Change Certification, Indemnity and Agreement

Institutional Advisor Services



	Ā	count Number
SECTION 1: Request Type		
A. REQUEST TYPE		
Select all that apply:		
 Add Authorized Party Add amendment or restatement date to trust title Name Change Other (including reorganization) 	 Replace Authorized Parties Remove Authorized Party Trust title correction for existing 	ng trust only
If Other Describe Request Type	Axos Advisor Services Acct. Number	Last 4 Digits of Tax ID#
B. ADDITIONAL DOCUMENTATION REQUIREMENT	NTS	
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 o	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.

B. REVISED MANAGEMENT TYPE (IF CHANGING)

Select One:

General Partners for LLP, LP, or General Partnership		Manager-Run LLC
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Other

Member-Run LLC

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

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/Er	ntity/Trust Name		Industry	Date of Trust	LI EIN LI SSN LI TIN Number:
C. All Acc	ount Types Mu	ist Complete for the	Authorized Party or Entity	y Listed Above.	
2. <u>Contac</u>	t Information				
Home Phone		Mobile Phone	Business Phone	Email Addres	ss (Required for eDelivery)
Legal Address (Required, no	Address 1			Address	2
P.O. Boxes)	City			State	Zip Code

(If different	Address 1		Address 2	
from legal _ address)	City		State	Zip Code
	Country	Province		Foreign Postal Code
3. <u>Citizer</u>	nship Status			
			eir identification to avoid delays in p ion date below (cannot be expired):	
U.S. Citizer	is Only:	U.	S. Resident Aliens Only: (Driver's	License not accepted)
Drive of th	er's license or ID card issued by a st e United States	tate or outlying possession	Unexpired foreign passport with I-94 indicating unexpired employ	I-551 stamp or attached INS Fo yment authorization
entity	ard issued by a federal, state or loca / Passport	al government agency or	-	ien Registration Receipt Card wit
_	Fassport	m N-560 or N-561)		
State or Co	untry of Issuance	Identification Number	Expir	ation Date (mm/dd/yyyy)
4. Empl	ovment (If Retired or Unemployed	d, please check the appropriate b	pox below)	
	Self-Employed, please complete all g in an existing SEP or SIMPLE IRA			
in transforming		and Roarda, formor employer in		
Employ	ed 🗌 Self-Employed 🗌 F	Retired Unemployed	Homemaker Student	
Employer Na	me			
Employer Na Employer's A		City	State	Zip Code
Employer's A			State	
Employer's A		City Province	State	Zip Code Foreign Postal Code
Employer's A Country	uddress	Province	State	Foreign Postal Code
Employer's A Country	- Required if Employed/Self-Emplo	Province		Foreign Postal Code
Employer's A Country Dccupation	- Required if Employed/Self-Employ	Province yed is chosen above. Please cho	bose the most accurate occupation	Foreign Postal Code
Employer's A Country Dccupation	- Required if Employed/Self-Employ	yed is chosen above. Please cho	bose the most accurate occupation	Foreign Postal Code
Employer's A Country Country Cocupation Accounta	Address	Province yed is chosen above. Please cho Government Healthcare	bose the most accurate occupation	Foreign Postal Code type from the below: Retail Social Services
Employer's A Country Country Cocupation Accounta Agricultur Artist	Address	Province yed is chosen above. Please cho Government Healthcare Import-Export	bose the most accurate occupation Manufacturing Marketing Military	Foreign Postal Code type from the below: Retail Social Services Transportation
Employer's A Country Dccupation Accounta Agricultur Artist Aviation	Address	Province yed is chosen above. Please cho Government Healthcare Import-Export Information Technology	Dose the most accurate occupation Manufacturing Marketing Military Nonprofit Professional	Foreign Postal Code type from the below: Retail Social Services Transportation Travel Vehicle Sellers
Employer's A Country Country Cocupation Accounta Agricultur Artist Aviation Banker	Address	Province yed is chosen above. Please cho Government Healthcare Import-Export Information Technology Insurance	Dose the most accurate occupation Manufacturing Marketing Military Office and Administrative	Foreign Postal Code type from the below: Retail Social Services Transportation Travel Vehicle Sellers

