

ESA Distribution Request



Account Number _____

SECTION 1: Account Information

A. Designated Beneficiary (account owner):

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
Date of Birth (mm/dd/yyyy)	Last Four Digits of Social Security Number	

B. Responsible Individual:

_____	_____	_____
First Name	Middle Initial	Last Name

SECTION 2: Reason for Distribution – Select One

This information must be completed for IRS reporting purposes.

- Normal withdrawal**
- Disability.** By checking this box, I certify that this distribution meets all disability requirements of the IRS
- Death withdrawal**
- Return of excess contribution** before excess removal deadline. Earnings attributable to excess \$ _____
 - Current year**
 - Prior year**
- Transfer to another ESA.** Check below if applicable:
 - The designated beneficiary of the account receiving these assets is not the current designated beneficiary (account owner)

SECTION 3: Death Beneficiary and Decedent, if applicable

This section should only be completed by a death beneficiary taking a death withdrawal.

A. Death Beneficiary

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
Date of Birth (mm/dd/yyyy)	Social Security Number	Beneficial Portion (%)
_____	_____	_____
Mailing Address 1	Mailing Address 2	
_____	_____	_____
City	State	Zip Code

B. Deceased Account Owner (Designated Beneficiary)

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Last Four Digits of Social Security Number

SECTION 4: Distribution Information

IMPORTANT: To liquidate assets for a full or partial cash distribution, contact your Investment Advisor to initiate any asset liquidations required. If your Investment Advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the liquidations

Select one:

- One-time distribution
- Systematic distribution

A. Full Distribution Instructions, if applicable – Select one:

- Full cash distribution.** Distribute the entire balance of the account and close this ESA.
- Full in-kind distribution.** Distribute all cash and security balances in-kind and close this ESA.

B. Partial Distribution Instructions, if applicable – Select one:

- Gross distribution amount \$** _____ *Note: include earnings, if applicable*
- Partial in-kind.** Enter the share information.

Number of shares	Security Description/Symbol	Number of shares	Security Description/Symbol
------------------	-----------------------------	------------------	-----------------------------

- Additional security shares information attached

SECTION 5: Systematic Distribution, if applicable

IMPORTANT: Death, return of excess and transfer to another ESA distribution reasons are not eligible for systematic distributions.
IMPORTANT: If this form is received less than 8 business days before the next scheduled run date, the requested updates will not take effect until the subsequent scheduled run date.

Select one:

- Establish new systematic distribution request
- Modify existing systematic distribution request (only complete sections related to changes being requested)
- Cancel existing systematic distribution request. Select one:
 - Cancel all systematic distributions currently on file
 - Cancel the specified distribution below:

 Cancel scheduled post date Cancel Amount

Provide the complete start date for the systematic distribution below.

_____ / _____ / _____
 Month Day Year

Frequency of Distributions – Select one:

- Monthly Quarterly Semi-annually Annually

SECTION 6: Delivery Method

IMPORTANT INFORMATION:

- **Delivery Method left blank:** If no delivery method is selected, Axos Advisor Services will default to send check to address of record.
- **Transaction Fees:** Funds sent via check or via overnight check may be subject to a fee, which would be deducted from this ESA's balance. Your Investment Advisor can provide you with fee information regarding this transaction.

- By electronic transfer.** Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires. If electronic transfer is selected and ACH or wire is not selected, we will default to ACH checking account. For an ACH, if checking or savings account is not selected, we will default to checking account.

Select one: By ACH By Wire

Account Number: _____

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)

Account Number

- By check and/or in-kind delivery.** Note: allow 10 Business days for check delivery. If no payment or mailing instructions are provided, the address of record will be used as default instructions.

Select if applicable:

Send check via overnight delivery (not available for a P.O. box address).

Select one:

- By check/in-kind transfer to account owner at the address of record
 By check/in-kind to account owner at the address below
 By check/in-kind to the alternate payee at the address below

Payable To

For the Benefit of (FBO), if applicable

Mailing Address

City

State

ZIP

- Transfer internally to an eligible Axos Advisor Services account.** Move the requested cash and securities specified in Section 5 into account listed below. Note: If the receiving account is not an existing account, include the appropriate Axos Advisor Services account application.

Select one Existing Account New Account

Account Number

Account Title

- Transfer to an eligible account at another Institution.** Move the requested cash and securities specified in Section 5 into account listed below.

Name of Institution

Account Title

For the Benefit Of (FBO) if applicable

Account Number

Mailing Address

City

State

ZIP

SECTION 7: Signature

By signing this form, you certify that you are the proper party to direct payment(s) from this ESA and that all information provided is true and accurate. You further certify that no tax advice has been given by Axos Advisor Services. All decisions regarding this withdrawal are your own. You expressly assume responsibility of any adverse consequences which may arise from the withdrawal, including any taxes, interest and penalties that may be imposed by the relevant government authority as a result of the withdrawal, and you agree that Axos Advisor Services shall in no way be held responsible.

You acknowledge that the origination of ACH transactions to your account 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 agree and acknowledge that you will pay all taxes, interest or penalties imposed by the relevant governmental authority as a result of the distributions you have elected to take. 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, your instructions, authorizations, representations, or other statements provided herein.

x

**Responsible Individual or Death Beneficiary
Signature**

Print Name

Date

END OF FORM

GENERAL INSTRUCTIONS

Use these instructions to complete the ESA Distribution Form.

Purpose of this form

Use this form to request a one-time or systematic distribution from an ESA. *Note: Only one set of instructions should be submitted on this form.*

IMPORTANT: Applicable distribution fees will be deducted from the Account balance. For information on distribution fees for this request, contact your Investment Advisor.

