

# Qualified Plan Systematic and One-Time ACH Contribution Request



Account Number

## SECTION 1: Account Owner

Plan Name

FBO Name (if applicable):

Last Four Digits of Social Security Number

## SECTION 2: Account Type

Select one: ☐ Outside Qualified Plan ☐ Qualified Plan ☐ Qualified Plan Roth ☐ Solo(k) Plan ☐ Solo(k) Roth

Select one: ☐ Existing Account ☐ New Account

## SECTION 3: Request Type – Select One

☐ Request one-time ACH contribution

**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.

☐ Establish new systematic ACH contribution (complete applicable fields in Section 4)

☐ Modify existing systematic ACH contribution (only complete fields related to the changes being requested in Section 4)

☐ Cancel existing systematic contribution – Select one:

☐ Cancel all systematic contributions currently on file

☐ Cancel the specified systematic contribution listed below:

Cancel Scheduled Post Date

Cancel Amount

## SECTION 4: ACH Contribution

**A: Contribution Type** (select one)

☐ Employee pre-tax

☐ Employee Roth

☐ Employer pre-tax

☐ Employer Roth

☐ Cash deposit (for Outside Qualified Plan only)

☐ Rollover contribution (not eligible for systematics)

**B. Amount of contribution** \$ \_\_\_\_\_

**C. Frequency** (complete this section for recurring contributions only)

Account Number \_\_\_\_\_

Provide the complete start date for the systematic contribution below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**Frequency of Distributions - Select One:** ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

**SECTION 5: Bank Account 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 authorize the one-time or systematic contributions into the Axos Advisor Services Account referenced above.
- You represent that the amount of the contributions will not exceed any applicable limits and deferral contributions have been made before being placed into the Plan.
- You expressly assume responsibility for any adverse consequences which may arise from the contributions, including any taxes, interest, and/or penalties that may be imposed or levied by any government or taxing authority as a result of the contributions. You further agree that you maintain sole responsibility for monitoring these contributions to ensure that funds are available to be transferred and are received as you have requested.
- You acknowledge that the origination of ACH transactions to your Account referenced above 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 to bring the contribution within compliance with the applicable law.
- You understand and agree that the amount of any systematic contributions will remain the same until you submit a new Qualified Plan Systematic and One-Time ACH Contribution Request form indicating a change in the existing instructions.
- You certify that no tax or financial advice has been given to you by Axos Advisor Services in connection with the contributions or your request.
- You agree that Axos Advisor Services shall in no way be held responsible for any adverse consequences which may arise from the contributions, this request, or any of the information you provide in this request and the selections you make in this request.
- 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, the contributions, your instructions, authorizations, representations, selections, or other statements or information provided in this request.

\_\_\_\_\_  
Trustee 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 Qualified Plan Systematic and One-Time ACH Contribution Request form.

**Purpose of this form:** This form is required to initiate a one-time contribution or systematic contribution into a Qualified Plan. Use this form to establish, change or cancel systematic ACH contribution instructions for an existing Qualified Plan. Only one set of instructions should be submitted on this form.

Use this form for:

- Qualified Plan (QP)
  - Qualified Plan Roth
  - Outside Qualified Plan (OQP)
  - Solo(k) Plan Accounts
  - Solo(k) Roth Plan Accounts
- **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.

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.

**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

### A. Account Authorized Party/Trustee

Signature Sign and date the form.

### B. Bank Authorized Party Signature

If the person signing Section 5A does not have authority to request monies be withdrawn from the bank account listed in Section 4, 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.

*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 client representative. Questions regarding this form should be directed to your Investment Advisor.**