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Mailing					
Address	Address 1			Address 2	
(If different					
from legal address)	City			State	Zip Code
	Country	Provinc	e		Foreign Postal Code
3. <u>Citiz</u>	enship Status				
	nts must provide the information below type of identification, and enter the Ide				rocessing.
U.S. Citize	ens Only:		U.S.	Resident Aliens Only: (Driver's L	icense not accepted)
Driv of t	ver's license or ID card issued by a sta he United States	te or outlying possession		Unexpired foreign passport with I-94 indicating unexpired employ	-551 stamp or attached INS Form ment authorization
ID ent	card issued by a federal, state or local ity	government agency or		Permanent Resident Card or Alie photograph (INS Form I-551)	en Registration Receipt Card with
🗌 U.S	S. Passport				
Cer	rtification of U.S. Citizenship (INS Forn	n N-560 or N-561)			
State or C	ountry of Issuance	Identification Number		Evoiro	tion Date (mm/dd/yyyy)
				слрпа	
4. <u>Em</u> r	Dioyment (If Retired or Unemployed,	please check the appropriate	e box	(below)	
If Employed	d/Self-Employed, please complete all e	employment fields including o	ccup	ation.	
If transferri	ng in an existing SEP or SIMPLE IRA a	and Retired, former employer	info	mation is required.	
				Homemaker 🔲 Student	
	yed 🗌 Self-Employed 🔲 Re	etired L Unemployed			
Employer N	ame				
Employer's	Address	City		State	Zip Code
Country		Province			Foreign Postal Code
Occupation	<u>1</u> - Required if Employed/Self-Employ	ed is chosen above. Please c	choos	se the most accurate occupation t	/pe from the below:
	tant Construction	Government		Manufacturing	Retail
Agricult	ure 🛛 Customer Service	Healthcare		Marketing	Social Services
Artist	Education	Import-Export		☐ Military	
Aviation	Engineer/Scientist	Information Technology	,	Nonprofit Professional	Travel
Banker	Entertainment			Office and Administrative	U Vehicle Sellers
		Legal Services		Personal Care and Services	
_	Food Services	Legal Services Maintenance		Real Estate	

5. Industry and Other Affiliations

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 State or Federal Securities Regulator Investment Advisor 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 No Name of company(ies) Symbol(s) If Yes, what is your title? CEO CFO 🗆 coo 10% shareholder Other Officer C. A senior military, governmental or political official in a non-US country? No Name of country ☐ Yes SECTION 4.C: Authorized Party Three (Trustee/Partner/Manager/Member/Officer) A. Authorized Party (Trustee/Partner/Manager/Member/Office) **Authorized Party Information** 1. 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** 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) State Zip Code

