

Beneficiary Distribution Request

Institutional Advisor Services



Axos Advisor Services Account Number

SECTION 1: Request type

Note: Systematic distributions are only applicable to Beneficiary IRA distributions.

Select one:

ONE-TIME OR SYSTEMATIC ESTABLISHMENT/CHANGE

Select one:

- Request One-time, Full Distribution.
- Request One-time, Partial Distribution.
- Establish Systematic Distribution.
- Change Systematic Distribution, provide information in Sections 2, 4, 5, 6 and 7 as applicable and sign in Section 8

CANCEL

Provide information below and in Section 2B, and sign in Section 8.

Select one:

- Cancel the sole systematic distribution currently on file
- Cancel the specified systematic instructions listed below:
- Cancel all systematic distribution instructions on file.

Cancel Schedule

Cancel Amount

SECTION 2: Account

A. ACCOUNT TYPE

Select one:

- Traditional IRA, Roth IRA, SEP IRA, SARSEP IRA, or SIMPLE IRA
- Beneficiary IRA or Beneficiary Roth IRA
- 403(b), 403(b) Roth, or 457 account
- Profit Sharing Plan (PSP) account
- Other, list _____

Select one: New account Existing account

Axos Advisor Services Account Number (if applicable)

B. DECEASED ACCOUNT OWNER

First Name

MI

Last Name

Last 4 Digits of Social Security Number

Date of Birth

Date of Death

C. BENEFICIARY

First Name

MI

Last Name

Social Security Number

Date of Birth

Residential Street Address

City

State

Zip

Beneficial Portion: _____ %

Note: Additional documents may be required as outlined in the instructions.

SECTION 3: Reason for distribution

Select one:

Note: Systematic distributions are only applicable to Beneficiary IRA distributions.

Child event (birth/adoption). By checking this box, I certify that this distribution meets all the requirements of the IRS Code for a birth/adoption expense distribution.

Disaster relief. By checking this box, I certify that that I satisfy the requirements for eligibility and have substantiating documentation for my eligibility. Please name the applicable disaster relief: _____

Death. Select for distributions to a beneficiary from an account owner's Axos Advisor Services account after their death. Include a photocopy of the account owner's certified death certificate with a visible seal.

First Roth Contribution Date of deceased owner _____

RMD. If the RMD has not been satisfied, I authorize distribution of remaining RMD amount to me as beneficiary listed in Section 2C and mailed to the address listed there.

Beneficiary IRA distribution. Select for distributions from your Axos Advisor Services Beneficiary IRA or Beneficiary Roth IRA. Complete Section 4 to indicate how much cash/which securities to distribute. Complete Section 5 to indicate withholding amount, if any. Complete Section 6 if applicable. Complete Section 7 to indicate where to send the cash and/or securities.

SECTION 4: Distribution Amount

Provide either full distribution instructions or the partial or systematic distribution instructions.

IMPORTANT: To liquidate assets for a full, partial, or systematic distribution in cash, contact your Investment Advisor to initiate any asset liquidations required. If your Investment Advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells.

A. FULL DISTRIBUTION INSTRUCTIONS, if applicable

Select one:

Full cash distribution. Confirm that my Investment Advisor has liquidated all assets in my account, send the total balance of my entire account, and close the account. Note: For distributions due to a death, the amount will be equal to your beneficial portion.

Full in-kind distribution. Distribute all cash and security balances in-kind and close my account. Note: For distributions due to a death, the amount and shares will be equal to your beneficial portion.

B. PARTIAL OR SYSTEMATIC DISTRIBUTION INSTRUCTIONS, if applicable

Dividends and interest only. Note: Systematic distributions only.

Gross cash amount of \$_____. Note: Provide amount before tax withholding. For a systematic distribution, enter the gross cash amount to withdraw each period.

Net cash amount of \$_____. Note: Provide amount after tax withholding. For a systematic distribution, enter the net cash amount to withdraw each period.



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The Beneficiary Life Expectancy distribution for your Beneficiary IRA account. *Note: May be delivered at one-time or by a systematic distribution.*

Select one:

- Full LEP amount for this account
- Remaining LEP balance for this account

Prior Year-End Value \$ _____

Deceased account owner's remaining Required Minimum Distribution (RMD). *Note: Select to withdraw my beneficial portion of the remaining RMD amount before transferring assets to a Beneficiary IRA.*

Number of Shares _____ Security Description/Symbol _____

Number of Shares _____ Security Description/Symbol _____

Number of Shares _____ Security Description/Symbol _____

Additional security shares information attached

Note: The value of a securities distribution is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.

SECTION 5: Withholding

IMPORTANT for withholding on in-kind security distributions.

