

TRANSFER REQUEST

Institutional Advisor Services



Axos Advisor Services Account Number

Section 1: Receiving Firm: Axos Advisor Services Account – Clearing Number 5981

Account Registration at Axos Advisor Services

TIN/EIN/SSN	JOINT SSN
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Account Type at Axos Advisor Services *(Select One)*

Single or Individual
 Joint/Community Property
 Trust
 Corporate or Company
 UTMA
 UGMA
 Traditional, Rollover or SEP IRA
 Roth IRA
 Beneficiary IRA
 Beneficiary Roth IRA
 SIMPLE IRA
 403(b)
 403(b) Roth
 401(k)
 401(k) Roth
 457
 Qualified Plan
 Other, list type _____

To make a contribution to an Axos Advisor Services retirement account from an Axos Advisor Services non-retirement account (internal transfer), please indicate the effective year. If nothing is selected, we will default to a current year contribution.
 Current Year
 Prior Year

Section 2: Delivering Firm: Account to be Transferred From

Delivering Firm Name	Delivering Firm Account Number
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Delivering Firm Street/PO Box Address	Account Registration at Delivering Firm
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Delivering Firm City, State and Zip Code

Account Type at Delivering Firm *(Select One)*

Single or Individual
 Joint/Community Property
 Trust
 Corporate or Company
 UTMA
 UGMA
 Traditional, Rollover or SEP IRA
 Roth IRA
 Beneficiary IRA
 Beneficiary Roth IRA
 SIMPLE IRA
 403(b)
 403(b) Roth
 401(k)
 401(k) Roth
 457
 Qualified Plan
 Other, list type _____

Registration Changes, *if applicable check box:*
 All authorized parties on the existing and new account have authorized the transfer and registration change.

Section 3: Select Transfer Type If the delivering firm is ACATS eligible with Axos Advisor Services, the transfer will be sent ACATS (In-Kind)

Full In-Kind
 Full – Liquidate All (*If firm is non-ACATS)
 Full – Liquidate below assets, remaining assets In-Kind (* If firm is non-ACATS)
 Partial Cash \$ _____
 Partial In-Kind (tickers/CUSIPS & share amounts below)
 Partial liquidation (tickers/CUSIPS & share amounts below)

Indicate Assets, share amounts and/or maturity dates below:
 A list of additional assets has been attached to this transfer form.
 1. _____ 2. _____ 3. _____

LIQUIDATION INSTRUCTIONS: *(please mark all that apply)*
 Send funds to Axos via:
 Check
 Wire - *If nothing is selected then a wire will be requested and fees may apply.*
 If CDs/Annuities are to be liquidated, please do so
 Immediately or
 Upon Maturity date of _____
 (If Upon Maturity is selected please provide maturity dates. I am aware of and acknowledge the penalty that I will incur from early withdrawal.)

Section 4: Signature(s) – Clients and Authorized Parties Are Required To Sign

By signing below I hereby certify that I have read and taken any required actions as provided in Section 6, for my IRA, if applicable.

Print Name for Signature Below	Date:	Print Name for Signature Below	Date:
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Client Signature/Authorized Party	Joint Client Signature/Authorized Party
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Medallion Signature Guarantee	Medallion Signature Guarantee
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Section 5: Successor Custodian Acceptance (for Axos Only)

To the prior Trustee/Custodian: Axos Advisor Services agrees to serve as the successor Custodian for the account of the above-named client, and as Custodian, we agree to accept the transfer of assets to this account. Be advised that the new account name will read: **Axos Clearing LLC FBO client name above. Custodian Tax ID # 77-0616239.**

Axos/Successor Custodian Authorized Signature:	Date:
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Required Minimum Distribution Notice: I understand that if this transfer from an Individual Retirement Account is occurring during or after the calendar year during which I attain the age of 70½, or if I am a beneficiary who is subject to a required minimum distribution ("RMD"), the required minimum amount determined under this Individual Retirement Account Retirement Account is still required to be distributed. I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the RMD applicable to this Individual Retirement Account by withdrawing sufficient amounts prior to the deadline for RMDs for the calendar year of the transfer.

If this transfer leaves the transferor account in one year but does not reach my Axos Advisor Services Individual Retirement Account until the following year, I understand that this will be an "outstanding transfer" as of December 31st. Axos Advisor Services, as Custodian, must "deem" that the transfer was received as of the prior December 31st for determining any RMD from the Axos Advisor Services Individual Retirement Account for the year that the transfer was received. I will inform Axos Advisor Services of any such outstanding transfer.

IMPORTANT: This section is for the delivering firm use only. Axos is a member of the ACATS system. Delivering firm is authorized to wire proceeds to Axos wire or check is not selected in Section 3.

Make Checks Payable to:

AXOS ADVISOR SERVICES FBO (Client's Full Name)
(Axos Advisor Services Account Number)
P.O. Box 5158
Englewood, CO 80155-5158

Overnight Delivery Address:

Axos ADVISOR SERVICES FBO (Client's Full Name)
(Axos Advisor Services Account Number)
7103 South Revere Parkway
Centennial, CO 80112

Book Entry Government Securities via Federal

Wire: JPMORGAN Chase NYC/CUST

Account #: **P23000**

ABA #: 021000021

For Further Credit to: FBO (Client's Full Name)
(Axos Advisor Services
Account Number)

Questions: (303) 705-6000

Wiring Instructions:

UMB Bank,
1010 Grand Blvd.
Kansas City, MO 64106
ABA#: 101000695
Account #: 9872291522

For Further Credit to: FBO (Client's Full Name)
(Axos Advisor
Services Account
Number)

DTC Eligible Securities:

DTC Participant #: **5981**

For Further Credit to: FBO (Client's Full Name)
(Axos Advisor Services Account
Number)

ACH Instructions:

JPMorgan Chase Bank
Account #: 193526363
ABA #: 102001017

* Put the 6 Digit Axos Advisor Services account number in
ACH PPD transaction field #7, a space, then the first ten
characters of the account holder's last name.

Example: 123456 SMITH

- End Form -