

NON-RETIREMENT ACCOUNT SYSTEMATIC CONTRIBUTION / DISTRIBUTION REQUEST

Institutional Advisor Services



SECTION 1: Account Information

A. ACCOUNT TYPE

Account Type

Select one:

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

Axos Advisor Services Account Number if existing

B. ACCOUNT OWNER

Account Title

Account Title Continued

Last 4 digits of Social Security Number

SECTION 2: Systematic ACH Contribution, if applicable

A. ACH CONTRIBUTION INSTRUCTION. Select one:

☐ ESTABLISH OR CHANGE

Select one:

- ☐ Establish a systematic ACH contribution
☐ Change a systematic ACH contribution

☐ CANCEL

Provide information below and in Section 2B, and sign in Section 4.

Select one:

- ☐ Cancel the sole systematic contribution currently on file
☐ Cancel the specified systematic instructions listed below:
☐ Cancel all systematic contribution instructions on file.

Cancel Schedule

Cancel Amount

B. ACH CONTRIBUTION INFORMATION

IMPORTANT: Allow up to 30 days from receipt of this form by Axos Advisor Services for the systematic contribution to be activated, changed or cancelled.

☐ **Systematic Contribution.** Provide the schedule information below.

Month to Begin Contribution Day of Month to Withdraw Contribution

Frequency of Contribution

Select one: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Contribution Amount: \$

SECTION 2: Systematic ACH Contribution Continued, if applicable

C. BANK INFORMATION

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.

Select one: ☐ Checking account ☐ Savings account

Bank Name

ABA (Routing) Number

Name on Bank Account

Bank Account Number

☐ Voided check provided in lieu of bank information. *Note: Still indicate the type of account above and clearly mark "Systematic Contribution" in the memo line of the check.*

☐ Bank on File

SECTION 3: Systematic Distribution, if applicable

A. DISTRIBUTION INSTRUCTION. Select one:

☐ ESTABLISH OR CHANGE

Select one:

- ☐ Establish a systematic distribution
☐ Change a systematic distribution

☐ CANCEL

Cancel a systematic distribution (complete Section 3B only)

Select one:

- ☐ Cancel the sole systematic distribution currently on file
☐ Cancel the specified systematic instructions listed below:
☐ Cancel all systematic distribution instructions on file.

Cancel Schedule

Cancel Amount

B. DISTRIBUTION INFORMATION

IMPORTANT: It takes approximately 30 days from receipt of this form by Axos Advisor Services for the systematic distribution to be activated.

☐ **Systematic distribution.** Provide the schedule information below.

Month to Begin Distributions Day of Month to Withdraw Distribution

Frequency of Distributions

Select one: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Distribution Amount \$



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SECTION 3: Systematic Distribution Continued, if applicable

C. DISTRIBUTION METHOD

Select one:

☐ **By check** Note: Allow 10 business days for delivery.

Select one:

- ☐ By check to the account owner at the address on record
☐ By check to the account owner at the address below
☐ By check to the third party payee at the address below

Payable To

For the Benefit Of (FBO) if applicable

Mailing Address

City

State

Zip

☐ **By ACH**

Select one: ☐ Checking account ☐ Savings account

Bank Name

ABA (Routing) Number

Name on Bank Account

Bank Account Number

☐ Voided check provided in lieu of bank information. Note: *Still indicate the type of account above and clearly mark "Systematic Distribution" in the memo line of the check.*

☐ Bank on File

☐ By internal transfer, transfer to:

Axos Advisor Services Account Number

Account Type

Account Title

SECTION 4: Signature

By signing, I/we hereby agree to indemnify and hold harmless Axos Advisor Services, its 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.

I/we authorize Axos Advisor Services to contribute or transfer assets to my/our Axos Advisor Services account according to the above instructions.

I/we authorize Axos Advisor Services to disburse or transfer assets from my/our Axos Advisor Services account according to the above instructions.

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 4: Signature Continued

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. If owner is a business, please provide a Corporate Resolution dated within 6 months

Bank Account Owner Signature

Date

Print Name

- End of Form -

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General Instructions

Use these instructions to complete the Non-Retirement Account Systematic Contribution / Distribution Request form.

Purpose of this form. This form is required to establish, change, or cancel systematic ACH contribution or systematic distribution (by check or ACH) instructions for non-retirement accounts. *Note: A systematic contribution or systematic distribution instructions for a new account can be provided on the account application.*

Important: Systematic contributions and distributions continue until you notify Axos Advisor Services in writing to the contrary.

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 application. To type entries, a fillable PDF of this form can be found online at <https://www.axosadvisorservices.com/forms-and-applications>.

Unknown information. If information is requested and you do not know where to obtain the requested information, contact your Investment Advisor or client representative for direction.

