicly owned company?**

- Yes    No

\_\_\_\_\_  
Name of company(ies)

\_\_\_\_\_  
Symbol(s)

What is your title?    10% shareholder    CEO    CFO    COO    Other Officer

**C. A senior military, governmental or political official in a non-US country?**

- Yes    No

\_\_\_\_\_  
Name of country



## Step 7. Beneficiary Designation

**This section is used to designate beneficiaries for individual retirement accounts (IRA) including traditional, rollover, custodial, SEP, SARSEP, Roth, and SIMPLE IRAs.** This form will not be accepted to designate, replace, or remove beneficiaries from Transfer on Death (TOD) accounts, employer sponsored retirement plan accounts, or other non-IRA accounts. While beneficiary names provided without the social security number or Tax Identification Number (TIN) will be maintained on file and will be included as a beneficiary, these names will not be displayed in your online account inquiry application.

If any primary or contingent beneficiary dies before the account holder, their interest and the interest of their heirs will terminate completely, and the percentage of account balance of any remaining primary beneficiaries will be increased proportionately unless Per Stirpes is selected. If no primary beneficiaries survive the account holder, the contingent beneficiaries will acquire the account at their designated percentages.

Per Stirpes means that if any Primary or Contingent Beneficiary does not survive the account holder, but leaves surviving descendants, any share otherwise payable to such Beneficiary shall instead be paid to such Beneficiary's surviving descendants by right of representation. If I select the "Per Stirpes" box, I understand that if the listed Beneficiary dies before I do, that Beneficiary's share will pass to his or her living descendants, instead of being reallocated to the other remaining named Beneficiaries.

**Trust as beneficiary.** To designate a trust as a beneficiary, enter the beneficiary information as follows:

- Beneficiary Name: Provide the full legal title of the trust. Include a list of all trustees and the date of the trust.
- Social security number: Provide the Tax Identification Number (TIN) or the social security number for the trust.
- Percent of account balance: Provide the percentage allocated to the trust.

If the Tax Identification Number (TIN) for a trust is the same as another beneficiary's social security number, the beneficiary information for the trust will be maintained on file and will be included as a beneficiary, but the trust will not be displayed in your online account inquiry application.

The share percentages must add up to 100% for the designated primary beneficiaries and 100% for the designated contingent beneficiaries. If the percentages do not add up to 100%, Axos Advisor Services will assume those beneficiaries will receive equal shares. If your beneficiary allocation totals at least 99%, but less than 100% (e.g., three named beneficiaries are each assigned a 33.33% interest in the account), AAS will assign the unallocated remainder to the first beneficiary. If Primary or Contingent is not marked, then the beneficiary will be deemed Primary. The beneficiary(ies) must be named in this section. For example, the terms 'spouse', 'children', or 'per stirpes' are not acceptable designations for "Beneficiary Name". Beneficiary information can be provided and/or modified at any time by completing and signing a subsequent IRA Beneficiary Designation or Change Request form.

By signing this application, I hereby designate the following individuals or entity(ies) as my beneficiary(ies). If my account is subject to State community property statutes and I do not designate my spouse as the sole primary beneficiary, I represent, warrant, and covenant that my spouse has consented to the beneficiary designations below.

Type of Beneficiary	Beneficiary Name	SSN/TIN	DOB	Relationship	Share
<input type="checkbox"/> Primary	_____	_____	_____	_____	_____ %
	Address _____	City _____	State _____	Zip Code _____	<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____ %
	Address _____	City _____	State _____	Zip Code _____	<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____ %
	Address _____	City _____	State _____	Zip Code _____	<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____ %
	Address _____	City _____	State _____	Zip Code _____	<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____ %
	Address _____	City _____	State _____	Zip Code _____	<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____ %
	Address _____	City _____	State _____	Zip Code _____	<input type="checkbox"/> Per Stirpes

Additional beneficiary information provided (please attach)

**Step 8. Account Funding and Features****A. Cash Sweep (choose one)**

- I represent my consent and authorization to participate in the Axos Advisor Services Insured Deposit Program. I acknowledge that I have read and understand the terms and conditions of the Axos Advisor Services Insured Deposit Program provided at [axosadvisorservices.com](http://axosadvisorservices.com) or by my advisor.
- I elect to not sweep free credits to the Axos Advisor Services Insured Deposit Program, and I understand I will not receive interest on my cash balance.

