

Advisor Authorizations for Money Movement

Section 1 - Advisor Authorizations for Contributions and Distributions Disclosures

For contributions, **all but the following account types can be authorized**; Beneficiary IRA, Beneficiary Roth IRA, Solo 401(k), Qualified Plan, Estate and Legal (conservator, guardian or court ordered accounts).

For distributions **all but the following account type can be authorized**; Minor Custodial, Solo 401(k), Qualified Plan, Estate and Legal (Conservator, Guardian or Court Ordered accounts).

Section 2 – Account Owner Information

A. Primary Account Owner

_____ First Name	_____ Middle Initial	_____ Last Name	_____ Last Four Digits of Social Security Number
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B. Secondary/Additional Account Owner

_____ First Name	_____ Middle Initial	_____ Last Name	_____ Last Four Digits of Social Security Number
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Section 3 – Advisor Details

Advisor Firm or Money Manager Name

Section 4 – Axos Advisor Services Account Number(s)

_____ Account Number	_____ Account Number	_____ Account Number	_____ Account Number
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Section 5 – Bank of Record

I grant my Advisor Firm the authority to process a one-time and establish/modify systematic transactions using one of my bank accounts of record via ACH. For IRA distributions, this authorization includes (1) one-time checks to address on record, (2) establishing or modifying systematic checks to address of record, (3) internal transfers to other eligible accounts held with Axos Advisor Services, (4) distributions via wire (if Section 5D Wire Bank of Record is completed), and (5) the election of federal and state withholding.

IMPORTANT: Advisor Firms can request amounts up to current limit, as may be set by Axos Advisor Services in its sole and absolute discretion, to the bank or address of record.

IMPORTANT: If the bank account owner is an entity, AAS will require a corporate resolution or sole proprietor certification form that is dated within the last six months.

A. First Bank of Record

1. Select all that apply: ☐ Contribution ☐ Distribution
2. Select one: ☐ Add ☐ Remove
3. Select one: ☐ Checking ☐ Savings

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

IMPORTANT: The Name on Bank Account provided above must exactly match the bank's records.

Axos Advisor Services or AAS is a division of Axos Clearing LLC, Member FINRA and SIPC. Axos Clearing LLC is a subsidiary of Axos Financial, Inc. Trademark(s) belong to their respective owners.

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Section 5 – Bank of Record (continued)

B. Second Bank of Record

1. Select all that apply: ☐ Contribution ☐ Distribution
2. Select one: ☐ Add ☐ Remove
3. Select one: ☐ Checking ☐ Savings

<hr/>	<hr/>
Bank Name	ABA (Routing) Number
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Name on Bank Account	Bank Account Number

IMPORTANT: The Name on Bank Account provided above must exactly match the bank's records.

C. Third Bank of Record

1. Select all that apply: ☐ Contribution ☐ Distribution
2. Select one: ☐ Add ☐ Remove
3. Select one: ☐ Checking ☐ Savings

<hr/>	<hr/>
Bank Name	ABA (Routing) Number
<hr/>	<hr/>
Name on Bank Account	Bank Account Number

IMPORTANT: The Name on Bank Account provided above must exactly match the bank's records.

D. Wire Bank of Record

1. Select all that apply: ☐ Contribution ☐ Distribution
2. Select one: ☐ Add ☐ Remove
3. Select one: ☐ Checking ☐ Savings

<hr/>	<hr/>
Bank Name	ABA (Routing) Number
<hr/>	<hr/>
Name on Bank Account	Bank Account Number

IMPORTANT: The Name on Bank Account provided above must exactly match the bank's records.

Note: ACH and wire ABAs are not always interchangeable.

I/we authorize Axos Advisor Services to deposit/distribute funds into/out of my/our account held with Axos Advisor Services to/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 could take up to 7 business days from receipt of an appropriately completed and in good order authorization for these contribution and/or distribution instructions be activated. I/we acknowledge that the origination of ACH transactions to/from my/our account must comply with the provisions of applicable laws and regulations.

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Section 6 – Signature

By executing and returning this authorization, I/we:

- Certify that I/we are the proper party to send/receive payment(s) to/from the account identified in this authorization and that all information provided by me/us is true and accurate.
- Certify that no tax advice has been given to me/us by Axos Advisor Services and that all decisions regarding these instructions and the information provided in this authorization are my/our own.
- Assume any and all responsibility of any adverse consequences which may arise from this authorization, including the instructions I/we provide in connection with this authorization.
- Absolutely and unconditionally release and discharge Axos Advisor Services, all of its affiliates, and Axos Advisor Services' and its affiliates' respective officers, directors, employees, representatives, shareholders, agents, predecessors, successors, and assigns (each an "Indemnified Party" and collectively the "Indemnified Parties") from all causes of action, claims, costs, damages, expenses, fees (including all attorneys' fees), investigations, liabilities, litigation, losses, proceedings, responsibilities, threats, or other actions relating to or arising out of or related in any way to this authorization, including any actions or inactions taken in reliance upon my/our instructions provided in or in connection with this authorization.
- Agree to indemnify and hold harmless each of the Indemnified Parties against all causes of action, claims, costs, damages, expenses, fees (including all attorneys' fees), investigations, liabilities, litigation, losses, proceedings, threats, or other actions, and agree pay for all defense costs, expenses, and fees (including all attorneys' fees) incurred by an Indemnified Party, relating to or arising out of or related in any way to this authorization, including any actions or inactions taken in reliance upon my/our instructions provided in or in connection with this authorization.
- This authorization remains in full force and effect until Axos Advisor Services receives written notification of its termination or alteration and has a reasonable period of time to process such written notification.

IMPORTANT: If a signer is not appropriately listed in the account registration record, a corporate resolution or equivalent document dated within the last six months may be required.

Account Owner Signature (for accounts held at AAS)

x

Primary Account Owner or Authorized Party Signature

Print Name

Date

x

Secondary/Additional Account Owner Signature

Print Name

Date

Bank Account Owner Signature (Required for contributions from a third-party bank account)

x

Bank Account Owner Signature

Print Name

Date

x

Secondary/Additional Bank Account Owner Signature

Print Name

Date

IMPORTANT: All bank account owners must authorize contributions to the account held at Axos Advisor Services.

IMPORTANT: Account Owner signature is always required for the following distribution requests:

- Checks to an address different than the account's address of record.
- Check or wire distributions representing a change of ownership.
- Distributions from a decedent account.
- Distributions due to divorce.
- Distributions due to disability.
- Distributions/transfers to other custodians.
- IRA recharacterizations.
- Return of excess contributions.
- UTMA/UGMA distributions.
- Distributions above the then current limit as such limit may be set by Axos Advisor Services in its sole and absolute discretion.
- Contribution representing a change of ownership of funds.
- IRA transfer, rollover or in-kind contributions from other custodians.
- Qualified employer sponsored plans.