Change Certification, Indemnity and Agreement



Account Number

Institutional Advisor Services

Revised Account Registration (Continued)

RECTION 4. Bossoot Type		
SECTION 1: Request Type		
A. REQUEST TYPE		
A. REQUEST TIPE		
Select all that apply:		
Add Authorized Party	Replace Authorized Partie	es
Add amendment or restatement date to trust title	Remove Authorized Party	takin na Amarak a na ba
□ Name Change□ Other (including reorganization)	☐ Trust title correction for ex	isting trust only
out (instanting root gain zation)		
If Other Describe Request Type	Axos Advisor Services Acct. Number	Last 4 Digits of Tax ID#
B. ADDITIONAL DOCUMENTATION REQUIREMEN	TS	
See Instructions to determine if additional documentation is re	equired	
_	oquii ou.	
Additional required documentation is attached.		
SECTION 2: Current Account Registration		
IMPORTANT: This section must be completed for all request ty	pes with the Account title exactly as it appea	ars on your statements.
Current Account Registration		
Current Account Registration (Continued)		
can construct to great anoth (community)		
Current Account Registration (Continued)		
SECTION 3: Revised Account Registration		
A. REVISED ACCOUNT REGISTRATION		
IMPORTANT: Complete this section only for name changes or	reorganization for any Account type	
INFORTANT. Complete this section only for fiame changes of	reorganization for any Account type.	
Revised Account Registration		
Revised Account Registration (Continued)		

Note: For trusts, the Account Registration must include the legal title of the trust, the date of the trust, the date of any amendments or restatements and the names of all trustees, adding and removing names as indicated in this form.

		Account Number:
B. REVISED MANAGEMENT TYPE (IF CH Select One:	1ANGING)	
	15 / 1	Managar Bun I I C
☐ General Partners for LLP, LP, or Ger ☐ Member-Run LLC	neral Partnership	☐ Manager-Run LLC
	an Office we with a the with the	U Other
Indemnity, and Agreement in Section 5.	s or Officers with authority to	manage this organization is required to sign the Change Certification,
C. ACCOUNT ADDRESS CHANGE (IF AP	PLICABLE)	
Mailing Address		
City	State	Zip Code
SECTION 4: Authorized Party (Truste	ee/Partner/Manager/M	ember/Officer)
IMPORTANT: The information provided below of the date it is received by Axos Advisor Service		ed Parties (including Trustees, Partners, Managers, Members or Officers) as
submit the information to a third-party service be permission to obtain a credit report or any other	ureau, in which case the info means including requesting a	cy Act, uses the information provided below to verify your identity. We may ormation will be compared against their database, we may request from you additional information from you or others. The responses from the above are law. Please refer to the instructions for completing this application to identify
IMPORTANT: All authorized parties listed belo	ow must sign Section 5.	
SECTION 4.A: Authorized Party One		ager/Member/Officer)
		· · · · · · · · · · · · · · · · · · ·
A. Authorized Party (Trustee/Partner/N	lanager/Member/Office)	
1. Authorized Party Information		
First Name Middle Initia	I Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)		
B. Authorized Party Entity Information		
Provide the official or legal name of this business	s, trust, or other organization,	exactly as it appears on the organization's legal documents.
· ·		
Business/Entity/Trust Name	Industry	Date of Trust
C. All Account Types Must Complete f	or the Authorized Party	or Entity Listed Above
	or and realismed rainty	o. 2.1.1.y 2.0.0.0 / 1.0.010.
2. <u>Contact Information</u>		
Makila Blanc	Business	First Address (Parties of for a Palling)
Home Phone Mobile Phon	ne Business F	Phone Email Address (Required for eDelivery)
Legal		Address 2
Address Address 1 (Required, no		Audiess 2
P.O. Boxes) City		State Zip Code