**B. Margin Privileges**

- By checking this box, your account will be classified as a margin account from a regulatory standpoint. Initially, the account will have limited margin features to facilitate trading and money settlement. Once available, eligible accounts may be extended additional margin features which will allow you to borrow money from the account or conduct short sales. By checking this box, you also confirm that you have read the Axos Advisor Services' Margin Agreement enclosed at the end of this application.

**C. Initial Funding Source (choose one)**

What is the initial source of funds for this account? If you are transferring assets from another financial institution, please indicate the origin of those funds.

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Investments              | <input type="checkbox"/> Compensation     | <input type="checkbox"/> Retirement Income            | <input type="checkbox"/> Gift                  | <input type="checkbox"/> Donations     |
| <input type="checkbox"/> Insurance/Annuity Payout | <input type="checkbox"/> Inheritance      | <input type="checkbox"/> Social Security Benefits     | <input type="checkbox"/> Legal Settlement      | <input type="checkbox"/> Spouse/Parent |
| <input type="checkbox"/> Lottery/Gaming           | <input type="checkbox"/> Business Revenue | <input type="checkbox"/> Sale of Business or Property | <input type="checkbox"/> Other (Specify) _____ |  |

**D. Purpose and Expected Use of the Account (choose one)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Investment account with frequent transfers     | <input type="checkbox"/> Investing for retirement      | <input type="checkbox"/> Investing for tax planning  |
| <input type="checkbox"/> Long-term investment with occasional transfers | <input type="checkbox"/> Investing for estate planning | <input type="checkbox"/> Investing for college/minor |

**Step 9. Electronic Delivery, Trade Confirmations, and Communications Preferences****A. Electronic Delivery**

If you provided an email address in Step 3 you will receive account statements, tax statements, shareholder communications and future account related documents via electronic delivery. Following account opening, you will receive an email from Axos Advisor Services asking you to click the Enroll in eDelivery button to confirm and complete your enrollment for electronic delivery. If you do not provide an email address in Step 3, you will receive documents via U.S. Mail to the mailing address you have provided in Step 3. If the email address provided is returned as undeliverable or if you do not click in the Enroll in eDelivery button in the email you receive, Axos Advisor Services will attempt to send these documents via U.S. Mail to the mailing address you have provided. To change your document delivery preferences and to view the electronic delivery terms at any time, you can log into your account at [axosadvisorservices.com/liberty](http://axosadvisorservices.com/liberty).

**B. Trade Confirmations**

- By checking this box, you will receive trade confirmations within your periodic account statements. If unselected, you will receive a confirmation for each trade made by you or your advisory firm.** These trade-by-trade confirmations will be delivered to you in hardcopy by U.S. Mail if you have elected not to enroll in electronic delivery. If you elect to receive trade confirmations in your periodic account statements, you may still retrieve trade-by-trade confirmations at any time by logging into your account at [axosadvisorservices.com/liberty](http://axosadvisorservices.com/liberty) the day after a trade is executed. Historical trade confirmations will also be available through this same electronic portal. There is no additional cost to you if you elect to check or not to check this box.

**C. Communication Preferences**

- Unless you check this box, Axos Clearing will provide your name to corporations whose securities you hold in your account for additional corporate communications (e.g., proxies).

