

Change Certification, Indemnity and Agreement

Institutional Advisor Services



Account Number

SECTION 1: Request Type

A. REQUEST TYPE

Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Add Authorized Party | <input type="checkbox"/> Replace Authorized Parties |
| <input type="checkbox"/> Add amendment or restatement date to trust title | <input type="checkbox"/> Remove Authorized Party |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Trust title correction for existing trust only |
| <input type="checkbox"/> Other (including reorganization) | |

If Other Describe Request Type

Axos Advisor Services Acct. Number

Last 4 Digits of Tax ID#

B. ADDITIONAL DOCUMENTATION REQUIREMENTS

See Instructions to determine if additional documentation is required.

- ☐ Additional required documentation is attached.

SECTION 2: Current Account Registration

IMPORTANT: This section must be completed for all request types with the Account title exactly as it appears on your statements.

Current Account Registration

Current Account Registration (Continued)

Current Account Registration (Continued)

SECTION 3: Revised Account Registration

A. REVISED ACCOUNT REGISTRATION

IMPORTANT: Complete this section only for name changes or reorganization for any Account type.

Revised Account Registration

Revised Account Registration (Continued)

Revised Account Registration (Continued)

Note: For trusts, the Account Registration must include the legal title of the trust, the date of the trust, the date of any amendments or restatements and the names of all trustees, adding and removing names as indicated in this form.

Account Number: _____

B. REVISED MANAGEMENT TYPE (IF CHANGING)

Select One:

☐ General Partners for LLP, LP, or General Partnership

☐ Manager-Run LLC

☐ Member-Run LLC

☐ Other _____

Note: Each of the Partners, Members, Managers or Officers with authority to manage this organization is required to sign the Change Certification, Indemnity, and Agreement in Section 5.

C. ACCOUNT ADDRESS CHANGE (IF APPLICABLE)

Mailing Address

City

State

Zip Code

SECTION 4: Authorized Party (Trustee/Partner/Manager/Member/Officer)

IMPORTANT: The information provided below will replace existing Authorized Parties (including Trustees, Partners, Managers, Members or Officers) as of the date it is received by Axos Advisor Services.

Axos Advisor Services, a financial institution as defined by the Bank Secrecy Act, uses the information provided below to verify your identity. We may submit the information to a third-party service bureau, in which case the information will be compared against their database, we may request from you permission to obtain a credit report or any other means including requesting additional information from you or others. The responses from the above are confidential information and will not be shared with others unless required by law. Please refer to the instructions for completing this application to identify whose information should be provided below.

IMPORTANT: All authorized parties listed below must sign Section 5.

SECTION 4.A: Authorized Party One (Trustee/Partner/Manager/Member/Officer)

A. Authorized Party (Trustee/Partner/Manager/Member/Office)

1. Authorized Party Information

First Name Middle Initial Last Name Social Security Number

Date of Birth (mm/dd/yyyy)

B. Authorized Party Entity Information

Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents.

Business/Entity/Trust Name Industry Date of Trust ☐ EIN ☐ SSN ☐ TIN
Number: _____

C. All Account Types Must Complete for the Authorized Party or Entity Listed Above.

2. Contact Information

Home Phone Mobile Phone Business Phone Email Address (Required for eDelivery)

Legal Address Address 1 Address 2
(Required, no P.O. Boxes)

City State Zip Code

Country Province Foreign Postal Code

Account Number: _____

Mailing Address (If different from legal address)	_____		_____	
	Address 1		Address 2	
	_____		_____	_____
	City		State	Zip Code
	_____		_____	
	Country		Province	Foreign Postal Code

3. Citizenship Status

All applicants must provide the information below and may include a copy of their identification to avoid delays in processing. Select one type of identification, and enter the Identification Number and expiration date below (cannot be expired):

U.S. Citizens Only:

- ☐ Driver's license or ID card issued by a state or outlying possession of the United States
- ☐ ID card issued by a federal, state or local government agency or entity
- ☐ U.S. Passport
- ☐ Certification of U.S. Citizenship (INS Form N-560 or N-561)

U.S. Resident Aliens Only: (Driver's License not accepted)

- ☐ Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- ☐ Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

_____	_____	_____
State or Country of Issuance	Identification Number	Expiration Date (mm/dd/yyyy)

4. Employment (If Retired or Unemployed, please check the appropriate box below)

If Employed/Self-Employed, please complete all employment fields including occupation.

