

Account Application and Agreement



To open and fund your new investment account(s), please provide all the information requested. Be sure to initial any corrections, cross-outs and white-outs. Any corrections to the Tax ID or SSN will require the submission of a new W9. If the owner is a non-US Person, the appropriate IRS form W-8 must be provided from the non-US Owner.

Step 1. Account Details

Account Title (Name of this account)	
Advisory Firm or Registered Investment Advisor Name	
Account Number	Advisor Rep Name/Rep Code

Type of Account	Additional Required Paperwork
<input type="radio"/> Individual	
<input type="radio"/> Joint Tenant Are the account holders married to each other? <input type="radio"/> Yes <input type="radio"/> No Tenancy Clause <input type="radio"/> Community Property with Rights of Survivorship <input type="radio"/> Community Property <input type="radio"/> Joint Tenants with Rights of Survivorship <input type="radio"/> Tenants by Entirety	Number of Tenants _____ <input type="radio"/> Tenants in Common P % _____ J% _____
<input type="radio"/> Custodial: <input type="radio"/> UGMA <input type="radio"/> UTMA State Code: _____	
<input type="radio"/> Trust: <input type="radio"/> Revocable <input type="radio"/> Irrevocable Additional Distinction: <input type="radio"/> Testamentary <input type="radio"/> Family <input type="radio"/> Charitable <input type="radio"/> Living	Trust Certification
<input type="radio"/> Sole Proprietor	Sole Proprietor Certification. Beneficial Owner Certification required.
<input type="radio"/> Corporation: <input type="radio"/> C Corp <input type="radio"/> S Corp	Corporate Certification, Articles of Incorporation. Beneficial Owner Certification required.
<input type="radio"/> LLC	LLC Certification. Beneficial Owner Certification required.
<input type="radio"/> Non-Profit Organization	Formation documents/charter, Unincorporated Association Certification, proof of 501(c)(3) status, and other entity document that may be required. Beneficial Owner Certification required.
<input type="radio"/> Partnership	Partnership Certification. Beneficial Owner Certification required.
<input type="radio"/> Estate – Person or Entity appointed to act on behalf of the account: <input type="radio"/> Administrator <input type="radio"/> Personal Representative <input type="radio"/> Executor/Executrix Number appointed to act on account _____	Copy of Death Certificate, Affidavit of Domicile, Letter of Testamentary or Court Appointment, other documents may be required.
<input type="radio"/> Axos Clearing LLC IRA <input type="radio"/> Traditional <input type="radio"/> Inherited IRA <input type="radio"/> Rollover <input type="radio"/> Roth <input type="radio"/> Inherited Roth <input type="radio"/> SEP <input type="radio"/> SIMPLE Original Funding Date _____	Adoption Agreement and Plan Documents, Additional items may be needed depending on type of IRA. For Simple Plans, if retired, please provide name of employer.
<input type="radio"/> Axos Clearing LLC Retirement Account <input type="radio"/> Individual (K) <input type="radio"/> Individual (K) Roth	Solo 401(k) Defined Contribution Account Package, additional paperwork may be required.
Qualified Retirement Plan: <input type="radio"/> With Form 1099-R Reporting <input type="radio"/> With no Form 1099-R Reporting <input type="radio"/> Pooled Plan or <input type="radio"/> Participant Account	Beneficial Owner Certification required.



Account Number: _____

Step 2. Primary Account Holder Information

NOTE: Primary account holder may include owner, minor, ward, executor or entity.

On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder.

Complete for Accounts Owned by Individuals only – Do not use for authorized parties on Entity accounts (see Step 3)

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> No Answer	Marriage Status <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed	

Complete for Accounts Owned by Entities only – Corporation, Estate, Trust, LLC, Partnership, Etc.