**Step 10. Duplicate Statements for an Interested Party (Optional)**

If you would like to provide the following duplicate documents to an interested party, please complete the information below:

Options (both may be selected):  Paper Statements  Tax Forms

Name _____		Company Name (if any) _____	
Mailing Address _____		City _____	State _____ Zip Code _____
Country _____		Province _____	Foreign Postal Code _____

## Step 11. Limited Power of Attorney

### LIMITED TO PURCHASE AND SALE OF SECURITIES.

By signing and returning this application, you hereby appoint the Advisory Firm or individual named in Step 2 as your Advisor and attorney-in-fact ("Advisor"), to execute, buy, sell (including short sales), and trade in stocks, bonds, and any other securities and/or contracts relating to the same in accordance with the RIA Customer Agreement applicable to this account held in your name, or number on our books, without notice to you. Your Advisor is authorized to affect such transactions in your account via any available medium, electronic access or otherwise, including but not limited to electronic access via personal computer or phone. You hereby acknowledge that investment related materials, including annual reports and initial purchase prospectus materials, will be delivered to your Advisor unless your Advisor requests that they be delivered to the Account holder(s).

You hereby agree to indemnify and hold harmless Axos Clearing LLC ("Axos Clearing"), its affiliates and their directors, officers, employees, and advisors, including all of those associated with or under its Axos Advisor Services name, from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon. In all such purchases, sales, or trades, Axos Clearing is authorized to follow the instructions of your Advisor in every respect concerning your account with Axos Clearing; and your Advisor is authorized to act for you and on your behalf in the same manner and with the same force and effect as you might or could do with respect to such purchases, sales, or trades, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales, or trades, including without limitation the delivery of securities or monies from the account in the Account Holder(s) name and the provision of securities cost basis method selection and/or information for purposes of cost basis or tax reporting.

You hereby ratify and confirm any and all transactions with Axos Clearing heretofore or hereafter made by your Advisor for your account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which Axos Clearing may have under any other agreement or agreements between you and Axos Clearing.

If this is a fiduciary account, Account Holder(s) affirm(s) that this grant of limited trading authority has been conferred consistent with any fiduciary duties or powers of Account Holder(s).

This authorization is a continuing one and shall remain in full force and effect until (i) we are notified by a written notice delivered to Axos Clearing of your death or incapacity or (ii) you change or revoke this authorization by a written notice to Axos Clearing. We shall have no duty of inquiry. Until we receive such written revocation, we are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before we receive written notice of revocation. This authorization and indemnity shall inure to the benefit of our firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of our present firm or any successor firms.

You have carefully read this power of attorney and indemnity and understand that it authorizes your Advisor named herein to exercise rights and powers over your accounts as if you had exercised them yourself and that your Advisor's actions and instructions with respect to your accounts are fully binding on you. You agree to have your Advisor receive duplicate statements and trade confirmations.

## Step 12. Authorization to Pay Fees to Advisor

By signing and returning this application, you hereby authorize Axos Clearing to calculate, debit your account and pay the Advisory Firm in Step 2, the Advisor's management fees as negotiated by you through your agreement with your Advisor. You also authorize Axos Clearing to liquidate shares of any money market mutual fund or bank deposit sweep you may hold in your account to the extent necessary to pay such fees. Axos Clearing shall rely on Advisor's instructions and have no responsibility for the verification of such instructions or fees.

You will indemnify and hold Axos Clearing and its affiliates, directors, officers, employees, successors, and assigns harmless from all losses, claims, damages, liabilities, and costs, including attorneys' fees, which Axos Clearing may incur by relying upon representation from your designated Advisor or upon you making this authorization. This authorization will remain in full force and effect until revoked by you by a written notice addressed and delivered to Axos Clearing.

**Step 13. W-9 Certification****Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US citizen or other US person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Definition of a US Person**

For federal tax purposes, you are considered a US person if you are:

- An individual who is a US citizen or US resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations section 301.7701-7)

**Certification instructions**

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement ("IRA"), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

- A. If you are an exempt payee (if unsure, please consult your tax professional),  
enter your exempt payee code (if any) here: \_\_\_\_\_
- B. If you are exempt from FATCA reporting (if unsure, please consult your tax professional), enter your exemption from FATCA reporting code (if any) here: \_\_\_\_\_

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE THAT SECURITIES NOT FULLY PAID FOR MAY BE LOANED TO AXOS CLEARING LLC OR LOANED OUT TO OTHERS.