Province

Country

Foreign Postal Code

Mailing					
Address (If different	Address 1			Address 2	
from legal address)	City			State	Zip Code
	Country	Province			Foreign Postal Code
3. <u>Citize</u>	enship Status				
	its must provide the information bel type of identification, and enter the				
U.S. Citize	ens Only:	U	.S. Residen	t Aliens Only: (Driver	's License not accepted)
	ver's license or ID card issued by a s	state or outlying possession			ith I-551 stamp or attached INS Form
☐ ID o	card issued by a federal, state or loo	cal government agency or	Permar		Alien Registration Receipt Card with
	. Passport		priotogi	apri (iivo i oriii i-oo i)	
☐ Cer	tification of U.S. Citizenship (INS Fo	orm N-560 or N-561)			
State or Co	ountry of Issuance	Identification Number		Ex	piration Date (mm/dd/yyyy)
				Ex	piration Date (mm/dd/yyyy)
	ountry of Issuance		box below)	Ex	piration Date (mm/dd/yyyy)
4. <u>Emp</u>	oloyment (If Retired or Unemploye	ed, please check the appropriate	,	Ex	piration Date (mm/dd/yyyy)
4. Emp		ed, please check the appropriate	cupation.		piration Date (mm/dd/yyyy)
4. Emp	I/Self-Employed, please complete a ng in an existing SEP or SIMPLE IR.	ed, please check the appropriate Il employment fields including occ A and Retired, former employer i	cupation.	s required.	piration Date (mm/dd/yyyy)
4. Emp	I/Self-Employed, please complete a ng in an existing SEP or SIMPLE IR.	ed, please check the appropriate	cupation.	s required.	piration Date (mm/dd/yyyy)
4. Emp	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete any in an existing SEP or SIMPLE IR. I/Self-Employed	ed, please check the appropriate Il employment fields including occ A and Retired, former employer i	cupation.	s required.	piration Date (mm/dd/yyyy)
4. Employed If Employed If transferrin Emplo Employer Na	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete a ang in an existing SEP or SIMPLE IR. I/Self-Employed	ed, please check the appropriate Il employment fields including occ A and Retired, former employer i	cupation.	s required.	Zip Code
4. Employed If Employed If transferrin Emplo	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete a ang in an existing SEP or SIMPLE IR. I/Self-Employed	ed, please check the appropriate II employment fields including oco A and Retired, former employer i Retired	cupation.	s required. naker	
4. Employed If Employed If transferrin	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete a ang in an existing SEP or SIMPLE IR. I/Self-Employed	ed, please check the appropriate II employment fields including oco A and Retired, former employer i Retired	cupation.	s required. naker	
If Employed If transferrin Employer Note Employer Note Employer's	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete a ang in an existing SEP or SIMPLE IR. I/Self-Employed	ed, please check the appropriate Il employment fields including oc A and Retired, former employer i Retired Unemployed City Province	cupation. If ormation is Homen	s required. naker	Zip Code Foreign Postal Code
4. Employed If Employed If transferrin Employer Na Employer's	Address I - Required if Employed/Self-Employed I - Required if Employed/Self-Employed	ed, please check the appropriate Il employment fields including oc A and Retired, former employer i Retired Unemployed City Province	cupation. Information is Homen	s required. naker	Zip Code Foreign Postal Code
4. Employed If Employed If transferring Employer Note Employer's Country	Address Ployment (If Retired or Unemployed I/Self-Employed, please complete a ang in an existing SEP or SIMPLE IR. Self-Employed Self-Employ	ed, please check the appropriate II employment fields including occ A and Retired, former employer i Retired Unemployed City Province Dyed is chosen above. Please ch	cupation. Information is Homen	s required. naker	Zip Code Foreign Postal Code on type from the below:
4. Employed If Employed If transferrin Employer National Employer's Country	Address Ployment (If Retired or Unemployed I/Self-Employed, please complete a ang in an existing SEP or SIMPLE IR. Self-Employed Self-Employ	ed, please check the appropriate Il employment fields including occ A and Retired, former employer i Retired Unemployed City Province Dyed is chosen above. Please ch	cupation. Information is Homen	s required. Student State Ost accurate occupation	Zip Code Foreign Postal Code on type from the below:
### Account ### Account ### Agriculture ### Agriculture ### Agriculture #### Agriculture #### Agriculture #### Agriculture ###################################	Address - Required if Employed/Self-Employed - Construction - Customer Service - Education	ed, please check the appropriate Il employment fields including occ A and Retired, former employer i Retired	cupation. Information is Homen ooose the me	s required. naker	Zip Code Foreign Postal Code on type from the below: Retail Social Services
4. Employed If Employed If transferring Employer Note Employer Note Employer's Country Account Agriculture Artist	Address - Required if Employed/Self-Employed - Construction - Customer Service - Education	ed, please check the appropriate Il employment fields including occ A and Retired, former employer i Retired	cupation. Information is Homen Oose the mo	s required. naker	Zip Code Foreign Postal Code on type from the below: Retail Social Services Transportation
### Account ### A	Address - Required if Employed/Self-Employed and Construction - Customer Service - Education - Engineer/Scientist	ed, please check the appropriate Il employment fields including occ A and Retired, former employer i Retired Unemployed City Province Oyed is chosen above. Please check the appropriate of the company of the comp	cupation. Information is Homen ooose the ma Mai Mai Noi Offi	s required. naker	Zip Code Foreign Postal Code on type from the below: Retail Social Services Transportation Travel Vehicle Sellers