If transferring in an existing SEP or SIMPLE IRA and Retired, former employer information is required.

- ☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Employer Name

_____	_____	_____	_____
Employer's Address	City	State	Zip Code

_____	_____	_____
Country	Province	Foreign Postal Code

Occupation - Required if Employed/Self-Employed is chosen above. Please choose the most accurate occupation type from the below:

- | | | | | |
|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Construction | <input type="checkbox"/> Government | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Education | <input type="checkbox"/> Import-Export | <input type="checkbox"/> Military | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Engineer/Scientist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Nonprofit Professional | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Office and Administrative | <input type="checkbox"/> Vehicle Sellers |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Finance | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Personal Care and Services | |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Food Services | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Real Estate | |

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

Account Number: _____

A. 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?**

☐ Yes ☐ No

If **Yes**, please specify entity below.

☐ Broker-Dealer or Municipal Securities Dealer ☐ FINRA or other Self-Regulatory Organization
☐ Investment Advisor ☐ State or Federal Securities Regulator

Name of Entity(ies): _____

If this entity requires its approval for you to open this Account, please provide a copy of the Compliance Letter of Approval with this Application.

☐ I have included a copy of the Compliance Letter of Approval with this Application.
☐ A Compliance Letter of Approval is not required.

B. An officer, director or 10% (or more) shareholder in a publicly owned company?

☐ Yes ☐ No _____
Name of company(ies) Symbol(s)

If **Yes**, what is your title? ☐ 10% shareholder ☐ CEO ☐ CFO ☐ COO ☐ Other Officer

C. A senior military, governmental or political official in a non-US country?

☐ Yes ☐ No _____
Name of country

SECTION 4.B: Authorized Party Two (Trustee/Partner/Manager/Member/Officer)

A. Authorized Party (Trustee/Partner/Manager/Member/Office)

1. Authorized Party Information

First Name Middle Initial Last Name Social Security Number

Date of Birth (mm/dd/yyyy)

B. Authorized Party Entity Information

Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents.

Business/Entity/Trust Name Industry Date of Trust ☐ EIN ☐ SSN ☐ TIN
Number: _____

C. All Account Types Must Complete for the Authorized Party or Entity Listed Above.

2. Contact Information

Home Phone Mobile Phone Business Phone Email Address (Required for eDelivery)

Legal Address Address 1 Address 2
(Required, no P.O. Boxes)

City State Zip Code

Country Province Foreign Postal Code

Account Number: _____

Mailing Address (If different from legal address)	_____		_____	
	Address 1		Address 2	
	_____		_____	_____
	City		State	Zip Code
	_____		_____	
	Country	Province	Foreign Postal Code	

3. Citizenship Status

All applicants must provide the information below and may include a copy of their identification to avoid delays in processing. Select one type of identification, and enter the Identification Number and expiration date below (cannot be expired):

U.S. Citizens Only:

- ☐ Driver's license or ID card issued by a state or outlying possession of the United States
- ☐ ID card issued by a federal, state or local government agency or entity
- ☐ U.S. Passport
- ☐ Certification of U.S. Citizenship (INS Form N-560 or N-561)

U.S. Resident Aliens Only: (Driver's License not accepted)

- ☐ Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- ☐ Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

_____	_____	_____
State or Country of Issuance	Identification Number	Expiration Date (mm/dd/yyyy)

4. Employment (If Retired or Unemployed, please check the appropriate box below)

If Employed/Self-Employed, please complete all employment fields including occupation.

If transferring in an existing SEP or SIMPLE IRA and Retired, former employer information is required.

- ☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Employer Name

_____	_____	_____	_____
Employer's Address	City	State	Zip Code
_____	_____	_____	_____
Country	Province	Foreign Postal Code	

Occupation - Required if Employed/Self-Employed is chosen above. Please choose the most accurate occupation type from the below:

- | | | | | |
|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Construction | <input type="checkbox"/> Government | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Education | <input type="checkbox"/> Import-Export | <input type="checkbox"/> Military | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Engineer/Scientist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Nonprofit Professional | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Office and Administrative | <input type="checkbox"/> Vehicle Sellers |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Finance | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Personal Care and Services | |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Food Services | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Real Estate | |

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

Account Number: _____

A. 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?**

☐ Yes ☐ No

If **Yes**, please specify entity below.