PLEASE NOTE THAT THIS ACCOUNT APPLICATION AND AGREEMENT CONTAINS A PREDISPUTE ARBITRATION AGREEMENT IN THE TERMS AND CONDITIONS ACCOMPANYING THIS ACCOUNT APPLICATION AND AGREEMENT, WHICH GOVERNS DISPUTES YOU MAY HAVE WITH AXOS CLEARING LLC. YOU ACKNOWLEDGE RECEIVING A COPY OF THIS ACCOUNT APPLICATION AND AGREEMENT. SHOULD YOU HAVE A DISPUTE WITH YOUR ADVISOR, PLEASE REFER TO THE TERMS AND CONDITIONS OF YOUR AGREEMENT WITH YOUR ADVISOR TO DETERMINE HOW IT REQUIRES RESOLUTION OF ANY SUCH DISPUTES.

**Step 14. Signatures**

To help the government fight the funding of terrorism and money laundering activities, federal laws require all financial organizations to obtain, verify and record information that identifies each person who opens an account. That means that Axos Clearing will ask for your name, address, date of birth and other information that will allow us to identify you. We may also require a copy of your driver's license or other government-issued identifying document.

By signing this Investment and Banking Multi-Account Application and Agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to be bound by the terms and conditions of this Investment and Banking Multi-Account Application and Agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Investment and Banking Multi-Account Application and Agreement.

**Account Holder/Trustee/Corporate Officer Signature**

<b>x</b>		
Primary Account Holder Signature	Print Name	Date
<b>x</b>		
Secondary Account Holder Signature	Print Name	Date
<b>x</b>		
Additional Account Holder Signature	Print Name	Date

**Approvals**

<b>x</b>		
Axos Principal Signature	Print Name	Date

## Margin Agreement

A margin account involves an extension of credit to you in connection with your securities account. This Margin Agreement and consent to loan securities enables securities in your account to be pledged or loaned to others to finance the funds that are loaned to you. By selecting the box in Step 8.B. and signing this Agreement, you hereby request that your Registered Investment Advisor (“Advisor”) and Axos Clearing LLC operating under its trade name Axos Advisor Services (“Axos Clearing” or “AAS”) open and endorse this account as a MARGIN ACCOUNT.

**Your Advisor** will be pleased to answer any questions you may have regarding your margin account. This Margin Agreement supplements the RIA Customer Agreement between you and Axos Clearing. In consideration of the acceptance of your account under this Margin Agreement, you agree to the following supplemental terms and provisions:

**Margin Account Usage on a Non-Leveraged Basis (available when you select the box in Step 8.B.)** By selecting the box in Step 8.B. and signing this Agreement, you or your Advisor may use your Account to purchase securities on a non-leveraged basis. This feature allows for reduced settlement times; it does not allow you to purchase securities by borrowing money or receiving credit from Axos Clearing. In order to use this feature, your Account must have a minimum deposit of \$2,000 or 100 percent of the purchase price of the security—whichever is less—in the account before purchasing a security on a non-leveraged basis.

**Extension of Credit (if applicable).** Pursuant to Regulation T under the Securities Exchange Act of 1934, as amended, and the rules and regulations of the Securities Exchange Commission (“SEC”) and the Board of Governors of the Federal Reserve System, it is agreed that, should you be approved to do so, you may purchase, carry and trade certain securities on leveraged margin. You authorize Axos Clearing and/or your Advisor to obtain reports concerning your credit-worthiness and business conduct. Upon your request, you may obtain a copy of any said reports. Initial margin requirements established by the Board of Governors of the Federal Reserve specify the minimum amount of collateral you must provide when you buy securities on margin. The requirement is expressed as a percentage of the purchase price. It may change from time to time, and it may be a different percentage for different types of securities. When you purchase securities, you may pay for the securities in full or you may borrow part of the purchase price from Axos Clearing by the use of your margin account. If you choose to borrow funds from Axos Clearing, the securities purchased are Axos Clearing’s collateral for the loan to you.

