

ESA Systematic and One-time ACH Contribution Request



Account Number _____

SECTION 1: Designated Beneficiary

First Name Middle Initial Last Name

Date of Birth (mm/dd/yyyy) Last Four Digits of Social Security Number

SECTION 2: Account Type

Select One: Existing Account New Account

SECTION 3: Request Type – Select One

Request one-time ACH contribution

IMPORTANT: For the elections below, if this form is received less than 8 business days before the next scheduled systematic run date, the requested updates will not take effect until the subsequent scheduled run date.

- Establish new systematic ACH contribution (complete applicable fields in Section 4)
- Modify existing systematic ACH contribution (only complete fields related to the changes being requested in Section 4)
- Cancel existing systematic contribution – Select one:
 - Cancel all systematic contributions currently on file
 - Cancel the specified systematic contribution listed below:

Cancel Scheduled Post Date Cancel Amount

SECTION 4: ACH Contribution

A. Contribution Type – Select One:

- Regular** If requesting a one-time contribution, indicate contribution year: _____
(if no year indicated contribution will default to the year received)
- Rollover** (not eligible for systematics). By checking this box, you irrevocably designate this contribution as rollover

B. Amount of Contribution \$ _____

C. Contributor Information:

First Name Middle Initial Last Name

D. Frequency (complete this section for recurring contributions only). Provide the complete start date for the systematic contribution below.

_____/_____/_____
Month Day Year

Frequency of Contributions - Select One: Monthly Quarterly Semi-annually Annually

SECTION 5: Bank Information

If checking or savings account is not selected, we will default to checking account.

- Select One: Checking Account Savings Account
- Select One: Voided check provided Bank on File Bank information provided below:

Bank Name

Name on Bank Account

ABA (Routing) Number

Account Number

SECTION 6: Signature

By signing this form:

- You authorize the contributions into the Axos Advisor Services Account referenced above.
- You represent that the amount of the contributions will not exceed any applicable limits and contributions have been made before being placed into account.
- You certify that the contribution described above is eligible to be contributed to this account.
- You expressly assume responsibility for any adverse consequences which may arise from the contributions, including any taxes, interest, and/or penalties that may be imposed or levied by any government or taxing authority as a result of the contributions. You further agree that you maintain sole responsibility for monitoring these contributions to ensure that funds are available to be transferred and are received as you have requested.
- You acknowledge that the origination of ACH transactions to your Account referenced above must comply with applicable law, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.
- You understand and agree that the amount of any systematic contributions will remain the same until you submit a new ESA Systematic and One-Time ACH Contribution Request form indicating a change in the existing instructions.
- You certify that no tax or financial advice has been given to you by Axos Advisor Services in connection with the contributions or your request.
- You agree that Axos Advisor Services shall in no way be held responsible for any adverse consequences which may arise from the contributions, this request, or any of the information you provide in this request and the selections you make in this request.
- You agree to indemnify and hold harmless Axos Advisor Services, its successors and assigns, its affiliates, and its and their directors, officers, employees, and agents (each an "Indemnified Party") from and against any losses, claims, liabilities, damages, actions, charges, costs, and expenses including attorneys' fees, and to pay any Indemnified Party's defense costs and expenses resulting from, in connection with, or incident to, the contributions, your instructions, authorizations, representations, selections, or other statements or information provided in this request.

x

ESA Responsible Individual Signature

Print Name

Date

BANK ACCOUNT OWNER SIGNATURE, IF APPLICABLE

By signing below, I certify that I have full authority to request monies be withdrawn from the bank account indicated in Section 5, and that I am authorizing this transaction.

If bank account owner is a business, please provide a Corporate Resolution dated within 6 months showing the signor has been authorized to approve transactions on the bank account

x

Bank Account Owner Signature

Print Name

Date

x

Additional Bank Account Owner Signature

Print Name

Date

END OF FORM

GENERAL INSTRUCTIONS

Use these instructions to complete the ESA Systematic and One-time ACH Contribution Request form.

Purpose of this form

This form is required to initiate a one-time or systematic contribution into ESA. *Note: Only one set of instructions should be submitted on this 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: Account Owner

Enter the ESA designated beneficiary information for this account exactly as it appears on Axos Advisor Services account. For new accounts, enter the account name exactly as it is written on the application form.

SECTION 2: Account Type

Check the box indicating the account type and then select if it is a new or existing account. For an existing account, provide the Axos Advisor Services account number. For a new account, provide the appropriate Axos Advisor Services account application with this form.

SECTION 3: Request Type

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

IMPORTANT: For the elections below, if this form is received less than 8 business days before the next scheduled systematic run date, the requested updates will not take effect until the subsequent scheduled run date.

If establishing or modifying an existing systematic contribution, complete the applicable fields in Section 4. If cancelling an existing systematic contribution, select the appropriate box. If cancelling one of multiple active systematic contributions, provide the run date and amount of the systematic contribution to be cancelled.

SECTION 4: ACH Contribution

A. Contribution Type: Select one. For regular contributions indicate the contribution year. If no year is indicated, the contribution will default to the year received. Rollover contributions are irrevocable and not eligible for systematics.

B. Amount of Contribution. Provide the requested contribution amount.

C. Contributor Information. List the first name, middle initial, last name of the individual who is making this contribution to the ESA.

D. Frequency. If requesting a systematic contribution, provide the month, day, and year the contribution is to start and select the frequency desired.

Note: Contributions made through a systematic contribution will be credited as contributions for the year in which they are received.

IMPORTANT: If the selected day of the month for contribution is the 29th, 30th, or 31st, please note that the contribution will be made on the last business day of the month.

IMPORTANT: For systematic contributions, if this form is received less than 8 business days before the first or next scheduled run date, the first contribution or update to an existing systematic contribution will not take effect until the next scheduled run date.

Note: Systematic contributions will be deposited to models in the account according to the account's model contribution percentages.

SECTION 5: Bank Information

Provide the bank information. If a Checking Account or Savings Account is not selected, we will default to Checking Account. If you selected the Voided Check Provided box, provide a voided check with this form.

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 6: Signature

Sign and date the form.

Bank Account Owner Signature.

If the person signing as the account owner or authorized party does not have authority to request monies to be withdrawn from the bank account listed in Section 5, the bank account owner must sign to authorize the transaction. If the bank account requires more than one signature, please provide additional signatures in the space provided.

If bank account owner is a business, please provide a Corporate Resolution dated within 6 months showing the signor is authorized to approve transactions on the bank account.

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.