City

Country

Foreign Postal Code

Mailing					
Address	Address 1			Address 2	
(If different from legal					
address)	City			State	Zip Code
	Country	Province	e		Foreign Postal Code
3. <u>Citizer</u>	nship Status				
	ts must provide the information belo type of identification, and enter the lo				
U.S. Citize	ns Only:	ι	J.S. Re	sident Aliens Only: (Driver	's License not accepted)
	rer's license or ID card issued by a st ne United States	ate or outlying possession		Inexpired foreign passport w 94 indicating unexpired emp	ith I-551 stamp or attached INS Form loyment authorization
ID c enti	ard issued by a federal, state or loca ty	al government agency or		ermanent Resident Card or hotograph (INS Form I-551)	Alien Registration Receipt Card with
🗌 U.S	. Passport				
🗌 Cer	tification of U.S. Citizenship (INS For	m N-560 or N-561)			
State or Co	ountry of Issuance	Identification Number		Exp	piration Date (mm/dd/yyyy)
	Sana y or loodanoo				
	-	places shock the energy ister			
4. <u>Emplo</u>	byment (If Retired or Unemployed,			,	
4. Emplo	-	employment fields including or	cupati	on.	
4. Emplo	Dyment (If Retired or Unemployed, //Self-Employed, please complete all lg in an existing SEP or SIMPLE IRA	employment fields including or	cupati inform	on.	
4. <u>Emplo</u> If Employed If transferrir	Dyment (If Retired or Unemployed, //Self-Employed, please complete all ig in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including or and Retired, former employer	cupati inform	on. ation is required.	
4. Employed If Employed If transferrin	byment (If Retired or Unemployed, //Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including or and Retired, former employer Retired Dunemployed	cupati inform	on. ation is required. Homemaker Student	
4. Employed If Employed If transferrin	byment (If Retired or Unemployed, //Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including or and Retired, former employer	cupati inform	on. ation is required.	Zip Code
4. Employed If Employed If transferrin	byment (If Retired or Unemployed, //Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including or and Retired, former employer Retired Dunemployed	cupati inform	on. ation is required. Homemaker Student	Zip Code Foreign Postal Code
 Employed If Employed If transferrin Employer National Employer's Country 	byment (If Retired or Unemployed, //Self-Employed, please complete all ng in an existing SEP or SIMPLE IRA yed Self-Employed F	employment fields including or and Retired, former employer Retired Unemployed City Province	ccupati inform	on. ation is required. Homemaker Student	Foreign Postal Code
 Employed If Employed If transferrin Employer Na Employer Na Employer's 	Dyment (If Retired or Unemployed, please complete all ling in an existing SEP or SIMPLE IRAlly yed Self-Employed ame Address - Required if Employed/Self-Employed	employment fields including or and Retired, former employer Retired Unemployed City Province	ccupati inform	on. ation is required. Homemaker Student	Foreign Postal Code
 Employed Employed Employer Nation Country Occupation 	Dyment (If Retired or Unemployed, please complete all ig in an existing SEP or SIMPLE IRAyed Ig in an existing SEP or SIMPLE IRAyed	employment fields including or and Retired, former employer Retired Unemployed City Province	ccupati inform	on. ation is required. Homemaker Student 	Foreign Postal Code
 4. Employed If Employed If transferrin Employer Na Employer's Country Occupation Account 	Dyment (If Retired or Unemployed, please complete all ig in an existing SEP or SIMPLE IRAyed Ig in an existing SEP or SIMPLE IRAyed	employment fields including or and Retired, former employer Retired Unemployed City Province yed is chosen above. Please c	ccupati inform	on. ation is required. Homemaker Student State	Foreign Postal Code
 Employed Employed Employer Na Employer Na Country Occupation Account Agricultu 	Dyment (If Retired or Unemployed, please complete all ling in an existing SEP or SIMPLE IRAlized Ig in an existing SEP or SIMPLE IRAlized yed Self-Employed game Address g - Required if Employed/Self-Employed ant Construction ure Customer Service	employment fields including or and Retired, former employer Retired Unemployed City Province yed is chosen above. Please c Government Healthcare	ccupati inform	on. ation is required. Homemaker	Foreign Postal Code
 Employed If Employed If transferring Employer Nation Employer's Country Occupation Agricultu Artist 	Dyment (If Retired or Unemployed, please complete all log in an existing SEP or SIMPLE IRA yed Self-Employed yed Self-Employed ame Address - Required if Employed/Self-Employed ant Construction ure Customer Service Education	employment fields including or and Retired, former employer Retired Unemployed City Province yed is chosen above. Please c Government Healthcare Import-Export	ccupati inform	on. ation is required. Homemaker Student State the most accurate occupation Manufacturing Marketing Military	Foreign Postal Code In type from the below: Retail Social Services Transportation
4. Employed If Employed If transferrin Employer Na Employer's Country Occupation Account Agricultu Artist Aviation	Dyment (If Retired or Unemployed, please complete all ing in an existing SEP or SIMPLE IRAction ing ing in an existing SEP or SIMPLE IRAction ing	employment fields including or and Retired, former employer Retired Unemployed City Province yed is chosen above. Please c Government Healthcare Import-Export Information Technology	ccupati inform	on. ation is required. Homemaker Student State	Foreign Postal Code In type from the below: Retail Retail Social Services Transportation Travel Vehicle Sellers
 Employed If Employed If transferrin Employer Na Employer's Country Occupation Agricultu Artist Aviation Banker 	Dyment (If Retired or Unemployed, please complete all ling in an existing SEP or SIMPLE IRA yed Self-Employed yed Self-Employed ame Address ant Construction ire Education Education Engineer/Scientist Entertainment	employment fields including or and Retired, former employer Retired Unemployed City Province yed is chosen above. Please c Government Healthcare Import-Export Information Technology	ccupati inform	on. ation is required. Homemaker Student State	Foreign Postal Code In type from the below: Retail Retail Social Services Transportation Travel Vehicle Sellers