Section 1: Account Information

A. Account Type

Enter the type of account and check the box indicating if these instructions apply to a new account or an existing Axos Advisor Services 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: Systematic ACH Contribution, if applicable

If you want to issue instructions for a systematic ACH contribution from your bank account to your Axos Advisor Services account, complete this section. You may enter only the information you wish to change, if the 'Change a systematic ACH contribution' box is selected. *Note: It may take up to 30 days from receipt of this form by Axos Advisor Services for a systematic contribution to be activated, changed, or cancelled.*

A. ACH Contribution Instruction

Establish or Change

Select one request type.

Provide Account information in Section 1 and information to be changed in Sections 2A, B and C.

Cancel

Select which type of systematic contribution should be cancelled. If the account has more than one systematic contribution, indicate the contribution amount and the withdrawal schedule of the systematic contribution to cancel.

B. ACH Contribution Information

Enter the contribution information. Then enter the bank information in Section 2C.

Important: If you select a month and date to begin this systematic contribution and it is less than 30 days from the date this form is received by Axos Advisor Services, the first contribution may take place the following month.

Note: Systematic contributions will be deposited to models in the account according to the account's model contribution percentages.

- If you select a day of the month for distribution withdrawal of the 29th, 30th or 31st, please note that your distribution will be made on the last business day of the month.

C. Bank Information

Check the appropriate box if the bank account is a checking account or savings account. Then either enter your bank information or provide a voided check with the application. If you provide a voided check, check the 'Voided Check Provided' box on the application. *Note: Still indicate the type of account above and clearly mark "Systematic Contribution" in the memo line of the check.*

Bank on File – Bank of Record as provided on the Advisor Authorization for Distribution/Contribution form or active systematic distribution/contribution record.

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 3: Systematic Distribution, if applicable

If you want to issue instructions for systematic distributions from your Axos Advisor Services account, complete this section. If the 'Change a systematic distribution' box is selected, enter the information you wish to change. *Note: It may take up to 30 days from receipt of this form by Axos Advisor Services for a systematic distribution to be activated, changed, or cancelled.*

A. Distribution Instruction

Establish or Change

Select one request type.

Provide Account information in Section 1 and information to be changed in Sections 3A, B and C.

Cancel

Select which type of systematic distribution should be cancelled. If the account has more than one systematic distribution, indicate the distribution amount and the withdrawal schedule of the systematic distribution to cancel.

B. Distribution Information

Select the gross cash amount and then provide the gross amount (before taxes are withheld) or select the Cash Dividends or Interest to receive those amounts credited during the period.

Important: If you select a month and date to begin these systematic distributions and it is less than 30 days from the date this form is received by Axos Advisor Services, the first distribution may take place the following month.

Note: Systematic distributions will be withdrawn from the models in the account according to the account's model distribution percentages.

- If you select a day of the month for distribution withdrawal of the 29th, 30th or 31st, please note that your distribution will be made on the last business day of the month.

C. Distribution Method

By check. Allow 10 business days for delivery of mailed checks.

By ACH. If you select by ACH, check the appropriate box if the bank account is a checking account or savings account. Then either enter your bank information or provide a voided check with the application. If you provide a voided check, check the 'Voided Check Provided' box on the application.

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Note: Still indicate the type of account above and clearly mark "Systematic Distribution" in the memo line of the check. If the bank account type is not selected, Axos Advisor Services will default to checking account.

Bank on File – Bank of Record as provided on the Advisor Authorization for Distribution/Contribution form or active systematic distribution/contribution record

By internal transfer. Select this method to transfer cash into another Axos Advisor Services account. *Note: You may submit a Axos Advisor Services account application with this form to establish a new account to receive the transfer.*

Section 4: 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.*

No client signature required. For non-retirement accounts, instructions for on demand check or wire distributions and for systematic check distributions not representing a change of ownership are accepted from your Investment Advisor without your signature.

Advisor authorization. If your Investment Advisor has been preauthorized to sign for you in this situation and/or the contribution or distribution situation does not require a client signature, you do not need to sign and date the form. *Note: Complete the appropriate Advisor Authorization form to authorize your Investment Advisor to sign on your behalf in selected situations.*

Client signature always required. Your signature will always be required for the following instruction requests:

- Check withdrawal to an address different than the account's address of record
- Check or wire withdrawal representing a change of ownership
- Large value distributions of \$100,000.00 or more
- Distributions for a death or divorce

B. Bank Account Owner Signature, if applicable

If the person signing Section 4A does not have authority to request monies be withdrawn from the bank account listed in Section 2C, the bank account owner must sign to authorize the transaction. If the bank account requires more than one signature, please provide additional signatures.

If bank account owner is a business, please provide a Corporate Resolution dated within 6 months.

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.