☐ Broker-Dealer or Municipal Securities Dealer ☐ FINRA or other Self-Regulatory Organization
☐ Investment Advisor ☐ State or Federal Securities Regulator

Name of Entity(ies): _____

If this entity requires its approval for you to open this Account, please provide a copy of the Compliance Letter of Approval with this Application.

☐ I have included a copy of the Compliance Letter of Approval with this Application.
☐ A Compliance Letter of Approval is not required.

B. An officer, director or 10% (or more) shareholder in a publicly owned company?

☐ Yes ☐ No _____
Name of company(ies) Symbol(s)

If **Yes**, what is your title? ☐ 10% shareholder ☐ CEO ☐ CFO ☐ COO ☐ Other Officer

C. A senior military, governmental or political official in a non-US country?

☐ Yes ☐ No _____
Name of country

SECTION 4.C: Authorized Party Three (Trustee/Partner/Manager/Member/Officer)

A. Authorized Party (Trustee/Partner/Manager/Member/Office)

1. Authorized Party Information

First Name Middle Initial Last Name Social Security Number

Date of Birth (mm/dd/yyyy)

B. Authorized Party Entity Information

Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents.

Business/Entity/Trust Name Industry Date of Trust ☐ EIN ☐ SSN ☐ TIN
Number: _____

C. All Account Types Must Complete for the Authorized Party or Entity Listed Above.

2. Contact Information

Home Phone Mobile Phone Business Phone Email Address (Required for eDelivery)

Legal Address Address 1 Address 2
(Required, no P.O. Boxes)

City State Zip Code

Country Province Foreign Postal Code

Account Number: _____

Mailing Address (If different from legal address)	_____		_____	
	Address 1		Address 2	
	_____		_____	_____
	City		State	Zip Code
	_____		_____	
	Country	Province	Foreign Postal Code	

3. Citizenship Status

All applicants must provide the information below and may include a copy of their identification to avoid delays in processing. Select one type of identification, and enter the Identification Number and expiration date below (cannot be expired):

U.S. Citizens Only:

- ☐ Driver's license or ID card issued by a state or outlying possession of the United States
- ☐ ID card issued by a federal, state or local government agency or entity
- ☐ U.S. Passport
- ☐ Certification of U.S. Citizenship (INS Form N-560 or N-561)

U.S. Resident Aliens Only: (Driver's License not accepted)

- ☐ Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- ☐ Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

_____	_____	_____
State or Country of Issuance	Identification Number	Expiration Date (mm/dd/yyyy)

4. Employment (If Retired or Unemployed, please check the appropriate box below)

If Employed/Self-Employed, please complete all employment fields including occupation.

If transferring in an existing SEP or SIMPLE IRA and Retired, former employer information is required.

- ☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Employer Name

_____	_____	_____	_____
Employer's Address	City	State	Zip Code

_____	_____	_____
Country	Province	Foreign Postal Code

Occupation - Required if Employed/Self-Employed is chosen above. Please choose the most accurate occupation type from the below:

- | | | | | |
|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Construction | <input type="checkbox"/> Government | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Education | <input type="checkbox"/> Import-Export | <input type="checkbox"/> Military | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Engineer/Scientist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Nonprofit Professional | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Office and Administrative | <input type="checkbox"/> Vehicle Sellers |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Finance | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Personal Care and Services | |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Food Services | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Real Estate | |

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

Account Number: _____

A. 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?**

☐ Yes ☐ No

If Yes, please specify entity below.

☐ Broker-Dealer or Municipal Securities Dealer

☐ FINRA or other Self-Regulatory Organization

☐ Investment Advisor

☐ State or Federal Securities Regulator

Name of Entity(ies): _____

If this entity requires its approval for you to open this Account, please provide a copy of the Compliance Letter of Approval with this Application.

☐ I have included a copy of the Compliance Letter of Approval with this Application.

☐ A Compliance Letter of Approval is not required.

B. An officer, director or 10% (or more) shareholder in a publicly owned company?

☐ Yes ☐ No _____
Name of company(ies) Symbol(s)

If Yes, what is your title? ☐ 10% shareholder ☐ CEO ☐ CFO ☐ COO ☐ Other Officer

C. A senior military, governmental or political official in a non-US country?

☐ Yes ☐ No _____
Name of country

SECTION 4.D: Authorized Party Four (Trustee/Partner/Manager/Member/Officer)

A. Authorized Party (Trustee/Partner/Manager/Member/Office)

1. Authorized Party Information

First Name Middle Initial Last Name Social Security Number

Date of Birth (mm/dd/yyyy)

B. Authorized Party Entity Information

Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents.