Entity Name (if applicable)	Industry	Formation Date	<input type="radio"/> EIN <input type="radio"/> SSN <input type="radio"/> TIN Number:
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Complete for all Account Types

Contact Information

Home Phone	Mobile Phone	Business Phone	Email Address
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Address(es)

Legal Address (no PO Box)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code
Mailing Address (if different from Legal)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code
Previous Legal Address (if Legal is less than 6 months old)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code

Citizenship (Choose one)

Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8

U.S. U.S. Resident Alien
Country of legal and tax resident: U.S. Other (specify) _____

USA Patriot Act Information (Required by Federal Law)

All applicants must provide the information below. Non-Resident aliens must also include a completed W-8.

Driver's License Passport State ID Foreign Tax ID Other Government-issued ID

Place/Country of Issuance	ID No:	Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
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Employment and Industry Affiliations

Employed Self-Employed Retired Unemployed Homemaker Student
*If Employed/Self-Employed is indicated, please complete all employment fields.
If Retired or Unemployed, please indicate Retired or Unemployed.*

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

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Industry and Other Affiliations

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

Yes No

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?

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).

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

Name of Entity(ies): _____

Yes No

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

What is your title? 10% shareholder CEO CFO COO Other Officer

Yes No

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

Name of country: _____

Step 3. Secondary Account Holder Information

NOTE: Secondary account holder may include additional account owners, custodian, conservator, guardian or Trustee/Officer. On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder.

Complete for Joint Account Holders, Custodians, Trustees, Authorized Parties, Decedent

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> No Answer	Marriage Status <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed

Complete for all Account Types

Contact Information

Home Phone	Mobile Phone	Business Phone	Email Address
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Address(es)

Legal Address (no PO Box)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code
Mailing Address (if different from Legal)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code
Previous Legal Address (if Legal is less than 6 months old)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code

Citizenship (Choose one)

Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8

U.S. U.S. Resident Alien

Country of legal and tax resident: U.S. Other (specify) _____

CONTINUED TO NEXT PAGE

Account Number:

USA Patriot Act Information (Required by Federal Law)

All applicants must provide the information below.

Driver's License Passport State ID Foreign Tax ID Other Government-issued ID

Place/Country of Issuance

ID No:

Issue Date (mm/dd/yyyy)

Expiration Date (mm/dd/yyyy)

Employment and Industry Affiliations

Employed Self-Employed Retired Unemployed Homemaker Student

If Employed/Self-Employed is indicated, please complete all employment fields.

If Retired or Unemployed, please indicate Retired or Unemployed.

Employer Name

Occupation

Employer's Address

City

State

Zip Code

Country

Province

Foreign Postal Code

Industry and Other Affiliations

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

Yes No

if checked yes, obtain and attach the compliance officer's letter of approval

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?

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).

Broker-Dealer or Municipal Securities Dealer Investment Advisor

FINRA or other Self-Regulatory Organization State or Federal Securities Regulator

Name of Entity(ies): _____

Yes No

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

What is your title? 10% shareholder CEO CFO COO Other Officer

Name of company and symbol: _____

Yes No

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

Name of country: _____

Step 4: Account Funding and Features

Initial Funding Source (Choose one)

What is the initial source of funds for this account? If you are transferring assets from another financial institution, please indicate the origin of those investments.

Investments

Compensation

Retirement Assets

Gift

Donations

Insurance Payout

Inheritance

Social Security Benefits

Legal Settlement

Spouse/Parent

Lottery/Gaming

Business Revenue

Sale of Business or Property

Other (Specify) _____

Money Fund Instructions (Choose one)

I represent my consent and authorization to participate in the Axos Advisor Services Insured Deposit Program. I acknowledge that I have read and understand the terms and conditions of the Axos Advisor Services Insured Deposit Program provided at axosadvisorservices.com or by my Advisor.

I elect to not sweep free credits to the Axos Advisor Services Insured Deposit Program and I understand I will not receive interest on my cash balance.