There must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

A. FEDERAL WITHHOLDING

Select and complete as appropriate:

- Withhold federal income tax of _____% or \$_____ from the amount distributed. *Note: The total amount withheld must be no less than 10% for an IRA distribution or 20% for a non-IRA distribution.*
- I elect not to have any federal income tax withheld. *Note: To elect no federal withholding from an IRA distribution, Axos Advisor Services must have a street address on file for your account.*

IMPORTANT: If no election is made, federal tax withholding of 10% for IRAs or 20% for non-IRAs will be withheld. Even if you elect not to have tax withheld from an IRA distribution, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate.

B. STATE WITHHOLDING

IMPORTANT: For a list of states available for withholding and their withholding rules, refer to the Axos Advisor Services Withholding Information document found online at www.axosadvisorservices.com.

Note: The account's legal address of record at the time of the distribution determines the state withholding requirements.

Select one:

Clearing, custody or other brokerage services provided by Axos Clearing LLC, Member FINRA and SIPC. Axos Clearing LLC is a subsidiary of Axos Financial, Inc. Trademark(s) belong to their respective owners. 06/21

- Withhold state income tax of _____ % or \$_____ from the amount distributed for the state listed in the address of record. *Note: Amounts will be rounded to the nearest whole dollar.*

I elect not to have any state income tax withheld.

IMPORTANT: If your state has mandatory withholding requirements, state withholding (including withholding on Roth IRA distributions) may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

SECTION 6: Distribution Frequency

Systematic distribution. Provide the schedule information below.

Month to begin distributions _____ Day of month to withdraw distribution _____

Note: For annual Systematic RMD distributions, beginning in January, please select a date later than January 16, in the above field.

Frequency of Distributions

Select one: Monthly Quarterly Semi-annually Annually

SECTION 7: Distribution Method

For Cash and in-kind instructions. Check either the By Electronic Transfer or By Check box for the cash portion of the distribution and complete the By Security Delivery information for the in-kind portion.

IMPORTANT: Funds sent overnight via check or wire may be subject to a fee, which will be deducted from your account balance. Your Investment Advisor can provide you with fee information regarding this transaction.

Select Method:

By electronic transfer *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.*

Select one: By ACH By Wire (fee may apply)

Select one: Checking account Savings account

Voided check provided in lieu of bank information

Bank on file

Bank Name _____

ABA (Routing) Number _____

Name on Bank Account _____

Account Number _____

By check or security delivery:

Note: Allow 10 business days for check delivery. If no payment or mailing instructions are provide in Section 7, the address of record will be used as default instructions. Check fee may apply.

Select if applicable:

Send check via overnight delivery (not available for P.O. Box addresses). Fee may apply.

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Select one:

- To account owner or beneficiary at the address of record
- To beneficiary at the address in Section 2C
- To account owner or beneficiary at the address below
- To the third party payee at the address below
- Transfer to Beneficiary IRA at third party payee below

Third Party Payee if applicable

For the Benefit Of (FBO) if applicable

Mailing Address

City State Zip

DTC security delivery information if applicable

- By internal transfer to a Axos Advisor Services account.** Move the requested cash and securities specified in Section 4 into my Axos Advisor Services account listed below. *Note: If the receiving account is not an existing account, include the appropriate Axos Advisor Services account application.*

IMPORTANT: Only spouse beneficiaries can move cash and securities into their own Axos Advisor Services IRA.

Select one: New account Existing account

Axos Advisor Services Acct. Number Account Type

Account Title

SECTION 8: Signature

I certify that I am the proper party to receive or direct payment(s) from this IRA and that all information provided is true and accurate. I further certify that no tax advice has been given by Axos Advisor Services. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from the withdrawal and I agree that Axos Advisor Services shall in no way be held responsible.

For 403(b) accounts, I certify as a spouse beneficiary of the above mentioned account, I have waived my right for benefits paid in the form of a Qualified Joint Survivor Annuity.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.

By signing, I hereby agree to indemnify and hold harmless Axos Advisor Services, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from Axos Advisor Services compliance with this request, including but not limited to transfer to another party.

Beneficiary Signature Date

Print Name

SECTION 9: Employer or Approved Provider Affirmation

IMPORTANT: Required for 403(b), 403(b) Roth, 457, or pooled PSP account distributions due to a death.

I am authorized to act individually, on behalf of the Employer or Approved Provider named below, with respect to providing the required affirmation and approving the distribution from this 403(b), 403(b) Roth, 457, or pooled PSP account.

If I am signing as an Approved Provider, I affirm that the Approved Provider named below has entered into an Information Sharing Agreement with the Employer.