Business/Entity/Trust Name Industry Date of Trust ☐ EIN ☐ SSN ☐ TIN
Number: _____

C. All Account Types Must Complete for the Authorized Party or Entity Listed Above.

2. Contact Information

Home Phone Mobile Phone Business Phone Email Address (Required for eDelivery)

Legal Address Address 1 Address 2
(Required, no P.O. Boxes)

City State Zip Code

Country Province Foreign Postal Code

Account Number: _____

Mailing Address (If different from legal address)	_____		_____	
	Address 1		Address 2	
	_____		_____	_____
	City		State	Zip Code
_____		_____		_____
Country		Province		Foreign Postal Code

3. Citizenship Status

All applicants must provide the information below and may include a copy of their identification to avoid delays in processing. Select one type of identification, and enter the Identification Number and expiration date below (cannot be expired):

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- ☐ U.S. Passport
- ☐ Certification of U.S. Citizenship (INS Form N-560 or N-561)

U.S. Resident Aliens Only: (Driver's License not accepted)

- ☐ Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- ☐ Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

_____	_____	_____
State or Country of Issuance	Identification Number	Expiration Date (mm/dd/yyyy)

4. Employment (If Retired or Unemployed, please check the appropriate box below)

If Employed/Self-Employed, please complete all employment fields including occupation.

If transferring in an existing SEP or SIMPLE IRA and Retired, former employer information is required.

- ☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Employer Name

_____	_____	_____	_____
Employer's Address	City	State	Zip Code
_____	_____	_____	_____
Country	Province	Foreign Postal Code	

Occupation - Required if Employed/Self-Employed is chosen above. Please choose the most accurate occupation type from the below:

- | | | | | |
|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Construction | <input type="checkbox"/> Government | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Education | <input type="checkbox"/> Import-Export | <input type="checkbox"/> Military | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Engineer/Scientist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Nonprofit Professional | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Office and Administrative | <input type="checkbox"/> Vehicle Sellers |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Finance | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Personal Care and Services | |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Food Services | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Real Estate | |

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

A. 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?**

☐ Yes ☐ No

If Yes, please specify entity below.

- ☐ Broker-Dealer or Municipal Securities Dealer ☐ FINRA or other Self-Regulatory Organization
☐ Investment Advisor ☐ State or Federal Securities Regulator

Name of Entity(ies): _____

If this entity requires its approval for you to open this Account, please provide a copy of the Compliance Letter of Approval with this Application.

- ☐ I have included a copy of the Compliance Letter of Approval with this Application.
☐ A Compliance Letter of Approval is not required.

B. An officer, director or 10% (or more) shareholder in a publicly owned company?

☐ Yes ☐ No _____
 Name of company(ies) Symbol(s)

If Yes, what is your title? ☐ 10% shareholder ☐ CEO ☐ CFO ☐ COO ☐ Other Officer

C. A senior military, governmental or political official in a non-US country?

☐ Yes ☐ No _____
 Name of country

- ☐ Corporate Management Company: One or more Authorized Parties with authority to sign on behalf of the entity are a corporate management company. A corporate resolution is provided.

Section 5. Certification, Indemnity and Agreement.

By signing this Change Certification, Indemnity and Agreement ("Certification") each Authorized Party signing below certifies as follows:

- 1) The information provided in this Certification is true and complete and any supporting documentation required by the Governing Documents has been provided;
- 2) If this Certification is for a trust identified herein, each trustee currently authorized to act on behalf of the trust is listed in Section 4, is named as an Authorized Party and has signed below;
- 3) Axos Advisor Services is authorized to make the requested changes and maintain the Account in accordance with the Terms and Conditions that follow and the applicable Account agreements/Governing Documents; and
- 4) I have read and agree to be governed and bound by the terms and conditions of the Axos Advisor Services Account Agreement under this the Account is currently maintained.

Each of the Authorized Parties represents and warrants that their signature below is their genuine signature and that they have the authority to execute this Certification. If a corporation is an Authorized Party, the signatures below are the genuine signatures of the officers duly authorized to act on its behalf. A corporate resolution is attached.

