



# 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.

**STEP 1. ACCOUNT DETAILS**

Account Title (Name of this account)	Account Number
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**STEP 2. PERSONAL INFORMATION**

Relationship to Account  Account Holder  Authorized Party  Associated Party

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> No Answer	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Dependents  Home <input type="checkbox"/> Own <input type="checkbox"/> Rent

**Contact Information**

Home or Mobile Phone	Business Phone	Foreign Phone	Email Address
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**Address(es)**

<b>Physical Address</b> (no PO Box)	Address 1		Address 2	
	City	State	Zip Code	
	Country	Province	Foreign Postal Code	
<b>Mailing Address</b> (if different from Physical)	Address 1		Address 2	
	City	State	Zip Code	
	Country	Province	Foreign Postal Code	
<b>Previous Physical Address</b> (if Physical is less than 6 months old)	Address 1		Address 2	
	City	State	Zip Code	
	Country	Province	Foreign Postal Code	

**Citizenship**

Please check only one: <i>Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8</i> <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Non-Resident Alien Country of legal and tax resident: <input type="checkbox"/> U.S <input type="checkbox"/> Other (specify) _____
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Account Number:

USA Patriot Act Information (Required by Federal Law)

All applicants must provide the information below. Non-Resident aliens must also include a completed W-8.
[ ] Driver's License [ ] Passport [ ] State ID [ ] Foreign Tax ID [ ] Other Government-issued ID
Place/Country of Issuance ID No: Issue Date (mm/dd/yyyy) Expiration Date (mm/dd/yyyy)

Employment and Industry Affiliations

[ ] Employed [ ] Self-Employed [ ] Retired [ ] Unemployed [ ] Homemaker [ ] Student
If Employed/Self-Employed is indicated, please complete all employment fields.
If Retired or Unemployed is indicated, please indicate former Occupation.
Employer Name Years Employed Phone Number Occupation Business Nature
Employer's Address City State Zip Code
Country Province Foreign Postal Code

Industry and Other Affiliations

Are 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) 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):
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.
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:
A senior military, governmental or political official in a non-US country?
Name of country:

Relationship to Account [ ] Account Holder [ ] Authorized Party [ ] Associated Party

First Name Middle Initial Last Name Social Security Number
Date of Birth (mm/dd/yyyy) Gender [ ] M [ ] F [ ] No Answer Marital Status [ ] Married [ ] Single [ ] Divorced [ ] Widowed Dependents Home [ ] Own [ ] Rent

Contact Information

Home or Mobile Phone Business Phone Foreign Phone Email Address

Address(es)

Physical Address (no PO Box) Address 1 Address 2
City State Zip Code
Country Province Foreign Postal Code
Mailing Address (if different from Physical) Address 1 Address 2
City State Zip Code
Country Province Foreign Postal Code

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Account Number:

Previous Physical Address (if Physical is less than 6 months old)

Address 1		Address 2	
City	State	Zip Code	
Country	Province	Foreign Postal Code	

**Citizenship**

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U.S.  U.S. Resident Alien  Non-Resident Alien

Country of legal and tax resident:

U.S  Other (Specify) \_\_\_\_\_

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Driver's License  Passport  State ID  Foreign Tax ID  Other Government-issued ID

Place/Country of Issuance	ID No:	Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
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**Employment and Industry Affiliations**

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student

If Employed/Self-Employed is indicated, please complete all employment fields.

If Retired or Unemployed is indicated, please indicate former Occupation.

Employer Name	Years Employed	Phone Number	Occupation	Business Nature
Employer's Address	City	State	Zip Code	
Country	Province	Foreign Postal Code		

**Industry and Other Affiliations**

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

Yes  No

IF CHECKED YES, OBTAIN AND

ATTACH THE COMPLIANCE

OFFICER'S LETTER OF APPROVAL

**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?**

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

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.

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?**

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

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

Relationship to Account  Account Holder  Authorized Party  Associated Party

First Name		Middle Initial	Last Name		Social Security Number
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> No Answer		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Dependents Home <input type="checkbox"/> Own <input type="checkbox"/> Rent

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U.S.  U.S. Resident Alien  Non-Resident Alien

Country of legal and tax resident:  
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Country	Province		Foreign Postal Code	

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Account Number:

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Yes  No

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IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL

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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?**

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

**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**

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