Include Purpose and Expected Use of the Account: (choose one)

Investment account with frequent transfers

Investing for estate planning

Long-term investment with occasional transfers

Investing for tax planning

Investing for retirement

Investing for college/minor

CONTINUED TO NEXT PAGE

Account Number:

Step 5. Trusted Contact (Optional)

By choosing to provide information for a Trusted Contact Person ("TCP"), you authorize your Advisor to contact and to disclose information about you and your account(s) to the TCP:

- Provide the TCP with information about you or your account(s), but does not provide the TCP with the ability to transact on your account(s)
- Inquire about your current contact information or health status
- Inquire if another person or entity has legal authority to act on your behalf (e.g. legal guardian or conservator, executor, trustee, or holder of a power of attorney)

The TCP must be at least 18 years old, must be someone other than an account owner and cannot be your Investment Advisor and or your Advisor. The Advisor may provide the TCP information about you or your account(s), but does not allow the TCP the ability to transact on your account(s).

Name (First, Middle Initial, Last)		Relationship	
Primary Telephone Number		Email Address	
Mailing Address			
City		State	Zip Code
Country	Province	Foreign Postal Code	

Step 6. Confirmation and Statement Preferences

You will receive monthly account statements, tax statements and shareholder communications via paper delivery, unless you log into Liberty and select electronic delivery. Please visit axosadvisorsservices.com/liberty to change your statement delivery method. If a valid email address is not provided or if the email address provided is returned as undeliverable, Axos Clearing will send these documents via U.S. Mail. Electronic delivery settings can be found in the about your account section online. If a valid email address is not provided or if the email address provided is returned as undeliverable, Axos Clearing will send these documents via U.S. Mail.

Unless you check this box, Axos Clearing will provide your name to corporations whose securities you hold in your account for additional corporate communications (i.e. proxies).

Step 7. Duplicate Statements for an Interested Party

If you would like to provide duplicate paper statements to an interested party, please complete the information below:

Name:		Company Name (if any):	
Street Address:	City:	State:	ZIP Code:
Country	Province	Foreign Postal Code	

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Step 8. Limited Power of Attorney**LIMITED TO PURCHASE AND SALE OF SECURITIES.**

By checking the box(es) below in this Step 8, you hereby appoint the Advisory Firm or individual named herein as your Advisor and attorney-in-fact ("Advisor"), to buy, sell (including short sales), and trade in stocks, bonds, and any other securities and/or contracts relating to the same in accordance with the RIA Customer Agreement applicable to this account held in your name, or number on our books, without notice to you. Your Advisor is authorized to affect such transactions in your account via any available medium, electronic access or otherwise, including but not limited to electronic access via personal computer or phone.

You hereby agree to indemnify and hold harmless Axos Clearing LLC ("Axos Clearing"), its affiliates and their directors, officers, employees, and advisors, including all of those associated with or under its Axos Advisor Services name, from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon. In all such purchases, sales, or trades, Axos Clearing is authorized to follow the instructions of your Advisor in every respect concerning your account with Axos Clearing; and your Advisor is authorized to act for you and on your behalf in the same manner and with the same force and effect as you might or could do with respect to such purchases, sales, or trades, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales, or trades, including without limitation the delivery of securities or monies from the account in the Account Owner(s) name and the provision of securities cost basis method selection and/or information for purposes of cost basis or tax reporting.

You hereby ratify and confirm any and all transactions with Axos Clearing heretofore or hereafter made by your Advisor for your account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which Axos Clearing may have under any other agreement or agreements between you and Axos Clearing.

If this is a fiduciary account, Account Owner(s) affirm(s) that this grant of limited trading authority has been conferred consistent with any fiduciary duties or powers of Account Owner(s).

