Interested Party Authorization



Account Owner(s) may authorize an interested party access to brokerage account statements for its account(s) by completing the information below.

SECTION 1: INTERESTED PARTY IN	IFORMATION	
☐ Add an Interested Party ☐ Rer	nove an Interested Party	
Interested Party Name		Relationship to Account Owner(s)
Interested Party Email (optional)		Phone Number
Address		
City	State	ZIP Code
SECTION 2: DOCUMENT DELIVERY	INSTRUCTIONS	
Indicate the type(s) of documents you would li	ke to be delivered to this Interested Party	
	Documents	
SECTION 3: IDENTIFICATION OF AC	CCOUNTS	
List all account numbers for which you authorize	ze this interested party to obtain duplicate br	okerage statements and/or trade confirmations.
Account Title		Account Number
Please note, once the interested party has built with an updated request form to remove the in		uplicate statements until revoked by the account holder
SECTION 4: SIGNATURE(S)		
	formation as described in Step 2 of thi	("IBD") and/or Axos Advisor Services to send to the s form. I(we) understand and acknowledge that this
•	dvisor Services does not attempt to verify th	e address I have provided, and therefore the IBD and/or inaccurate address.
All Account Owners and Authorized Agent	must sign.	
Account Owner Signature	Print Name	Date
Account Co-Owner Signature	Print Name	
Original signature required: electronic signature	res and/or signature fonts are not authorized.	
Axos Principal Signature	Print Name	Date