

Account Application Supplemental

This form is used for additional Account Holders or Authorized Parties to a Joint Account, Corporate Account, or other Entity account. Do not use this form for existing account changes.

Account Title (Na	me of this a	(ccount)						Acc	count Number		
STEP 2. PERSON		_					_					
Relationship to A	ccount	O Acc	ount Ho			rized Party	O_{ℓ}	Asso	ciated	Party	T .	
First Name				Middle Initi	al	Last Name					Social Security	Number
Date of Birth (mm/dd/yyyy)			Gender O M	D F O No A	nswei	Marital Status			ied O s	Single Widowed	Dependents	Home O Own O Rent
Contact Informati	on										•	1
Home or Mobile Ph	none	Busine	ss Phone		Fore	ign Phone			Email A	Address		
Address(es)												
Physical Address (no PO Box)	Address 1							Addı	ess 2			
	City				St	State				Zip Code		
	Country			Pr	Province				Foreign Postal Code			
Mailing Address (if different from	Address 1					Address 2						
Physical)	City			St	State				Zip Code			
	Country			Province				Fore	ign Postal Code			
Previous Physical Address	Address 1							Addı	ess 2	<u> </u>		
(if Physical is less than 6 months	City			St	State				Zip Code			
old)	Country			Pr	Province				Foreign Postal Code			
Citizenship												
Please check on	s is require	d for ed	ach non-l	JS Person ar	nd US	Citizens livin	g abr	oad.	Non-R	esident Alien	must provide o	a valid Government
O U.S. O U.S.	Resident A	lien O	Non-Res	ident Alien								
Country of legal		sident:										

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		Required by Fe								
All applicants m									d W-8.	
O Driver's Licer		-	ID O Fore	eign Tax	ID O Otl	1		ID		
Place/Country of Is	ssuance	ID No:				Issue Date (r	nm/dd/yyyy)		Expiration D	Pate (mm/dd/yyyy)
mployment and	Industry A	Affiliations								
O Employed O	Self-Emplo	oyed ORetire	d O Unem _l	oloyed	O Homem	aker O Stud	ent			
If Employed/Sel										
If Retired or Uni	employed i	s indicated, pl	ease indicat			1				1
Employer Name				Years E	mployed	Phone Numb	er	Occupati	on	Business Nature
Employer's Addres	S				City	I.	State		Z	ip Code
Country			Provin	ce				Foreign Pos	tal Code	
ndustry and Oth	er Affiliati	ons								
ATTACH THE COMPLOFFICER'S LETTER O	F APPROVAL	If yes, plea provide a c O Broker-I O FINRA o Name of E An officer, What is yo Name of co	copy of the Dealer or M rother Self ntity(ies):	entity be require unicipa -Regula - 10% (c ? O 10% d symbo ernmen	elow. If the dauthorized securities tory Organ or more) securities	eation letter es Dealer O I nization O S hareholder i older O CEO itical official	(with this A nvestment state or Fedon a publicly O CFO O Control of the control o	pplication Adviser Ieral Secui y-owned c OO IS country	ities Regul ompany?	en this account, pleaso
First Name			Middle Ir	nitial	Last Name	2			Social Secu	irity Number
Date of Birth (mm,	/dd/yyyy)	Gende O M	r OFONd	Answe	Marita r Status	O IVIUI	ried O Sing		Dependent	Home O Own O Ren
ontact Informati										
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ddress(es)		l								
Physical Address (no PO Box)	Address 1					Add	Iress 2			
	City			State					Zip Code	
	Country				Province			Foreign Postal Code		
	Country			P	rovince			Fore	ign Postal Co	ae
-	Country Address 1			P	rovince	Add	Iress 2	Fore	ign Postal Co	de
Mailing Address (if different from Physical)					rovince	Add	lress 2	Zip C		ае
(if different from	Address 1			S		Add	lress 2	Zip C		
(if different from	Address 1			S	rovince	Add	Iress 2	Zip C	ode	

Trademark(s) belong to their respective owners.

Account Number:

						Account Number:							
Previous	Address 1					Address	: 2						
Physical Address	Address					Address	_						
(if Physical is less than 6 months	City			State				Zip (Code				
old)	Country			Province				Fore	ign Postal	Code	nts:		
itizenship								<u> </u>					
Please check on	ly one:												
	s is required fo	r each non-US i	Person and U	IS Citizens li	iving ab	oroad. No	on-Resia	lent Alien	must pro	ovide a valid Governme	nt		
O U.S. O U.S.		O Non-Reside	nt Alien										
			int / then										
Country of legal O U.S O Othe		ent:											
JSA Patriot Act In		nuired by Federa	allaw)										
All applicants m				Resident ali	iens mi	ıst also in	clude a	complete	d W-8				
O Driver's Licer									u W 0.				
Place/Country of Is		ID No:	0			Date (mm/			Expiration	on Date (mm/dd/yyyy)			
mployment and	Industry Affil	iations											
O Employed O	Self-Employe	d ORetired O	Unemployed	d O Homen	naker C	Student							
If Employed/Sel						lds.							
If Retired or Une	employed is in	dicated, please						•					
Employer Name			Years	s Employed	Phone	Number		Occupat	ion	Business Nature			
Employer's Addres	S			City			State			Zip Code			
Employer structes	3			City			State			2.10 0000			
Country			Province					Foreign Pos	stal Code	1			
ndustry and Oth	er Affiliations												
,											_		
	Are you	, your spouse, o	or any other	immediate j	family i	members,	, includi	ng parent	s, in-law	s, siblings or dependen	ts:		
O Yes O No										prietor, partner, office			
IF CHECKED YES,			_	_	represe	ntative o	r other	associate	d person	of a broker-dealer fir	m)		
ATTACH THE COMPL		or a financial s											
OFFICER'S LETTER O										pen this account, plea	se		
		provide a copy				-			1).				
		O Broker-Deale O FINRA or oth							ritios Por	gulator			
		Name of Entity	_	natory Orga	iiiizatio	II O Stat	e or rec	ierai secu	iities neg	guiatoi			
O Yes O No		An officer, dire		(or more) s	hareho	lder in a	nublich	 v-owned o	ompany	7			
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		Name of compa				3_0 0 0		- •					
O Yes O No		A senior milita			litical o	fficial in	a non-U	- IS country	·?				
		Name of count		·		_		•					

								Acc	ount N	lumber:			
Relationship to Ac	count C) _{Acco}	ount Hold	ler O Au	ıthori	ized Part	y O <i>f</i>	Associ	ated Par	ty			
First Name				Middle Initi	ial	Last Name	j				Social Se	curity N	lumber
Date of Birth (mm/	dd/yyyy)		Gender O M	FONoA	nswe	Marita Status			ied O Sir		Depende	nts	Home O Own O Rent
Contact Informati	on										-1		
Home or Mobile Ph	ione	Busine	ss Phone		Fore	eign Phone			Email Add	dress			
Address(es)													
Physical Address (no PO Box)	Address 1							Addr	ress 2				
	City				St	tate				Zip C	ode		
	Country				P	rovince				Fore	ign Postal C	Code	
Mailing Address (if different from	Address 1							Addr	ress 2				
Physical)	City				State					Zip Code			
	Country				P	rovince				Fore	ign Postal C	Code	
Previous Physical Address	Address 1							Addr	ress 2				
(if Physical is less than 6 months old)	City				State					Zip C	ode		
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Citizenship													
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O U.S. O U.S.	Resident Al	lien O	Non-Resi	dent Alien									
Country of legal O U.S O Othe		sident:											
JSA Patriot Act In													
All applicants m											d W-8.		
O Driver's Licen		sport (O State ID ID No:	O Foreig	ın Tax	(ID O Ot			ent-issued nm/dd/yyyy		Evniration	n Dato /	mm/dd/yyyy)
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Employment and	Industry A	\ffiliati	ons										
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Employer Name	:mployeu is	<u>s illuicu</u>	teu, pieus		•	Employed		Numbe	er	Occupati	ion	Βυ	ısiness Nature
Employer's Addres	S					City			State			Zip Co	de
Country				Province	!				,	Foreign Pos	tal Code		

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Clearing, custody or other brokerage services provided by Axos Clearing LLC,	Page 4 of 5
Member FINRA & SIPC. Axos Clearing LLC is a subsidiary of Axos Financial, Inc.	SUPP 07/2021
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Industry and Other Affiliations

Are y	ou, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:
O Yes O No IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE	Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?
OFFICER'S LETTER OF APPROVAL	If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application). O Broker-Dealer or Municipal Securities Dealer O Investment Adviser
	O FINRA or other Self-Regulatory Organization O State or Federal Securities Regulator Name of Entity(ies):
O Yes O No	An officer, director or 10% (or more) shareholder in a publicly-owned company? What is your position? ○ 10% shareholder ○ CEO ○ CFO ○ COO Name of company and symbol:
O Yes O No	A senior military, governmental or political official in a non-US country? Name of country:

STEP 3. SIGNATURES

This Supplemental form is an extension of the Account Application and Agreement. All certifications and disclaimers contained within the main Account Application are applicable to the supplemental party completing this form.

By signing this agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to enter into this agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

Account Holder/Trustee/Corporate Officer Signature

Account Holder Signature	Print Name	Date
×		
Account Holder Signature	Print Name	Date
×		
Account Holder Signature	Print Name	Date
×		
Axos Principal Signature	Print Name	Date
×		