5. Industry and Other Affiliations

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

		Account Number:
Employed by or assomanager, registered r	cociated with the securities industry (for example, a so representative, or other associated person of a broker-de	le proprietor, partner, officer, director, branch aler firm) or a financial services regulator?
☐ Yes ☐ No		
If Yes, please specify	entity below.	
☐ Broker-Deale ☐ Investment A	·	er Self-Regulatory Organization ral Securities Regulator
Name of Entity(ies	es):	
If this entity requires it	ts approval for you to open this Account, please provide a	copy of the Compliance Letter of Approval with this Application.
	ded a copy of the Compliance Letter of Approval with this acce Letter of Approval is not required.	Application.
•	or 10% (or more) shareholder in a publicly owned cor	
If Yes , what is your ti	Name of company(ies) itle?	Symbol(s) O COO D Other Officer
•	overnmental or political official in a non-US country?	O Li COO Li Ottlei Officei
	Name of country	
SECTION 4.B: Authoriz	ed Party Two (Trustee/Partner/Manager/Me	ember/Officer)
A. Authorized Party (Tru	ıstee/Partner/Manager/Member/Office)	
A. Authorized Party (Tru1. <u>Authorized Party Info</u>		
-		Social Security Number
1. Authorized Party Info	ormation	
1. Authorized Party Info	Middle Initial Last Name	
1. Authorized Party Info First Name Date of Birth (mm/dd/yyyy) B. Authorized Party Ent	Middle Initial Last Name	Social Security Number
1. Authorized Party Info First Name Date of Birth (mm/dd/yyyy) B. Authorized Party Ent	Middle Initial Last Name tity Information me of this business, trust, or other organization, exactly as	Social Security Number
1. Authorized Party Info First Name Date of Birth (mm/dd/yyyy) B. Authorized Party Ent Provide the official or legal name Business/Entity/Trust Name	middle Initial Last Name tity Information me of this business, trust, or other organization, exactly as	Social Security Number Social Security Number Sit appears on the organization's legal documents. BIN SSN TIN Number:
1. Authorized Party Info First Name Date of Birth (mm/dd/yyyy) B. Authorized Party Ent Provide the official or legal name Business/Entity/Trust Name	Middle Initial Last Name tity Information me of this business, trust, or other organization, exactly as	Social Security Number Social Security Number Sit appears on the organization's legal documents. BIN SSN TIN Number:
1. Authorized Party Info First Name Date of Birth (mm/dd/yyyy) B. Authorized Party Ent Provide the official or legal name Business/Entity/Trust Name C. All Account Types M	middle Initial Last Name tity Information me of this business, trust, or other organization, exactly as	Social Security Number Social Security Number Sit appears on the organization's legal documents. BIN SSN TIN Number:

Province

State

Zip Code

Foreign Postal Code

City

Country

Mailing					
Address (If different	Address 1			Address 2	
from legal address)	City			State	Zip Code
	Country	Province			Foreign Postal Code
3. <u>Citize</u>	enship Status				
	ts must provide the information belo type of identification, and enter the I				
U.S. Citize	ens Only:	U	S. Resident A	liens Only: (Driver's	License not accepted)
☐ Driv	ver's license or ID card issued by a s ne United States	state or outlying possession	Unexpired	foreign passport with	n I-551 stamp or attached INS Form
□ ID o	card issued by a federal, state or loc	al government agency or	Permanen	t Resident Card or A	ien Registration Receipt Card with
entii U.S	ty . Passport		pnotograpi	h (INS Form I-551)	
☐ Cer	tification of U.S. Citizenship (INS Fo	rm N-560 or N-561)			
		Identification Number		Fyni	ration Date (mm/dd/yyyy)
State or Co	ountry of Issuance	identification Number		Expir	
	ountry of Issuance loyment (If Retired or Unemploye		box below)	ДАРП	
4. Emp		d, please check the appropriate	cupation.	·	(,,,,,,,,
4. Emp	viloyment (If Retired or Unemploye I/Self-Employed, please complete all ag in an existing SEP or SIMPLE IRA	d, please check the appropriate	cupation.	equired.	
4. Emp	Novement (If Retired or Unemployer No Self-Employed, please complete along in an existing SEP or SIMPLE IRA Yed Self-Employed Self-Employed	d, please check the appropriate I employment fields including oce A and Retired, former employer i	cupation. Information is re	equired.	
4. Emp If Employed If transferrin Employ	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete along in an existing SEP or SIMPLE IRA I/Self-Employed Self-Employed The self-Employed Th	d, please check the appropriate I employment fields including oce A and Retired, former employer i	cupation. Information is re	equired.	Zip Code
4. Emp If Employed If transferrin Employer Na Employer Na	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete along in an existing SEP or SIMPLE IRA I/Self-Employed	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired Unemployed	cupation. Information is re	equired. er	Zip Code
4. Emp If Employed If transferrin Employe	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete along in an existing SEP or SIMPLE IRA I/Self-Employed	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired Unemployed	cupation. Information is re	equired. er	
4. Emp If Employed If transferrin Employer Na Employer's	Iloyment (If Retired or Unemployed) I/Self-Employed, please complete along in an existing SEP or SIMPLE IRA I/Self-Employed	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired Unemployed City Province	supation. Information is re Homemak	equired. ser	Zip Code Foreign Postal Code
4. Emp If Employed If transferrin Employer Na Employer's	I/Self-Employed, please complete all g in an existing SEP or SIMPLE IRA yed Self-Employed ame Address - Required if Employed/Self-Employed	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired Unemployed City Province	cupation. Information is re Homemak	equired. ser	Zip Code Foreign Postal Code
4. Emp If Employed If transferrin Employer Na Employer's Country	Address I - Required if Employed/Self-Employed and Construction Construction	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired Unemployed City Province byed is chosen above. Please ch	cupation. Information is re Homemak	equired. State State accurate occupation	Zip Code Foreign Postal Code type from the below:
4. Emp If Employed If transferrin Employer Na Employer's a Country Country Account	Address I - Required if Employed/Self-Employed and Construction Construction	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired	cupation. Information is re Homemak oose the most	equired. eer	Zip Code Foreign Postal Code type from the below:
4. Emp If Employed If transferrin Employer Na Employer Na Country Country Account Agricultum	Address - Required if Employed/Self-Employed - Construction - Customer Service	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired	cupation. Information is re Homemak oose the most Manufi Market	equired. eer	Zip Code Foreign Postal Code type from the below: Retail Social Services
4. Emp If Employed If transferrin Employer Na Employer's Country Country Accounts Agricultu Artist	Address - Required if Employed/Self-Employed - Construction - Customer Service - Education - Education	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired	oose the most Manufa Market Nonpre	equired. State State accurate occupation facturing ting	Zip Code Foreign Postal Code type from the below: Retail Social Services Transportation
4. Emp If Employed If transferrin Employer Na Employer Na Employer's Country Account Agricultu Artist Aviation	Address - Required if Employed/Self-Employed - Construction - Customer Service - Education - Engineer/Scientist	d, please check the appropriate I employment fields including occ A and Retired, former employer i Retired	oose the most Manufa Market Nonpre	equired. State State accurate occupation facturing ting y ofit Professional and Administrative nal Care and Services	Zip Code Foreign Postal Code type from the below: Retail Social Services Transportation Travel Vehicle Sellers

5. Industry and Other Affiliations

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

				Account Number
			,	Account Number:
A. Employed by or assoc manager, registered represe	ciated with the securitie entative, or other associa	s industry (for example, ted person of a broker-de	a sole proprietor, partner, ealer firm) or a financial s	officer, director, branch services regulator?
☐ Yes ☐ No				
If Yes, please specify en	tity below.			
☐ Broker-Dealer☐ Investment Adv	or Municipal Securities D visor	=	r other Self-Regulatory Or Federal Securities Regula	
Name of Entity(ies):				
If this entity requires its	approval for you to open t	this Account, please prov	ide a copy of the Complian	nce Letter of Approval with this Application.
☐ I have included	a copy of the Complianc	e Letter of Approval with	this Application.	
A Compliance I	Letter of Approval is not re	equired.		
•	10% (or more) shareho	. ,	. ,	
☐ Yes ☐ No	lame of company(ies)			Symbol(s)
If Yes, what is your title			сго □ соо ∣	Other Officer
C. A senior military, gov	ernmental or political of	fficial in a non-US coun	try?	
□ Vos □ No				
L res L No	lame of country			
SECTION 4.C: Authorized	d Party Three (Trus	stee/Partner/Manag	er/Member/Officer)	
A. Authorized Party (Trust	:ee/Partner/Manager/	Member/Office)		
1. Authorized Party Inform	<u>nation</u>			
First Name	Middle Initial Last	Name		Social Security Number
Date of Birth (mm/dd/yyyy)				
Date of Birth (IIIII/IIII)				
B. Authorized Party Entity	y Information			
Provide the official or legal name	of this business, trust, or	other organization, exac	tly as it appears on the or	ganization's legal documents.
				_ EIN SSN TIN
Business/Entity/Trust Name		Industry	Date of Trust	Number:
C. All Account Types Mus	st Complete for the A	uthorized Party or E	ntity Listed Above.	
2. Contact Information				
Home Phone	Mobile Phone	Business Phon	e Email Ado	dress (Required for eDelivery)