Continue to Next Page

Authorized Signature1. Select One: ☐ Partner ☐ Manager ☐ Member ☐ TTEE ☐ Officer**x**

Authorized Signature 1

Print Name

Date

2. Select One: ☐ Partner ☐ Manager ☐ Member ☐ TTEE ☐ Officer**x**

Authorized Signature 2

Print Name

Date

3. Select One: ☐ Partner ☐ Manager ☐ Member ☐ TTEE ☐ Officer**x**

Authorized Signature 3

Print Name

Date

4. Select One: ☐ Partner ☐ Manager ☐ Member ☐ TTEE ☐ Officer**x**

Authorized Signature 4

Print Name

Date

GENERAL TERMS AND CONDITIONS:

By signing this Certification, the Authorized Parties (identified herein) hereby certify that Axos Advisor Services is authorized to follow the instructions of the Authorized Party(ies) listed above and to deliver funds, securities or any other assets in this Account to any party or on any Authorized Party's instructions, because either (1) the articles of incorporation, partnership agreement, trust agreement or other agreement that establishes and governs the entity (the "Governing Documents") expressly provides that each party is authorized to act individually, independently and without the consent of any others for all purposes related to the Account with Axos Advisor Services, or (2) if the Governing Documents does not contain such an express provision, the party so acting has obtained the requisite consent of the other parties in accordance with the terms of the Governing Documents. Axos Advisor Services is authorized to follow the instructions of any of the Authorized Parties listed in Section 4 of this Certification and to deliver funds, securities or other assets in this Account to any party or on any Authorized Party's instructions on the presumption that the party so acting has obtained the consent of the other parties in accordance with the Governing Documents. Axos Advisor Services is not responsible for determining the purpose or propriety of any instructions received from any Authorized Party or for the disposition of payments or deliveries among Authorized Parties. Any notice sent to one Authorized Party shall constitute notice to all Authorized Parties. Axos Advisor Services may rely on this Certification and upon the representations made herein. The Authorized Parties agree to send prompt written notice to Axos Advisor Services of any change in Authorized Parties, of any amendment or modification to the Governing Documents which would cause the representations contained herein to become inaccurate or incorrect, or of the occurrence of any event which would affect the Authorized Party's powers or any representation made in the Certification or, in the case of a trust, the trust's revocability. The Authorized Parties represent and warrant that they have the power under the Governing Documents and applicable law to enter the transactions and issue the instructions that are made in this Account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the Account). Such power may include, without limitation, to delegate to others trading authority within the Account, to retain the services of outside professionals such as investment advisors, money managers, counsel and/or accountants and to pay the fees of such professional from the asset of the Axos Advisor Services Account. The Authorized Parties understand that all orders and transactions will be governed by the terms and conditions of all other Account agreements applicable to this Account. In the event of the death, resignation or replacement of an Authorized Party, the remaining Authorized Party(s) shall provide prompt written notice of the event to Axos Advisor Services. Additional paperwork shall be provided upon reasonable request from Axos Advisor Services.

The representations and obligations stated herein are binding on all the Authorized Parties and shall survive the termination of the agreement related to or governing the Account with Axos Advisor Services and the trust agreement, if applicable. This Certification replaces any prior or existing certification provided by and for this Account. The Authorized Parties agree to supply additional information about the Governing Documents for the Account upon reasonable request in order for Axos Advisor Services to carry out any instructions including but not limited to the transfer or liquidation of securities owned by the Account. The Authorized Parties, in accordance with Treasury Regulation Section 1.6041(e)(2) as amended, agree to report to the Internal Revenue Service all payments paid from the Account by Axos Advisor Services to third parties or beneficiaries as directed or instructed by an Authorized Party. The Authorized Parties agree and understand that Axos Advisor Services, in reliance hereon, will not file any information returns or other forms with the Internal Revenue Service concerning any payments made from the Account as directed by the Authorized Parties. Where applicable, plural references in this Certification shall be deemed singular.

The Authorized Parties hereby agree to jointly and severally indemnify Axos Advisor Services, its affiliates, and each of their respective officers, directors, employees and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or in any way related to this Certification, including without limitation and by way of illustration only Axos Advisor Services' reliance or inaction taken in reliance upon any Authorized Party's instructions in connection with the Account established at Axos Advisor Services or any penalties assessed or claims asserted by the Internal Revenue Service against Axos Advisor Services for failing to report payments to third parties or beneficiaries made by Axos Advisor Services from the Account. This indemnification is made by each Authorized Party both in their capacity as Authorized Party and in the individual capacity and shall not be limited by the Authorized Party's provision to Axos Advisor Services of independent documentation concerning the representations made herein.