5. Industry and Other Affiliations

		son of a broker-dealer linn) of a l	inancial services re	ector, branch gulator?
🗌 Yes 🗌 No				
If Yes, please specify e	ntity below.			
Broker-Dealer	r or Municipal Securities Dealer	FINRA or other Self-Reg	ulatory Organization	
Investment Ac	dvisor	State or Federal Securitie	es Regulator	
Name of Entity(ies)):			
If this entity requires its	approval for you to open this Acc	count, please provide a copy of the	e Compliance Letter o	Approval with this Applicati
I have include	d a copy of the Compliance Lette	er of Approval with this Application.		
A Compliance	Letter of Approval is not required.			
	r 10% (or more) shareholder in			
	Name of company(ies)			Symbol(s)
I	Name of company(les)			Symbol(S)
If Yes, what is your title	e? 🗌 10% shareholder [COO 🗌 Other	Officer
C. A senior military, gov	vernmental or political official in	n a non-US country?		
🗌 Yes 🗌 No				
1	Name of country			
CTION 4 D. Authorize	d Party Four (Trustee/Pa	rtner/Manager/Member/O	officer)	
Authorized Party Infor	tee/Partner/Manager/Memb			
irst Name	Middle Initial Last Name		Social	ecurity Number
	-			
ate of Birth (mm/dd/yyyy)				
	ty Information			
Authorized Party Entit		organization, exactly as it appears	on the organization's	legal documents.
• Authorized Party Entit	e of this business, trust, or other c		🗆 EI	legal documents. N □ SSN □ TIN
• Authorized Party Entit				•
Authorized Party Entit	e of this business, trust, or other c		rust Numb	N SSN TIN
Authorized Party Entition ovide the official or legal name Business/Entity/Trust Name All Account Types Mu	e of this business, trust, or other c	stry Date of T	rust Numb	N SSN TIN
Business/Entity/Trust Name	e of this business, trust, or other c	stry Date of T	rust Numb	N SSN TIN
. Authorized Party Entit ovide the official or legal name Business/Entity/Trust Name . All Account Types Mu	e of this business, trust, or other c	stry Date of T ized Party or Entity Listed A	rust Numb	N 🗍 SSN 🗍 TIN er:
Authorized Party Entit ovide the official or legal name susiness/Entity/Trust Name All Account Types Mu <u>Contact Information</u> ome Phone	e of this business, trust, or other o	stry Date of T ized Party or Entity Listed A	rust Numb	N 🗍 SSN 🗍 TIN er:
Authorized Party Entit ovide the official or legal name susiness/Entity/Trust Name All Account Types Mu <u>Contact Information</u>	e of this business, trust, or other o	stry Date of T ized Party or Entity Listed A	rust Numb	N 🗍 SSN 🗍 TIN er:
Authorized Party Entit ovide the official or legal name susiness/Entity/Trust Name All Account Types Mu <u>Contact Information</u> ome Phone Legal Address Address 1 equired, no	e of this business, trust, or other o	stry Date of T ized Party or Entity Listed A	bove.	N 🗍 SSN 🗍 TIN er:
Authorized Party Entit ovide the official or legal name susiness/Entity/Trust Name All Account Types Mu <u>Contact Information</u> me Phone Legal Address Address 1	e of this business, trust, or other o	stry Date of T ized Party or Entity Listed A	bove.	N 🗍 SSN 🗍 TIN er:

Mailing					
Address (If different	Address 1			Address 2	
from legal address)	City			State	Zip Code
	Country	Provin	се		Foreign Postal Code
3. <u>Citizer</u>	nship Status				
	ts must provide the information below type of identification, and enter the Id				processing.
U.S. Citize	ens Only:		U.S. Resid	dent Aliens Only: (Driver's I	License not accepted)
	ver's license or ID card issued by a stand he United States	ate or outlying possession	Une I-94	xpired foreign passport with indicating unexpired employ	I-551 stamp or attached INS Form /ment authorization
ID c enti	card issued by a federal, state or loca tv	l government agency or	Perr	manent Resident Card or Ali tograph (INS Form I-551)	en Registration Receipt Card with
_	5. Passport		F		
🗌 Cer	tification of U.S. Citizenship (INS For	m N-560 or N-561)			
State or C	ountry of Issuance	Identification Numbe	.r		ation Date (mm/dd/yyyy)
				Expire	
4. <u>Emplo</u>	oyment (If Retired or Unemployed,	please check the appropriate	box below	/)	
If Employed	l/Self-Employed, please complete all	emplovment fields including a	occupation		
1 3	ng in an existing SEP or SIMPLE IRA	1 3 8	•		
	yed 🗌 Self-Employed 🔲 R	Retired Dunemployed		nemaker 🗌 Student	
Employer Na	ame				
Employer's	Address	City		State	Zip Code
Country		Province			Foreign Postal Code
Occupation	- Required if Employed/Self-Employ	ved is chosen above. Please	choose the	e most accurate occupation t	type from the below:
Account	ant 🔲 Construction			Manufacturing	Retail
	_		_	Marketing	Social Services
			_	Military	□ Transportation
	_	Information Technolog		Nonprofit Professional	
Banker			_	Office and Administrative	U Vehicle Sellers
	☐ Finance	Legal Services	_	Personal Care and Services	
	Food Services	☐ Maintenance	_	Real Estate	

5. Industry and Other Affiliations

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 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.	'n.
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	
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.

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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;
- 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

Account Number:

Authorized Signature

1. Select One:	Partner	Manager	Member		Officer		
×							
Authorized Sig	nature 1			Print Name		Date	
2. Select One:	Partner	Manager	Member		Officer		
×							
Authorized Sig	nature 2			Print Name		Date	
3. Select One:	Partner	Manager	Member		Officer		
×							
Authorized Sig	nature 3			Print Name		Date	
4. Select One:	Partner	Manager	Member		Officer		
×							
Authorized Sig	nature 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, 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.axosadvisorservices.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

Account Number:

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.