IRA Systematic and One-Time Contribution Request



			Account Number	er
20-41 4- A				
Section 1: Account Owner				
First Name	Middle Initial Las	t Name		
, not really	Wilddio II IIIdi	rivanio		
Date of Birth	Last Four Digits of Soc	ial Security		
Section 2: Account Type			1	
Select One: Traditional IRA Roth	h IRA SIMPLE IRA	A ☐ SIMPLE Roth IRA	☐ SEP IRA	☐ SEP Roth IRA
Select One:	v Account			
Section 3: Request Type				
☐ Request one-time ACH contribution				
IMPORTANT: For the elections below, if this for requested updates will not take effect until the su			cheduled systematic	run date, the
☐ Establish new systematic contribution (com	plete applicable fields in Sec	etion 4)		
☐ Modify existing systematic ACH contribution	n (only complete fields relate	d to the changes being reque	sted in Section 4)	
☐ Cancel existing systematic contribution – Se	elect one:			
☐ Cancel all systematic distributions c	urrently on file			
☐ Cancel the specified systematic dist	ribution listed below:			
Cancel Scheduled Post Date	Cancel Amount	-		
Section 4: ACH Contribution				
A: Contribution Type (select one)				
☐ Traditional/Roth/SEP IRA contribution. If re-			ır:	
(if no year is indicated, the contribution will	default to the year received;			
☐ SEP IRA - Employer contribution				
☐ SEP Roth IRA - Employer contribution				
☐ SIMPLE IRA - Employer contribution				
SIMPLE Roth IRA - Employer contribution				
☐ SIMPLE IRA - Employee contribution				
SIMPLE Roth IRA - Employee contribution	2A contributions are records	d in the year in which Avec As	duicar Cardiana rassi	ives them
Note: The above SEP employer and SIMPLE IRA contributions are recorded in the year in which Axos Advisor Services receives them Rollover contribution (not eligible for systematics)				

	Acco	unt Number
Federally designated disaster Relief. By checking this be documentation for my eligibility. Please refer to the follow (https://www.irs.gov/newsroom/tax-relief-in-disaster-situation)	wing IRS website to complete the three required questi	
Please name the applicable disaster:		
Please provide applicable deadline extension date:		
Please provide the applicable contribution year;	(if no year is indicated, the contributi	on will default to the year received
B: Amount of contribution \$		
C: Frequency (complete this section for recurring contributio	ns only) Provide the complete start date for the system	atic contribution below.
1		
Month Day Year		
Frequency of Distributions - Select One:		
☐ Monthly ☐ Quarterly ☐ Semi-annually	Annually	
Section 5: Bank Information		
Select One: Checking Account Savings Account	nt	
If checking or savings account is not selected, we will defaul	t to checking account.	
Select One:	le 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 accurate. You further certify that no tax advice has been give be your own, regardless of whether they are made directly be any adverse consequences which may arise from the contribution, and you responsibility in monitoring these contributions to ensure that	en by Axos Advisor Services. All decisions related to thing you or by another party acting on your behalf. You expution, including any taxes, interest and penalties that not agree that Axos Advisor Services shall in no way be high	is contribution shall be deemed to pressly assume responsibility of nay be imposed by the applicable eld responsible. You maintain all
You acknowledge that the origination of ACH transactions to incorrect, Axos Advisor Services reserves the right to submit		at in the event an ACH entry is
You agree to indemnify and hold harmless Axos Advisor S employees, and agents (each an "Indemnified Party") from expenses including attorneys' fees, and to pay any Indemnito, your instructions, authorizations, representations, selections.	m and against any losses, claims, liabilities, damagi ified Party's defense costs and expenses resulting fro	es, actions, charges, costs, and m, in connection with, or incident
You understand that the amount of any systematic contribution Contribution Request form indicating a change in the existing		stematic and One-Time ACH
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 authorizing this transaction.	monies be withdrawn from the bank account indicated	in Section 5, and that I am
If bank account owner is a business, please provide a Co authorized to approve transactions on the bank account	orporate Resolution dated within 6 months showing	g the signor has been
Bank Account Owner Signature	Print Name	Date
Additional Bank Account Owner Signature	Print Name	 Date

Account Number:	Account Number:	
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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.