**Maintenance of Margin.** You agree to maintain such positions and margin as required by Regulation T and all other applicable statutes, rules and regulations, or as may be deemed necessary by Axos Clearing or your Advisor. Additional requirements may be more stringent than those required by law or exchange regulations. Such requirements may be changed or modified without prior notice to you. If the securities in your account decline in value, so does the value of the collateral supporting your loan, and, as a result, Axos Clearing can take action, such as issue a margin call and/or sell securities or other assets in any of your accounts held with Axos Clearing in order to maintain the required equity in the account. You acknowledge that there is no requirement of Axos Clearing to provide notice to you of a margin deficiency. It is important that you fully understand the risks involved in trading securities on margin and that you promptly satisfy all margin and maintenance calls. If you do not meet a margin call, **Axos Clearing may liquidate securities in the account to the extent necessary to satisfy the call.**

**Short Sales.** You shall clearly designate any order to sell “short” or “short exempt;” all other sales shall be deemed to be “long.” Short account securities will be “marked to the market” daily. The value of any short securities will be considered as a debt to your account.

**Interest on Margin.** You shall pay interest on credit extended by Axos Clearing under this Margin Agreement for the purpose of purchasing, carrying or trading securities. Interest will be charged on your average daily net settled debit balance and calculated using the Axos Clearing Base Rate (“ACBR”).

The ACBR is set at the discretion of Axos Clearing with references to the general credit markets, the broker call rate and general industry conditions relating to the extension of margin credit. The ACBR will change without notice to you as changes occur in the general credit markets, the broker call rate and general industry conditions relating to the extension of margin credit, at Axos Clearing’s discretion. Axos Clearing makes available the current ACBR at the following link on Axos Clearing’s website: <https://www.axosclearing.com/disclosures/>. Axos Clearing will update the information displayed here to reflect any adjustments in the ACBR so that you may check the current ACBR at any time. You may contact your Advisor or Axos Clearing’s Client Services Department at (402) 384-6191 if you have any questions about the margin rates applicable to your margin balances.

On demand, you shall pay any balance owing with respect to your accounts, including fees and any costs of collection. All payments received in your account, including dividends, interest, premiums and principal payments may be applied to the balance due in your account. The rate of interest charged for the credit extended to you shall be calculated on a 360-day year and actual days elapsed using the ACBR.

**Securities Lending.** For any securities held by Axos Clearing as property on margin under this Margin Agreement or as collateral for your obligations under this Margin Agreement, you authorize Axos Clearing to lend such securities, either separately or with other securities, to itself or to other entities. Securities in your margin account are registered in Axos Clearing’s name and are collateral for any margin loan. You still receive credit for all dividends or interest payments on these shares and your account will be charged for any dividends or interest on short positions. If there is a decline in the market value or liquidity of securities that are the collateral for your loan or other circumstances where, in Axos Clearing’s judgment, adequate collateral does not exist, it may be necessary to request additional collateral for your margin account. Axos Clearing may increase its “house” maintenance margin requirements at any time and is not required to provide you with advance notice. These changes in Axos Clearing’s policy often take effect immediately and may result in the issuance of a maintenance margin call. Your failure to satisfy the call may cause Axos Clearing to liquidate or sell securities in your account(s). Until written revocation confirmation is received by Axos Clearing or your Advisor which then communicates the same to Axos Clearing, this Margin Agreement constitutes your continuing consent to effect securities lending transactions. Upon such written revocation, and payment for all balances due to Axos Clearing, Axos Clearing will deliver such securities to you if so requested.

**Hypothecation of Securities.** For any amount due on your account, you authorize that your securities may be pledged, re-pledged, and hypothecated or re-hypothecated, without notice to you, either separately or with securities of other bona fide clients. You represent that you will

not allow any securities in any of your accounts to become subject to liens, security interests or other encumbrances. You further represent that you are not controlled by or in control of any issuer of any security you have provided as collateral to Axos Clearing.

