

ADVISOR AUTHORIZATION FOR CONTRIBUTIONS

Institutional Advisor Services



SECTION 1: Request Type

Select one:

- New or Replace Authorizations
- Remove All Authorizations

IMPORTANT: The information provided on this form supersedes and replaces all existing authorizations for the account listed in Section 2. If you would like to change authorizations, provide a complete list of authorizations for your account, not just additions or deletions.

SECTION 2: Account Owner

Account Title	
Account Title (Continued)	
Axos Advisor Services Account Number	Account Type
Last 4 Digits of Social Security #	Date of Birth (IRA accts only)

SECTION 3: Investment Advisor

As account owner, I/we are granting the authority to the following Investment Advisor to issue Contribution requests selected in Sections 4 and/or 5, and 6, on my behalf without my signature. I/we understand certain IRA Contributions may have tax implications.

Investment Advisor Firm Name

SECTION 4: Systematic Contribution Authorizations

A. IRA AUTHORIZATIONS, if applicable

Note: Not eligible for Employer sponsored plans.

I grant my advisor the authority to do the following, check if applies:
 Establish systematic ACH Contributions using one of my account's existing ACH banks of record
 Modify systematic ACH Contributions

B. NON-RETIREMENT ACCOUNT AUTHORIZATIONS, if applicable

I grant my advisor the authority to do the following, check if applies:
 Establish systematic ACH Contributions using one of my account's existing ACH banks of record
 Modify systematic ACH Contributions

SECTION 5: Contribution Authorizations

A. IRA AUTHORIZATIONS, if applicable

Note: Not eligible for Employer sponsored plans.

I grant my advisor the authority to do the following, check if applies:
 Request ACH Contributions using one of my account's ACH banks of record

B. NON-RETIREMENT ACCOUNT AUTHORIZATIONS, if applicable

I grant my advisor the authority to do the following, check if applies:
 Request ACH Contributions using one of my account's ACH banks of record



Axos Advisor Services Account Number

SECTION 6: ACH Contribution Banks of Record

1. Bank of Record. Select one: Checking Savings

Bank Name	ABA (Routing) Number
Name on Bank Account	
Bank Account Number	

Voided check provided in lieu of bank information. Note: Still indicate the type of account above and clearly mark "ACH Bank of Record 1" in the memo line of the check.

2. Bank of Record. Select one: Checking Savings

Bank Name	ABA (Routing) Number
Name on Bank Account	
Bank Account Number	

Voided check provided in lieu of bank information. Note: Still indicate the type of account above and clearly mark "ACH Bank of Record 2" in the memo line of the check.

I/we authorize Axos Advisor Services to deposit funds into my/our Axos Advisor Services account from my/our designated ACH Banks of Record Instructions. In the event an entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries. I/we understand that it takes up to 7 business days from receipt of this in "good order" form for this feature to be activated. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of US Law.

SECTION 7: Signature

I/we certify that I/we are the proper party to send payment(s) from this account and that all information provided by me/us is true and accurate. I/we further certify that no tax advice has been given to me/us by Axos Advisor Services. All decisions regarding these instructions are my/our own. I/we expressly assume the responsibility of any adverse consequences which may arise from these instructions and I/we agree that Axos Advisor Services shall in no way be held responsible.

This authorization remains in full force and effect until Axos Advisor Services receives written notification of its termination or alteration.

Account Holder or Authorized Party Signature	Date
--	------

Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.

Print Name

Joint Owner Signature, if applicable	Date
--------------------------------------	------

Print Name

– End of Form –

ADVISOR AUTHORIZATION FOR CONTRIBUTIONS

Institutional Advisor Services



General Instructions

Use these instructions to complete the Advisor Authorization for Contributions form.

Purpose of this form: This form is required to authorize Axos Advisor Services to accept certain Contribution instructions submitted by your Investment Advisor on your behalf without requiring your signature for a specified Axos Advisor Services account. *Note: To provide instructions for multiple accounts, use one form per account.*

Important: The information provided on this form supersedes and replaces all existing contribution authorizations for the account listed in Section 2. If you would like to change contribution authorizations, provide a complete list of contribution authorizations for your account, not just additions or deletions.

All fields are required unless noted. The only exceptions are if a section or entry is listed as 'if applicable'.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this application.

Important Contribution Information

Due to the potential tax implications of IRA Contributions and the unique rules associated with ACH Contributions, Axos Advisor Services cannot accept IRA Contribution or ACH Contribution instructions from your Investment Advisor without your authorization.

Client signature always required. There are certain types of Contribution instructions that cannot be pre-authorized with this form. An appropriate Contribution request form with your signature will always be required for the following instruction requests:

- Contribution representing a change of ownership of funds
- Beneficiary IRA Contributions
- IRA account transfers, rollovers, or in-kind Contributions
- Roth conversions
- IRA recharacterizations
- Any Employer sponsored plans

No client signature required. For non-retirement accounts, wires, checks or ACH deposits initiated at your bank are accepted without your signature.

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this request.

Section 2: Account Owner

Enter the account owner information for this account. *Note: Enter your name exactly as it appears on your Axos Advisor Services account.*

Section 3: Investment Advisor

Enter the name of your Investment Advisor's firm. This form will authorize this firm to issue Contribution instructions selected in Section 4 and/or 5, and 6 on your behalf.

Section 4: Systematic Contribution Authorizations

Complete either Section A for an IRA or Section B for a non-retirement account to authorize your Investment Advisor to submit certain systematic Contribution instructions on your behalf without your signature for the account designated in Section 2. *Note: Do not complete this section if you have elected to remove all authorizations.*

Definitions:

Systematic Contributions are periodic, recurring Contributions from an account of a fixed amount of money sent via ACH. For example, a \$1,000 Contribution set up to reoccur on the fifth of each month.

Establish Systematic ACH Contribution authorization allows your Investment Advisor to establish systematic ACH Contributions using one of your account's ACH banks of record.

Modify Systematic ACH Contribution authorization allows your Investment Advisor to change Contribution amounts, frequency, and dates, as well as terminate existing systematic ACH Contributions.

Section 5: Contribution Authorizations

Complete either Section A for an IRA or Section B for a non-retirement account to authorize your Investment Advisor to submit Contribution instructions on your behalf without your signature for the account designated in Section 2. *Note: Do not complete this section if you have elected to remove all authorizations.*

Section 6: ACH Contribution Banks of Record

Complete this section to establish or replace up to two ACH banks of record to be used for ACH Contributions and if applicable, systematic ACH Contributions. *Note: Do not complete this section if you have elected to remove all authorizations.*

IMPORTANT: If the name on the bank account is different from the name on the Axos Advisor Services account, you must provide written proof of authorization.

Section 7: Signature

It is important for you to read and understand the terms and conditions found in Sections 3, 6, and 7 before you sign. After reading them, sign and date the form. *Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.*

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