Province

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

Address 1

City

Country

6

Address 2

Zip Code

Foreign Postal Code

State

Mailing					
Address (If different	Address 1			Address 2	
from legal	014				7lin Ondo
address)	City			State	Zip Code
	Country	Provin	се		Foreign Postal Code
3. <u>Citize</u>	nship Status				
	nts must provide the information belo type of identification, and enter the lo				
U.S. Citize	ens Only:		U.S. Resident A	liens Only: (Driver's	License not accepted)
☐ Driv	ver's license or ID card issued by a si he United States	tate or outlying possession	Unexpired I-94 indica	foreign passport with ting unexpired employ	I-551 stamp or attached INS Form yment authorization
☐ ID o	card issued by a federal, state or loca	al government agency or	Permanen	t Resident Card or Ali h (INS Form I-551)	en Registration Receipt Card with
_	S. Passport		priotograpi	11 (1140 1 01111 1-301)	
☐ Cer	rtification of U.S. Citizenship (INS For	rm N-560 or N-561)			
State or C	ountry of Issuance	Identification Number	er	Expir	ation Date (mm/dd/yyyy)
4. Empl	oyment (If Retired or Unemployed,	nlease check the appropriate	hox helow)		
	d/Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA			equired.	
∐ Emplo	yed L Self-Employed L F	Retired L Unemployed	☐ Homemak	er LI Student	
Employer N	ame				
,					
Employer's	Address	City		State	Zip Code
Country		Province			Foreign Postal Code
Occupation	<u>1</u> - Required if Employed/Self-Emplo	yed is chosen above. Please	choose the most	accurate occupation	type from the below:
☐ Account	tant Construction	Government	☐ Manufa	acturing	☐ Retail
☐ Agricult	ure Customer Service	☐ Healthcare	☐ Market	ting	☐ Social Services
☐ Artist	☐ Education	☐ Import-Export	☐ Military	/	☐ Transportation
☐ Aviation	☐ Engineer/Scientist	☐ Information Technolog	y 🔲 Nonpro	ofit Professional	☐ Travel
☐ Banker	☐ Entertainment	☐ Insurance	☐ Office	and Administrative	☐ Vehicle Sellers
☐ Casino	☐ Finance	☐ Legal Services	Persor	nal Care and Services	
☐ Clergy	☐ Food Services	☐ Maintenance	☐ Real E	Estate	

Industry and Other Affiliations

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

			А	account Number:
A. Employed by or associated with the manager, registered representative, or other contents.	e securities industry her associated persor	y (for example, a sol n of a broker-dealer	e proprietor, partner, firm) or a financial s e	officer, director, branch ervices regulator?
☐ Yes ☐ No				
If Yes, please specify entity below.				
☐ Broker-Dealer or Municipal S	Securities Dealer	☐ FINRA or othe	er Self-Regulatory Org	ganization
Investment Advisor			ral Securities Regulate	
Name of Entity(ies):				
If this entity requires its approval for y	ou to open this Accou	nt, please provide a	copy of the Complian	ce Letter of Approval with this Application.
☐ I have included a copy of the	e Compliance Letter o	f Approval with this A	Application.	
☐ A Compliance Letter of Appro	oval is not required.			
B. An officer, director or 10% (or mor	a) charabaldar in a r	aublioly owned com	nony?	
,	,	•	. ,	
Yes No Name of comp				Symbol(s)
rame of comp	any (loc)			Symbol(e)
If Yes, what is your title? 10%	% shareholder ☐	CEO CFC)	Other Officer
C. A senior military, governmental or	political official in a	non-US country?		
☐ Yes ☐ No				
Name of count				
SECTION 4.D: Authorized Party Fo	ur (Trustee/Parti	ner/Manager/M	ember/Officer)	
A. Authorized Party (Trustee/Partner/	Manager/Member	(Office)		
A. Addionzed Faity (Husteen arthern	Managenmeniben	onice)		
1. <u>Authorized Party Information</u>				
First Name Middle Init	tial Last Name			Social Security Number
Date of Birth (mm/dd/yyyy)				
B. Authorized Party Entity Information	on			
Provide the official or legal name of this busine	ess. trust. or other ora	anization. exactly as	it appears on the org	anization's legal documents.
ŭ	, ,	, ,	11 3	
Business/Entity/Trust Name	Industry	<i>y</i>	Date of Trust	Number:
O All Account To the Control of	- fou the A that	d Danta - E - CC	Lintad Al	
C. All Account Types Must Complete	e for the Authorize	a Party or Entity	Listed Above.	
2. Contact Information				
Home Phone Mobile Ph	one B	susiness Phone	Email Add	Iress (Required for eDelivery)