- **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 designated beneficiary (account owner) and responsible individual information exactly as it appears on the Axos Advisor Services Account. For new accounts, enter the information exactly as it is written on the application form.

SECTION 2: Reason for Distribution

This information is required for IRS reporting purposes. It is your responsibility to pay all taxes, interest and penalties that may be imposed by the relevant governmental authority. Please consult your tax advisor or the IRS to determine the requirements for any of the listed distribution types. In most situations, Axos Advisor Services is required to issue Form 1099-Q for distributions from the ESA.

Note: For additional information on approved reasons for distributions and their tax consequences, consult your tax advisor.

IMPORTANT: Axos does not pay to qualified educational facilities directly from ESA. You must pay providers yourself and then submit requests for reimbursement for qualified expenses. You are responsible for ensuring expenses meet IRS rules.

Select one of the following distribution reasons:

Normal withdrawal. Normal distribution to the recipient.

Disability. Under Internal Revenue Code an individual is deemed to be disabled if “he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long- continued and indefinite duration.” Note: The Social Security definition of disability does not apply here. Proof of disability may be required by the IRS.

Death withdrawal. Payment to a decedent’s beneficiary, including estate.

Return of excess contribution before excess removal deadline. Excess contributions removed before the excess removal deadline must include the net income attributable to the excess (earnings). Indicate if the excess is for current or prior year.

Transfer to another ESA. Check the additional box if the designated beneficiary of the account receiving the assets is not the current designated beneficiary (account owner).

SECTION 3: Death Beneficiary, if applicable

This section should only be completed by a death beneficiary taking a death withdrawal. Enter death beneficiary information.

A. Death Beneficiary: Enter death beneficiary information. Provide beneficiary portion in percent.

B. Deceased Account Owner (Designated Beneficiary): Enter the deceased account owner information.

SECTION 4: Distribution Information

Select whether this is a one-time or systematic distribution request, and complete either the full distribution instructions in Section 4A or the partial distribution instructions in Section 4B.

Liquidate assets for cash distribution. To liquidate assets, contact your Investment Advisor to initiate any liquidations required. If your Investment Advisor needs to liquidate assets to cover the requested cash, the systematic distribution may not be processed.

A. Full Distributions Instructions, if applicable

For full distributions, select the full cash distribution or the full in-kind distribution checkbox.

IMPORTANT: If you are requesting full distribution, all systematic distributions for the account will be stopped upon receipt of this distribution request.

B. Partial Distribution Instructions, if applicable

Select one of the options and provide the amount

- **Gross cash amount.** This gross cash amount is the amount of the partial distribution including earnings, if applicable.
 - **Partial security shares in-kind.** Provide the number of shares and the security description and symbol, if available. *Note: The value of the distribution, including securities, is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries, and some mutual funds and securities cannot be delivered in certificate form.*
- More than two securities.** For a partial distribution, if there are more than two securities being requested, list the information for the additional securities on a separate piece of paper and check the 'Additional securities information attached' checkbox at the end of the section.

SECTION 5: Systematic Distribution, if applicable

If this is a systematic distribution, provide information in Section 5.

IMPORTANT: Death, return of excess and transfer to another ESA distribution reasons are not eligible for systematic distributions.

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

Select either to establish a new, modify an existing, or cancel an existing systematic distribution. When modifying an existing systematic distribution, only complete sections related to the changes being requested. When cancelling an existing systematic distribution, select the applicable systematic distribution to be cancelled. If cancelling a specific systematic distribution, complete the Cancel Scheduled Post Date and Cancel Amount sections.

Select the appropriate systematic distribution start date and frequency.

SECTION 6: Delivery Method

Select the appropriate delivery method.

IMPORTANT: Funds sent via check, via overnight check, or by wire, may be subject to a fee, which will be deducted from your account balance. Your investment advisor can provide you with fee information regarding these transactions.

Cash and in-kind instructions. For the cash portion of the distribution, select either the "By electronic transfer" box or the "By check" box. The in-kind portion will use the delivery instructions provided in Section 6 (in-kind delivery, transfer internally or transfer to another institution).

- **By electronic transfer:**

Select the type of electronic transfer and provide the bank information below.

- If you select either Checking Account or Savings Account, enter your banking information.
- If you select the Voided Check Provided box, provide a blank check with this form.
- If electronic transfer is selected and ACH or wire is not, we will default to ACH checking account.
- For an ACH, if checking or savings account is not selected, we will default to checking account.

Note: Allow 1-2 business days for delivery from processed date for ACH, and the same or next business day for wires.

- **By check and/or in-kind delivery:**

For the cash portion of the distribution, select either the "By electronic transfer" box or the "By check and/or in-kind delivery" box. Select the box requesting a check to be sent overnight, otherwise a check will be sent by regular mail. Select the appropriate box to indicate where the check is to be sent. If applicable, enter the alternate payee and delivery information. Allow 10 business days for delivery of mailed checks. Note: For in-kind delivery, contact your Investment Advisor for information regarding any re-registration fees. Allow four to six weeks for security certificates.

- **Transfer internally to an eligible Axos Advisor Services account:**

This method transfers cash to another account at Axos Advisor Services. Check the box indicating if it is a new or existing Axos Advisor Services account. For existing accounts, provide the Axos Advisor Services account number and account title. For new accounts, enter the account type and attach the appropriate Axos Advisor Services account application to this form.

- **Transfer to an eligible account at another institution:**

This method transfers cash to another account at another institution. Provide the institution name, account title, For the Benefit of (FBO) if applicable, account number, and complete mailing address.

SECTION 7: Signature

Responsible individual or death beneficiary must sign and date the form.