ESA Death Beneficiary Designation or Change Request

Account Number_____

Step 1. Request Type

Select one: ☐ Update Death Beneficiary Designations ☐ Remove All Death Beneficiary Designations

Step 2. Designated Beneficiary Information

First Name | **Middle Initial** | **Last Name**

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

Step 3. Death Beneficiary Designation

IMPORTANT: The information provided on this form will replace all existing primary and contingent death beneficiary designations.
While death beneficiary names provided without the social security number or Tax Identification Number (TIN) will be maintained on file and will be included as a death beneficiary, these names will not be displayed in your online account inquiry application.

If any primary or contingent death beneficiary dies before the designated beneficiary, their interest and the interest of their heirs will terminate completely, and the percentage of account balance of any remaining primary death beneficiaries will be increased proportionately unless Per Stirpes is selected. If no primary death beneficiaries survive the designated beneficiary, the contingent death beneficiaries will acquire the account at their designated percentages.
Per Stirpes means that if any Primary or Contingent Death Beneficiary does not survive the Designated Beneficiary, but leaves surviving descendants, any share otherwise payable to such Death Beneficiary shall instead be paid to such Death Beneficiary's surviving descendants by right of representation. If I select the "Per Stirpes" box, I understand that if the listed Death Beneficiary dies before I do, that Death Beneficiary's share will pass to his or her living descendants, instead of being reallocated to the other remaining named Death Beneficiaries.
If no designated death beneficiary survives designated beneficiary, or if I do not designate a death beneficiary, pay the full value of this ESA to the designated beneficiary's estate.

Trust as death beneficiary. To designate a trust as a death beneficiary, enter the death beneficiary information as follows:

- Death Beneficiary Name: Provide the full legal title of the trust. Include a list of all trustees and the date of the trust.
- Social security number: Provide the Tax Identification Number (TIN) or the social security number for the trust.
- Percent of account balance: Provide the percentage allocated to the trust.

If the Tax Identification Number (TIN) for a trust is the same as another death beneficiary's social security number, the death beneficiary information for the trust will be maintained on file and will be included as a death beneficiary, but the trust will not be displayed in the online account inquiry application.

The share percentages must add up to 100% for the designated primary death beneficiaries and 100% for the designated contingent death beneficiaries. If the percentages do not add up to 100%, Axos Advisor Services will assume those death beneficiaries will receive equal shares. If death beneficiary allocation totals at least 99%, but less than 100% (e.g., three named death beneficiaries are each assigned a 33.33% interest in the account), AAS will assign the unallocated remainder to the first death beneficiary. If Primary or Contingent is not marked, then the death beneficiary will be deemed Primary. The death beneficiary(ies) must be named in this section. For example, the terms 'spouse', 'children', or 'per stirpes' are not acceptable designations for "Death Beneficiary Name". Death beneficiary information can be provided and/or modified at any time by completing and signing a subsequent ESA Death Beneficiary Designation or Change Request form.

CONTINUED TO NEXT PAGE

Account Number: _____

Type of Death Beneficiary	Death Beneficiary Name	SSN/TIN	DOB	Relationship	Share
☐ Primary ☐ Per Stirpes					%
☐ Primary ☐ Contingent ☐ Per Stirpes					%
☐ Primary ☐ Contingent ☐ Per Stirpes					%
☐ Primary ☐ Contingent ☐ Per Stirpes					%
☐ Primary ☐ Contingent ☐ Per Stirpes					%
☐ Primary ☐ Contingent ☐ Per Stirpes					%

☐ Additional death beneficiary information provided (please attach)

Account Number: _____

Step 4. Responsible Party Signature

I certify that I am authorized by the Coverdell ESA Account Agreement to replace death beneficiaries at any time.

I have read, understand and agree to the information listed above. I certify that the information I have provided is accurate and complete. I assume all responsibilities for the elections I have made, including those related to naming a non-spouse death beneficiary if designated beneficiary is married. This primary and/or contingent death beneficiary designation supersedes any previous primary and/or contingent death beneficiary designation for the account listed in Step 2 or, if removing all death beneficiary designations, designated beneficiary's estate will be the death beneficiary.

I agree to accept full responsibility for any adverse consequences that may result from, arise out of, or be related to my instructions, authorizations, representations, selections, or any other statements or information contained in my instructions, including, but not limited to, any taxes, interest, or penalties imposed by any governmental or taxing authority. I further agree that Axos Clearing LLC (including when operating through its Axos Advisor Services division) shall not be liable for any such consequences.

Additionally, I agree to indemnify and hold harmless Axos Clearing LLC (including when operating through its Axos Advisor Services division), its affiliates, successors and assigns, and each of their respective directors, officers, employees, and agents (each, an "Indemnified Party") from and against any and all losses, claims, liabilities, damages, actions, charges, costs, and expenses, including attorneys' fees, and to pay for any and all defense costs and expenses, including attorneys' fees, incurred by any Indemnified Party arising out of, in connection with, or related to my instructions, authorizations, representations, selections, or any other statements or information provided in my instructions.

✘ _____ _____ _____

ESA Responsible Individual Signature | Print Name | Date