Country Province Foreign Postal Code

Address 2

Zip Code

State

Legal Address 1

City

(Required, no P.O. Boxes)

Mailing						
Address (If different	Address 1			Add	ress 2	
from legal address)	City			State	e .	Zip Code
	Country Provi					Foreign Postal Code
3. <u>Citizer</u>	nship Status					
	nts must provide the information belo type of identification, and enter the lo					ocessing.
U.S. Citize	ens Only:		U.S.	Resident Aliens Only	: (Driver's Lic	cense not accepted)
Driver's license or ID card issued by a state or outlying possession of the United States				Unexpired foreign pa	ssport with I-	551 stamp or attached INS Form
☐ ID o	card issued by a federal, state or loca	al government agency or			Card or Alier	n Registration Receipt Card with
☐ Cer	tification of U.S. Citizenship (INS For	m N-560 or N-561)				
State or Co	ountry of Issuance	Identification Number	er		Expirat	ion Date (mm/dd/yyyy)
4. Emplo	oyment (If Retired or Unemployed,	please check the appropriate	e box	below)		
. ,	d/Self-Employed, please complete all	. ,				
☐ Emplo		Retired Unemployed			Student	
Employer Na	ame					
Employer's	Addrass	City			State	Zip Code
Lilipioyer s	Addiess	Oity		`	Jiaie	Zip Gode
Country		Province				Foreign Postal Code
Occupation	- Required if Employed/Self-Employed	yed is chosen above. Please	choo	se the most accurate o	occupation typ	pe from the below:
☐ Account	ant Construction	Government		☐ Manufacturing		Retail
☐ Agricultu	ure Customer Service	☐ Healthcare		☐ Marketing		☐ Social Services
☐ Artist	☐ Education	☐ Import-Export		☐ Military		☐ Transportation
☐ Aviation	☐ Engineer/Scientist	☐ Information Technolog	ıy	☐ Nonprofit Profess	sional	Travel
☐ Banker	☐ Entertainment	☐ Insurance		☐ Office and Admir		☐ Vehicle Sellers
☐ Casino	Finance	☐ Legal Services		☐ Personal Care a	nd Services	
☐ Clergy	☐ Food Services	☐ Maintenance		Real Estate		

5. Industry and Other Affiliations

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

		ry (for example, a sole proprietor, partner, officer, directo on of a broker-dealer firm) or a financial services regula	
☐ Ye	s 🗌 No		
If Yes, p	ease specify entity below.		
	Broker-Dealer or Municipal Securities Dealer Investment Advisor	☐ FINRA or other Self-Regulatory Organization☐ State or Federal Securities Regulator	
Nan	e of Entity(ies):		
	tity requires its approval for you to open this Accordance I have included a copy of the Compliance Letter of A Compliance Letter of Approval is not required.	unt, please provide a copy of the Compliance Letter of Ap of Approval with this Application.	proval with this Application.
B. An offi	er, director or 10% (or more) shareholder in a	publicly owned company?	
	Name of company(ies) Name of company(ies) Name of company(ies)	CEO CFO COO Cher Offic	Symbol(s)
C. A senio	or military, governmental or political official in a	a non-US country?	-
•	,	arties with authority to sign on behalf of the entity are a	corporate management

Account Number: _

Section 5. Certification, Indemnity and Agreement.

By signing this Change Certification, Indemnity and Agreement ("Certification") each Authorized Party signing below certifies as follows:

- 1) The information provided in this Certification is true and complete and any supporting documentation required by the Governing Documents has been provided;
- 2) If this Certification is for a trust identified herein, each trustee currently authorized to act on behalf of the trust is listed in Section 4, is named as an Authorized Party and has signed below;
- 3) Axos Advisor Services is authorized to make the requested changes and maintain the Account in accordance with the Terms and Conditions that follow and the applicable Account agreements/Governing Documents; and
- 4) I have read and agree to be governed and bound by the terms and conditions of the Axos Advisor Services Account Agreement under this the Account is currently maintained.