**Liquidation.** You acknowledge that securities held in your account may be liquidated without notice to satisfy minimum maintenance or margin calls. You are not entitled to choose which securities or other assets in your account(s) are liquidated or sold by Axos Clearing to meet a margin call. You are not entitled to an extension of time to meet a margin call. While an extension of time to meet margin requirements may be available to you under certain conditions, you do not have a right to the extension. Without limitation, any of the following circumstances may give rise for Axos Clearing to exercise this power: (i) your failure to promptly meet any call for additional collateral; (ii) the filing of a petition in bankruptcy by or against you; (iii) the appointment of a receiver is filed by or against you; (iv) a significant judgment is entered against you, or any levy is made on your account(s); and (v) the occurrence of any event which, in Axos Clearing's judgment, operates to impair your ability to perform your obligations under this Margin Agreement. In any such event, and without further notice, you authorize Axos Clearing to (i) sell any securities held in your account(s); (ii) buy any securities which may be short; (iii) cancel any open order; (iv) to close any outstanding order; and (v) otherwise take any action deemed necessary to comply with applicable statutes, rules and regulations or any other requirements governing your margin account. If for any reason Axos Clearing delays or forgoes for a period the enforcement of its margin requirements, Axos Clearing's subsequent enforcement or right to enforce is not thereby waived.

**Governing Law.** This Margin Agreement and all documents incorporated by reference are governed by the laws of the State of New York.

### **Current Margin Interest Rate**

By signing this Account Application and Agreement, you certify that your Advisor disclosed to you the current ACBR (as found on <https://www.axosclearing.com/disclosures/>) applicable to your account.

The margin interest charged to your account will not exceed the highest rate listed above, subject to any future changes in the ACBR. By signing above, I acknowledge that I have received, read, understand and agree to be bound by the terms and conditions as set forth in this Margin Agreement as currently in effect and as amended from time to time. In doing so, I also certify that my Advisor disclosed to me the current ACBR (as found on <https://www.axosclearing.com/disclosures/>) applicable to my margin account.

I represent that I am of required legal age to enter into this Margin Agreement.

I understand and acknowledge that Axos Clearing does not provide investment, tax, legal, accounting, financial or other advice.

**Please Note: Axos Clearing and/or my Advisor may verify information provided on this Margin Agreement through a third-party vendor in accordance with the USA Patriot Act.**

**I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PRE-DISPUTE ARBITRATION AGREEMENT, WHICH IS SET FORTH IN SECTION 19 OF PAGE 3 IN THE RIA CUSTOMER AGREEMENT BETWEEN ME AND AXOS CLEARING. I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE PREDISPUTE ARBITRATION AGREEMENT CONTAINED THEREIN.**

**BY SIGNING THIS ACCOUNT APPLICATION AND AGREEMENT, I ACKNOWLEDGE THAT MY SECURITIES MAY BE LOANED TO AXOS CLEARING OR LOANED OUT TO OTHERS.**

## Axos Bank Investor Checking Account Agreement

By not selecting the box to open only an Investment account with AAS in Step1, you acknowledge that you have received through the following URL address: <https://www.axosbank.com/-/media/Axos/Documents/Legal/Personal-Deposit-Account-Agreement-and-Schedule-of-Fees-Axos.pdf> the Personal Deposit Account Agreement and Schedule of Fees and are authorizing Axos Bank to establish an Axos Bank Investor Checking account. All account holders must be either U.S. citizens or U.S. resident aliens who reside in the U.S. or Puerto Rico and provide a U.S. mailing address.

### Important information about your Privacy:

We respect your privacy. Axos Bank will use the personal identification and account information provided in this application and that you previously provided to Axos Advisor Services to open and service your account(s), communicate with you, and provide information about products and services. Axos Bank does not consider your marital status when processing your Axos Bank Investor Checking Account application. For more information on privacy policies, visit the following URL <https://www.axosbank.com/-/media/Axos/Documents/Axos-Privacy-Notice.pdf>

Investment Products: Not FDIC Insured • No Bank Guarantee • May Lose Value