

NON-RETIREMENT ACCOUNT ONE-TIME ACH DEPOSIT REQUEST

Institutional Advisor Services



SECTION 1: Account Information

A. ACCOUNT TYPE

Account Type

Select one:

- ☐ Existing Axos Advisor Services Account
☐ New Axos Advisor Services Account (attach to account application)

Axos Advisor Services Account Number if existing

B. ACCOUNT OWNER

Account Title

Account Title Continued

Last 4 digits of Social Security Number

SECTION 2: ACH Deposit

A. ACH DEPOSIT INFORMATION

Amount of Deposit (\$)

B. BANK INFORMATION

Select one:

- ☐ Checking account with the bank information below
☐ Savings account with the bank information below
☐ Voided check provided in lieu of bank information

Bank Name

ABA (Routing) Number

Name on Bank Account

Bank Account Number

SECTION 3: Signature

I/we certify that I/we are the proper party to receive payment(s) into the above referenced Axos Advisor Services account and that all information provided is true and accurate. I/we further certify that no tax advice has been given by Axos Advisor Services. All decisions regarding this deposit are my/our own. I/we expressly assume the responsibility of any adverse consequences which may arise from the deposit and I/we agree that Axos Advisor Services shall in no way be held responsible.

I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.

Axos Advisor Services Account Number

SECTION 3: Signature Continued

By signing, I/we hereby agree to indemnify and hold harmless Axos Advisor Services, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from your compliance with this request, including but not limited to transfer to another party.

By signing, I/we certify that I/we have full authority to request monies be withdrawn from the bank account indicated in Section 2 and/or that the authorized party for the bank account has signed below.

A. ACCOUNT OWNER SIGNATURE (REQUIRED)

Account Owner or Authorized Party Signature

Date

Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.

Print Name

Joint Owner Signature, if applicable

Date

Print Name

B. 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 2, and that I am authorizing this transaction.

Bank Account Owner Signature

Date

Print Name

Additional Bank Account Owner Signature, if applicable

Date

Print Name

Additional Bank Account Owner Signature, if applicable

Date

Print Name

- End of Form -



NON-RETIREMENT ACCOUNT ONE-TIME ACH DEPOSIT REQUEST

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General Instructions

Use these instructions to complete the Non-Retirement Account One-Time ACH Deposit Request form.

Purpose of this form. This form is required to initiate a one-time ACH deposit into a non-retirement account.

All fields are required unless noted. All fields are required unless designated as 'if applicable' or 'optional'.

'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at <http://www.etrade.com/advisorservices/advisorforms>.

Section 1: Account Information

A. Account Type

Enter the type of account and check the box indicating if these instructions apply to an existing Axos Advisor Services or a new account. For existing accounts, provide the Axos Advisor Services account number. *Note: If this is a new account, provide this form with your account application.*

B. Account Owner

Enter the account owner information for this account.

Section 2: ACH Deposit

A. ACH Deposit Information

Enter the deposit amount.

B. Bank Information

Provide the bank information. 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.

Section 3: Signature

A. Account Owner Signature

Sign and date the form. *Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign. For a joint account, both owners' signatures are required.*

Advisor Authorization for Contributions

If your Investment Advisor has been preauthorized to sign IRA contribution requests for you and the contribution situation does not require a client signature, your Investment Advisor may sign in place of you. *Note: Complete the Advisor Authorization for Contributions form to authorize your Investment Advisor to sign on your behalf in selected situations.*

B. Bank Account Owner Signature, if applicable

If the person signing Section 3A does not have authority to request monies be withdrawn from the bank account listed in Section 2B, 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 your client representative. Questions regarding this form should be directed to your Investment Advisor.