Each of the Authorized Parties represents and warrants that their signature below is their genuine signature and that they have the authority to execute this Certification. If a corporation is an Authorized Party, the signatures below are the genuine signatures of the officers duly authorized to act on its behalf. A corporate resolution is attached.

Authorized Signature	<u>gnature</u>						
I. Select One:	☐ Partner	☐ Manager	☐ Member	☐ TTEE	Officer		
×							
Authorized Sign	nature 1		_	Print Name		Date	
2. Select One:	☐ Partner	☐ Manager	☐ Member	☐ TTEE	Officer		
×							
Authorized Sign	nature 2			Print Name		Date	
3. Select One:	Partner	☐ Manager	☐ Member	☐ TTEE	☐ Officer		
*							
Authorized Sign	nature 3		_	Print Name		Date	
1. Select One:	Partner	☐ Manager	☐ Member	☐ TTEE	Officer		
×							
Authorized Sign	nature 4			Print Name		Date	

Account Number:

GENERAL TERMS AND CONDITIONS:

By signing this Certification, the Authorized Parties (identified herein) hereby certify that Axos Advisor Services is authorized to follow the instructions of the Authorized Party(ies) listed above and to deliver funds, securities or any other assets in this Account to any party or on any Authorized Party's instructions, because either (1) the articles of incorporation, partnership agreement, trust agreement or other agreement that establishes and governs the entity (the "Governing Documents") expressly provides that each party is authorized to act individually, independently and without the consent of any others for all purposes related to the Account with Axos Advisor Services, or (2) if the Governing Documents does not contain such an express provision, the party so acting has obtained the requisite consent of the other parties in accordance with the terms of the Governing Documents. Axos Advisor Services is authorized to follow the instructions of any of the Authorized Parties listed in Section 4 of this Certification and to deliver funds, securities or other assets in this Account to any party or on any Authorized Party's instructions on the presumption that the party so acting has obtained the consent of the other parties in accordance with the Governing Documents. Axos Advisor Services is not responsible for determining the purpose or propriety of any instructions received from any Authorized Party or for the disposition of payments or deliveries among Authorized Parties. Any notice sent to one Authorized Party shall constitute notice to all Authorized Parties. Axos Advisor Services may rely on this Certification and upon the representations made herein. The Authorized Parties agree to send prompt written notice to Axos Advisor Services of any change in Authorized Parties, of any amendment or modification to the Governing Documents which would cause the representations contained herein to become inaccurate or incorrect, or of the occurrence of any event which would affect the Authorized Party's powers or any representation made in the Certification or, in the case of a trust, the trust's revocability. The Authorized Parties represent and warrant that they have the power under the Governing Documents and applicable law to enter the transactions and issue the instructions that are made in this Account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the Account). Such power may include, without limitation, to delegate to others trading authority within the Account, to retain the services of outside professionals such as investment advisors, money managers, counsel and/or accountants and to pay the fees of such professional from the asset of the Axos Advisor Services Account. The Authorized Parties understand that all orders and transactions will be governed by the terms and conditions of all other Account agreements applicable to this Account. In the event of the death, resignation or replacement of an Authorized Party, the remaining Authorized Party(s) shall provide prompt written notice of the event to Axos Advisor Services. Additional paperwork shall be provided upon reasonable request from Axos Advisor Services.

The representations and obligations stated herein are binding on all the Authorized Parties and shall survive the termination of the agreement related to or governing the Account with Axos Advisor Services and the trust agreement, if applicable. This Certification replaces any prior or existing certification provided by and for this Account. The Authorized Parties agree to supply additional information about the Governing Documents for the Account upon reasonable request in order for Axos Advisor Services to carry out any instructions including but not limited to the transfer or liquidation of securities owned by the Account. The Authorized Parties, in accordance with Treasury Regulation Section 1.6041(e)(2) as amended, agree to report to the Internal Revenue Service all payments paid from the Account by Axos Advisor Services to third parties or beneficiaries as directed or instructed by an Authorized Party. The Authorized Parties agree and understand that Axos Advisor Services, in reliance hereon, will not file any information returns or other forms with the Internal Revenue Service concerning any payments made from the Account as directed by the Authorized Parties. Where applicable, plural references in this Certification shall be deemed singular.

The Authorized Parties hereby agree to jointly and severally indemnify Axos Advisor Services, its affiliates, and each of their respective officers, directors, employees and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or in any way related to this Certification, including without limitation and by way of illustration only Axos Advisor Services' reliance or inaction taken in reliance upon any Authorized Party's instructions in connection with the Account established at Axos Advisor Services or any penalties assessed or claims asserted by the Internal Revenue Service against Axos Advisor Services for failing to report payments to third parties or beneficiaries made by Axos Advisor Services from the Account. This indemnification is made by each Authorized Party both in their capacity as Authorized Party and in the individual capacity and shall not be limited by the Authorized Party's provision to Axos Advisor Services of independent documentation concerning the representations made herein.