SPECIAL TERMS AND CONDITIONS FOR TRUSTS:

The following special provisions shall apply to Certifications for any Account that is a trust: In consideration of Axos Advisor Services opening and/ or maintaining an Account for the trust, the Authorized Parties represent, warrant and certify that the trust is in full force and effect, and that the Governing Documents (as defined herein) have not been revoked, modified or amended in any manner which would cause the representations contained in this Certification to be inaccurate or incorrect.

End of Form

SECTION 6. GENERAL INSTRUCTIONS

Use these instructions to complete the Change Certification, Indemnity, and Agreement Form (the "Certification"). **Purpose of this form.**

This form requires you to correct or change the legal name or title and to add, remove or replace Authorized Parties for an existing Axos Advisor Services Account.

Important: This form cannot be used to change an Account's tax identification number or type, or to open a new Account. To open a new Account, complete the applicable Axos Advisor Services Account Application and provide any required documentation. **You must complete all required fields to expedite processing and to avoid requests for additional information. Print or type all entries.** To type entries, a fillable PDF of this form can be found online at www.axosadvisor.com. **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 directions.

SECTION 1: Request Type**A. Request Type**

Check the appropriate boxes to indicate the type of action you want to take for the Account. Then enter the Axos Advisor Services Account number and the last 4 digits of the Account's tax identification number.

Note: Axos Advisor Services reserves the right to request additional information as required to carry out any instructions including but not limited to transfer or liquidation of securities owned by the Account.

B. Additional Documentation Requirements

This section outlines specific additional documentation requirements to complete this form. Read carefully. You must provide all required documentation to expedite processing and to avoid requests for additional information. If an Authorized Party is a corporate trustee, please attach a corporate resolution.

Note: If one or more Authorized Parties are a corporate management company, a corporate resolution is required.

Note: Axos Advisor Services reserves the right to request additional information it requires to carry out any instructions including but not limited to transfer or liquidation of securities owned by the Account.

SECTION 2: Current Account Registration

Note: You must complete this section for all request types.

Current Account Registration Enter the existing title exactly as it appears on your statements.

SECTION 3: Revised Account

A. Revised Account Registration: Enter the revised Account registration if there has been a change or reorganization.

Note: For trust Accounts, you must complete this section for all request types since the Account title will change if trustees are added or removed, or if authorized trustees are changed. For revised trust Account Registration, enter the title of the trust.

Please include as part of the title:

- The full legal name of the trust
- The date of the trust agreement
- For a testamentary trust or a trust established by a will include the name of the decedent • The date of the latest trust amendment or restatement if any
- The names of all trustees

Important: Trusts should not present any supporting documentation with this Certification, including but not limited to the trust agreement. Axos Advisor Services will not be reviewing or relying on such documentation and will have no responsibility to maintain such documentation in Account records. If Axos Advisor Services determines to retain such documentation, it will have no responsibility for it.

B. Revised Management Type - Complete this section only if the management type is changing.

C. Account Address Change – Complete this section only if the mailing address for the Account is changing.

SECTION 4: Authorized Party Designation (including Trustees, Partners, Managers, Members and Officers)

Enter the information for all authorized parties for this Account. All Authorized Parties (trustees, partners, managers, members and officers), including currently and newly designated parties, must be listed and sign the Certification.

Important. To comply with Patriot Act rules, provide identification information for each newly designated Authorized Party in the space provided.

Important: The information provided on this form supersedes and replaces all existing Authorized Party authorizations. You must provide a complete listing of all Authorized Parties, not just additions or deletions to the previous authorizations. Axos Advisor Services is authorized to follow the individual and

independent instructions of any of the Authorized Parties listed in this section to deliver funds, Securities, or any other assets in this Account to any party. This is a representation that the Authorized Parties have obtained the requisite consent and have the authority under the requirements of the organization.

SECTION 5: Certification, Indemnity, and Agreement

All Authorized Parties named in Section 5, including any current Authorized Parties and any new Authorized Parties (if applicable), must sign and date the Certification, Indemnity, and Agreement. If only one Authorized Party is named, it is a representation that the named Authorized Party is the sole Authorized Party.

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.