

Employer-Sponsored Plan Advisor Authorization for Contributions



SECTION 1: Request Type

Select one:

- ☐ New or Replace Advisor Authorization
☐ Remove Advisor Authorization

IMPORTANT: The information provided on this form supersedes and replaces any existing authorizations for the bank account listed. If you would like to change the advisor authorization, fill out the entire form.

SECTION 2: Plan Information

Contributory Account Number

Plan Name

Trustee Information:

First Name

Middle Initial

Last Name

Last Four Digits of
Social Security Number

SECTION 3: Advisor Authorization

As the authorized party the employer is granting the authority to the following Investment Advisor to initiate ACH withdrawals from the below listed bank account to fund contributions and to submit a detailed breakdown using the approved by AAS payroll file format ("**Payroll File**") via an approved and secure method authorized by Axos Advisor Services. The employer acknowledges that it will be responsible for providing the contribution detail to my Investment Advisor and to monitor that plan contributions are correctly applied to the participant accounts.

Investment Advisor Firm Name

SECTION 4: Standing ACH Information

A. ACH Transaction Information

The parties signing below authorize periodic ACH transactions equal to such amount indicated on the Payroll File provided to Axos Advisor Services for the period specified.

B. Bank Information

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

Select one: ☐ Checking account ☐ Savings account

Bank Name

Name on Bank Account

ABA (Routing Number)

Account Number

☐ Voided check provided in lieu of bank information.

Note: Still indicate the type of account above and clearly mark "Standing ACH Transaction" in the memo line of the check.

The employer authorizes Axos Advisor Services to deposit funds into the contributory Axos Advisor Services account for the qualified plan listed above from employer's designated ACH Banks of Record Instructions. In the event an entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries. The employer understands that it takes up to 7 business days from receipt of this form (provided that it is in good order when received as determined by Axos Advisor Services) for this feature to be activated. The employer acknowledges that the origination of ACH transactions to its account must comply with the provisions of US Law.

SECTION 5: Signatures

A. Employer Signature (Required)

In signing, each party hereby acknowledges and agrees as follows:

- To authorize Axos Advisor Services to deposit cash to the Plan's contributory account according to the above instructions and further credit plan participants as indicated on the Payroll File.
- That the origination of ACH transactions to the Plan and/or listed account must comply with the provisions of applicable Federal and State law, rules, and regulations, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.
- To jointly and severally indemnify and hold harmless Axos Advisor Services, and each of its successors and assigns, its affiliates, and its and their officers, directors, employees, and agents (each an "Indemnified Party") against all costs, expenses, legal and other fees, and liabilities of such Indemnified Party and pay for all defense costs and expenses incurred by an Indemnified Party relating to or arising out of or related in any way to: (i) this Employer-Sponsored Plan Advisor Authorization for Contributions, including without limitation any breach of any representation or warranty made herein, or (ii) receipt of or following any instructions, authorizations, representations, or other statements given pursuant to or in connection with this Employer-Sponsored Plan Advisor Authorization for Contributions.
- Axos Advisor Services shall not be liable for undertaking any acts or not acting on instructions from any party to this Employer-Sponsored Plan Advisor Authorization for Contributions, or any inaction due to the absence of such instructions; and that Axos Advisor Services may conclusively rely on the authenticity of any notice or other communication received from a party to this Employer-Sponsored Plan Advisor Authorization for Contributions
- The employer is responsible for funding contributions timely and for reconciling payroll and bank records to ensure that contributions are posted timely and accurately to employees in the plan. In the event there is an error, I/we will contact the Investment Advisor to rectify any potential errors. I/we understand that Axos Advisor Services is not responsible for and will be held harmless for any errors or delays in posting contributions.
- The employer is responsible for (i) providing detailed payroll data to my Investment Advisor in a format that enables my Investment Advisor to submit payroll details to Axos Advisor Services, (ii) monitoring contribution postings, and (iii) retaining any documentation available on statements and Axos Advisor Services websites to document timely and accurate payroll submissions.
- Upon request by Axos Advisor Services, employer will provide any documentation supporting any notices, instructions or statements made herein.

x

Employer or Authorized Party Signature

Print Name

Date

x

Second signature, if applicable

Print Name

Date

B. Bank Account Owner Signature(s) (Required)

Each of the parties signing below are individuals vested by the employer's board of directors (or other managing authority, if not a corporation) that are authorized to request monies be withdrawn from the bank account indicated in Section 4, and that are authorizing this transaction to establish a standing ACH authorization for payment to the Plan named above.

x

Bank Account Owner Signature

Print Name

Date

x

Bank Account Owner Signature

Print Name

Date

x

Bank Account Owner Signature

Print Name

Date

x

Bank Account Owner Signature

Print Name

Date

END OF FORM

GENERAL INSTRUCTIONS

Use these instructions to complete the Employer-Sponsored Plan Advisor Authorization for Contributions form made available by Axos Advisor Services.

Purpose of this form

This form is used to establish or change standing ACH authorization to fund employer and employee contributions into a retirement plan and delegate authority to your advisor to initiate the ACH withdrawals and provide the details on how to allocate the funds for further credit to the participants in an employer-sponsored retirement plan.

Note: To provide instructions for multiple accounts, use one form per account.

IMPORTANT: The information provided on this form supersedes and replaces any existing authorizations for the account listed. If you would like to change the advisor authorization, fill out the entire form.

- **You must complete all required fields, unless designated as 'if applicable'.** 'If applicable' indicates the section or entry is required only if certain conditions apply. These conditions are outlined in detail in these instructions.
- **To expedite processing and to avoid requests for additional information, provide all required additional forms and documentation as detailed in these instructions.**
- **Print or type all entries.** Print clearly in all CAPITAL LETTERS to complete this form. To complete the form online or electronically, use the fillable PDFs available through Liberty and at <https://www.axosadvisorservices.com/Forms-and-Applications/>.

SECTION 1: Request Type

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

SECTION 2: Plan Information

Enter the contributory account number and the plan name for this account exactly as it appears on your Axos Advisor Services Account. For new accounts, enter the account name exactly as it is written on the application form. Provide information for the trustee listed on the contributory account.

SECTION 3: Advisor Authorization

Enter the name of your Investment Advisor's firm. This form will authorize this firm to issue contribution instructions and initiate ACH requests to fund these contributions from the bank account listed in Section 4.B on your behalf and to further credit participant accounts indicated on the instructions provided by the Investment Advisor.

SECTION 4: Standing ACH Information

- A. ACH Transaction Information.** Carefully review the information.
- B. Bank Information.** Complete this section to establish or replace ACH bank information on file. *Note: Do not complete this section if you have elected to remove advisor authorization.*

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 5: Signature

- A. Employer or Authorized Party Signature(s) (Required).** Sign and date the form.
- B. Bank Account Owner Signature(s) (Required).** Each of the parties authorized to request monies be withdrawn from the bank account indicated in Section 4.B, and that are authorizing this transaction to establish a standing ACH authorization for payment to the plan named above must sign and date this form.

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.