Account Number:	

SPECIAL TERMS AND CONDITIONS FOR TRUSTS:

The following special provisions shall apply to Certifications for any Account that is a trust: In consideration of Axos Advisor Services opening and/ or maintaining an Account for the trust, the Authorized Parties represent, warrant and certify that the trust is in full force and effect, and that the Governing Documents (as defined herein) have not been revoked, modified or amended in any manner which would cause the representations contained in this Certification to be inaccurate or incorrect.

End of Form

SECTION 6. GENERAL INSTRUCTIONS

Use these instructions to complete the Change Certification, Indemnity, and Agreement Form (the "Certification"). Purpose of this form.

This form requires you to correct or change the legal name or title and to add, remove or replace Authorized Parties for an existing Axos Advisor Services Account.

Important: This form cannot be used to change an Account's tax identification number or type, or to open a new Account. To open a new Account, complete the applicable Axos Advisor Services Account Application and provide any required documentation. You must complete all required fields to expedite processing and to avoid requests for additional information. Print or type all entries. To type entries, a fillable PDF of this form can be found online at www.axosadvisorservices.com. Unknown information. If information is requested and you do not know where to obtain the requested information, contact your investment advisor or client representative for directions.

SECTION 1: Request Type

A. Request Type

Check the appropriate boxes to indicate the type of action you want to take for the Account. Then enter the Axos Advisor Services Account number and the last 4 digits of the Account's tax identification number.

Note: Axos Advisor Services reserves the right to request additional information as required to carry out any instructions including but not limited to transfer or liquidation of securities owned by the Account.

B. Additional Documentation Requirements

This section outlines specific additional documentation requirements to complete this form. Read carefully. You must provide all required documentation to expedite processing and to avoid requests for additional information. If an Authorized Party is a corporate trustee, please attach a corporate resolution. *Note: If one or more Authorized Parties are a corporate management company, a corporate resolution is required.*

Note: Axos Advisor Services reserves the right to request additional information it requires to carry out any instructions including but not limited to transfer or liquidation of securities owned by the Account.

SECTION 2: Current Account Registration

Note: You must complete this section for all request types.

Current Account Registration Enter the existing title exactly as it appears on your statements.

SECTION 3: Revised Account

A. Revised Account Registration: Enter the revised Account registration if there has been a change or reorganization.

Note: For trust Accounts, you must complete this section for all request types since the Account title will change if trustees are added or removed, or if authorized trustees are changed. For revised trust Account Registration, enter the title of the trust.

Please include as part of the title:

- The full legal name of the trust
- The date of the trust agreement
- For a testamentary trust or a trust established by a will include the name of the decedent The date of the latest trust amendment or restatement if any
- The names of all trustees

Important: Trusts should not present any supporting documentation with this Certification, including but not limited to the trust agreement. Axos Advisor Services will not be reviewing or relying on such documentation and will have no responsibility to maintain such documentation in Account records. If Axos Advisor Services determines to retain such documentation, it will have no responsibility for it.

- B. Revised Management Type Complete this section only if the management type is changing.
- C. Account Address Change Complete this section only if the mailing address for the Account is changing.

SECTION 4: Authorized Party Designation (including Trustees, Partners, Managers, Members and Officers)

Enter the information for all authorized parties for this Account. All Authorized Parties (trustees, partners, managers, members and officers), including currently and newly designated parties, must be listed and sign the Certification.

Important. To comply with Patriot Act rules, provide identification information for each newly designated Authorized Party in the space provided.

Important: The information provided on this form supersedes and replaces all existing Authorized Party authorizations. You must provide a complete listing of all Authorized Parties, not just additions or deletions to the previous authorizations. Axos Advisor Services is authorized to follow the individual and

Account Number:

independent instructions of any of the Authorized Parties listed in this section to deliver funds, Securities, or any other assets in this Account to any party. This is a representation that the Authorized Parties have obtained the requisite consent and have the authority under the requirements of the organization.

SECTION 5: Certification, Indemnity, and Agreement

All Authorized Parties named in Section 5, including any current Authorized Parties and any new Authorized Parties (if applicable), must sign and date the Certification, Indemnity, and Agreement. If only one Authorized Party is named, it is a representation that the named Authorized Party is the sole Authorized Party.

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.