

Account Number _____

- HSA Rollover (not eligible for systematics). By checking this box, you irrevocably designate this contribution as rollover.
- Federally designated disaster Relief. By checking this box, I certify that I satisfy the requirements for eligibility and have substantiating documentation for my eligibility. Please refer to the following IRS website to complete the three required questions below (<https://www.irs.gov/newsroom/tax-relief-in-disaster-situations>) (not eligible for systematics):

Please name the applicable disaster: _____

Please provide applicable deadline extension date: _____

Please provide the applicable contribution year; _____ (if no year is indicated, the contribution will default to the year received)

B: Amount of contribution \$ _____

C: 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

Select One: Checking Account Savings Account

If checking or savings account is not selected, we will default to checking 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 certify that you are the proper party to receive payment(s) into this IRA account 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 related to this contribution shall be deemed to be your own, regardless of whether they are made directly by you or by another party acting on your behalf. You expressly assume responsibility of any adverse consequences which may arise from the contribution, including any taxes, interest and penalties that may be imposed by the applicable government authority as a result of the contribution, and you agree that Axos Advisor Services shall in no way be held responsible. You maintain all responsibility in monitoring these contributions to ensure that funds are available to be transferred and are received as requested.

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 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, selections, or other statements or information provided in this request.

You understand that the amount of any systematic contribution will remain the same until you submit a new IRA Systematic and One-Time ACH Contribution Request form indicating a change in the existing program in place.

Account Owner or Authorized Party 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.

Bank Account Owner Signature

Print Name

Date

Additional Bank Account Owner Signature

Print Name

Date

END OF FORM

GENERAL INSTRUCTIONS

Use these instructions to complete the IRA Systematic and One-Time Contribution Request form.

Purpose of this form: This form is required to initiate a one-time or systematic contribution into an IRA, Roth IRA, SEP IRA, SEP Roth IRA, SIMPLE IRA, or SIMPLE Roth IRA. Use this form to establish, change or cancel systematic ACH contribution instructions for an existing IRA, Roth IRA, SEP IRA, SEP Roth IRA, SIMPLE IRA, or SIMPLE Roth IRA. 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 type entries, use the fillable PDFs available through Liberty and at <https://www.axosadvisorservices.com/Forms-and-Applications/>.

SECTION 1: Account Owner

Enter the account owner information 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.

SECTION 2: Account Type

Check the box indicating the retirement 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 - Select One

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. Indicate the contribution year if making a traditional, Roth or SEP IRA contribution. If no year is indicated, the contribution will default to the year received. If making a contribution using a federally designated disaster relief reason, you must provide the name of the disaster, and the applicable deadline extension date and effective year of the contribution. Please refer to (<https://www.irs.gov/newsroom/tax-relief-in-disaster-situations>) for this information.

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

C. 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 Checking Account or Savings Account is not selected, we will default to Checking Account. If you select 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. Note: For Custodial IRA or Custodial Roth IRA, the custodian must sign.

Advisor Authorization for Contributions: If your Investment Advisor has been preauthorized to sign IRA contribution requests for you via an Advisor Authorization for Contributions form, and the contribution situation does not require a client signature, your Investment Advisor may sign in place of you. Please check with your Investment Advisor if they require your signature.

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.

Return your completed form as instructed by your Investment Advisor or client representative. Questions regarding this form should be directed to your Investment Advisor.

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.