This authorization is a continuing one and shall remain in full force and effect until (i) we are notified by a written notice delivered to Axos Clearing of your death or incapacity or (ii) you change or revoke this authorization by a written notice to Axos Clearing. We shall have no duty of inquiry. Until we receive such written revocation, we are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before we receive written notice of revocation. This authorization and indemnity shall inure to the benefit of our firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of our present firm or any successor firms. **You have carefully read this power of attorney and indemnity and understand that it authorizes your Advisor named herein to exercise rights and powers over your accounts as if you had exercised them yourself and that your Advisor's actions and instructions with respect to your accounts are fully binding on you.**

You agree to have your Advisor receive duplicate statements and trade confirmations.

I hereby authorize the Advisor identified in Section 1 to execute trades in my account.

Please check the box to indicate your approval. (If joint account, both parties must check)

Primary Account Owner Authorization Joint Account Owner Authorization

Step 9. Authorization to Pay Fees to Advisor

By checking the box(es) in Section 9, and to the extent indicated herein, You hereby authorize Axos Clearing to calculate, debit your account and pay the Advisory Firm in Section 1, the Adviser's management fees as negotiated by You through your RIA Agreement with your Advisor. You also authorize Axos Clearing to liquidate shares of any money market mutual fund or bank deposit sweep you may hold in your account to the extent necessary to pay such fees. Axos Clearing shall rely on Adviser's instructions and have no responsibility for the verification of such instructions or fees.

You will indemnify and hold Axos Clearing and its affiliates, directors, officers, employees, successors, and assigns harmless from all losses, claims, damages, liabilities, and costs, including attorneys' fees, which Axos Clearing may incur by relying upon representation from your designated Advisor or upon you making this authorization.

This authorization will remain in full force and effect until revoked by you by a written notice addressed and delivered to Axos Clearing.

I hereby authorize Axos Clearing to pay my Adviser's fee from my account as directed by my Advisor identified in Section 1.

Please check the box to indicate your approval. (If joint account, both parties must check)

Primary Account Owner Authorization Joint Account Owner Authorization

Step 1 0. W-9 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US citizen or other US person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Definition of a US Person

For federal tax purposes, you are considered a US person if you are:

- An individual who is a US citizen or US resident alien,
- A partnership, corporation, company or association created or organized in the United State or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations section 301.7701-7)

Certification instructions.

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement ("IRA"), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. If you are an exempt payee (if you are unsure, please consult your tax professional), enter your exempt payee code (if any) here: _____

If you are exempt from FATCA reporting (if you are unsure, please consult your tax professional), enter your exemption from FATCA reporting code (if any) here: _____

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE THAT SECURITIES NOT FULLY PAID FOR MAY BE LOANED TO AXOS CLEARING LLC OR LOANED OUT TO OTHERS.

PLEASE NOTE THAT THIS ACCOUNT APPLICATION AND AGREEMENT CONTAINS A PREDISPUTE ARBITRATION AGREEMENT IN THE TERMS AND CONDITIONS ACCOMPANYING THIS ACCOUNT APPLICATION AND AGREEMENT, WHICH GOVERNS DISPUTES YOU MAY HAVE WITH AXOS CLEARING LLC. YOU ACKNOWLEDGE RECEIVING A COPY OF THIS ACCOUNT APPLICATION AND AGREEMENT. SHOULD YOU HAVE A DISPUTE WITH YOUR ADVISOR, PLEASE REFER TO THE TERMS AND CONDITIONS OF YOUR AGREEMENT WITH YOUR ADVISOR TO DETERMINE HOW IT REQUIRES RESOLUTION OF ANY SUCH DISPUTES.

Step 1 1. Signatures

To help the government fight the funding of terrorism and money laundering activities, federal laws require all financial organizations to obtain, verify and record information that identifies each person who opens an account. That means that Axos Clearing will ask for your name, address, date of birth and other information that will allow us to identify you. We may also require a copy of your driver's license or other government-issued identifying document.

By signing this Account Application and Agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to be bound by the terms and conditions of this Account Application and 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 Owner Signature x	Print Name	Date
Account Co-Owner Signature x	Print Name	Date

Approvals

Axos Principal Signature x	Print Name	Date
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