Employer or Approved Provider Signature Date

Print Name

Employer or Approved Provider Firm Name

End of Form

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GENERAL INSTRUCTIONS

Use these instructions to complete the Beneficiary Distribution Request form for retirement accounts.

Purpose of this form: This form is required to request a one-time or systematic distribution from a Traditional IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b), 403(b) Roth, 457, or Profit Sharing Plan (PSP) account after the account owner's death or a one-time or systematic distribution from your Beneficiary IRA or Beneficiary Roth IRA. *Note: Only one set of instructions should be submitted on this form.*

IMPORTANT: This document uses the term 'employer' to imply 'plan trustee' or 'plan administrator'.

Distribution fees. There may be fees associated with your distribution request, including but not limited to:

- Wire fees
- Check fees
- Overnight mail fees

IMPORTANT: Applicable distribution fees will be deducted from your account balance. *Note: For information on distribution fees for this request, contact your Investment Advisor.*

All fields are required unless noted. All fields are required unless designated as 'if applicable'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must complete all required fields and provide all required additional forms and documentation to expedite processing and to avoid requests for additional information.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at www.axosadvisorservices.com.

SECTION 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this form. *Note: Allow up to 7 days from receipt of this form by Axos Advisor Services for the systematic distribution to be activated, changed, or cancelled. Systematic distributions are only applicable to Beneficiary IRA distributions.*

One-Time Distribution – Special Rollover Notice. If you are requesting a One-Time Full or Partial Distribution, you may be eligible to roll over all or a portion of your distribution from a 403(b) account. Please review the additional information about rollovers and your available options at www.axosadvisorservices.com.

If you need a paper copy of the Special Rollover Notice, please contact your Investment Advisor.

ESTABLISH OR CHANGE Provide account information in Section 2 and information to be changed in Sections 4, 5, 6, and 7 as applicable.

CANCEL Select which type of systematic distribution should be cancelled. If the account has more than one systematic distribution, indicate the distribution amount and the withdrawal schedule of the systematic distribution to cancel.

SECTION 2: Account

A. Account Type

Check the box indicating the retirement account type and then select if it is a new or existing account. For an existing account, provide the Axos Advisor Services account number. For a

new account, provide the appropriate Axos Advisor Services account application with this form.

B. Deceased Account Owner

Enter the deceased account owner information for this account exactly as it appears on the Axos Advisor Services account. Also provide their date of death.

C. Beneficiary

IMPORTANT: If a trust, estate, or charity is the beneficiary, provide the required information outlined below.

Trust beneficiary. Complete a Certification of Trusts (IRAs) form signed by the current trustee.

Estate beneficiary. Include a Letter of Testamentary or, based on your state limitations, a Small Estate Affidavit from the executor.

Charity beneficiary. Include a corporate resolution or document that designates the person authorized to sign on behalf of the charity.

SECTION 3: Reason for Distribution

Select either distribution due to death or a distribution from your Beneficiary IRA.

Note: If the beneficiary is a Trust, Trust Certification Form – for Beneficiary IRAs is required

Death. Use to request a distribution of the amount due to you as a beneficiary from the deceased account owner's Axos Advisor Services account after their death. Include a photocopy of the account owner's certified death certificate with visible seal. *Note: If the receiving account is not an existing account, attach the appropriate Axos Advisor Services account application.*

Beneficiary Roth Distribution. Enter first contribution date of deceased owner for proper tax reporting.

If the RMD has not been satisfied, I authorize distribution of remaining RMD amount to me as beneficiary listed in Section 2C and mailed to the address listed there.

Beneficiary IRA distribution. Use to request a distribution from your Axos Advisor Services Beneficiary IRA or Beneficiary Roth IRA.

Child event (birth/adoption). Please consult the IRS Code, your Registered Investment Advisor or tax consultant for applicability.

Disaster relief. Please consult the IRS Code, your Registered Investment Advisor or tax consultant for applicability.

SECTION 4: Distribution Amount

Complete either the full distribution instructions in Section 4A or the partial distribution instructions in Section 4B.

Liquidate assets for cash distribution. To liquidate assets for a full, partial, or systematic distribution in cash, contact your Investment Advisor to initiate any liquidations required. If your Investment Advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells. *Note: If you request to liquidate an asset that cannot be liquidated, we will return the paperwork to your Investment Advisor for clarification and no action will be taken on the request.*

A. Full Distribution Instructions, if applicable

For full distributions, check either Full Cash Distribution or Full In-kind Distribution box. *Note: For distributions due to a death, the amount and shares will be equal to your beneficial portion.*

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B. Partial or Systematic Distribution Instructions, if applicable

For partial or systematic distributions, select the appropriate type of distribution and provide the requested information, if applicable.

Dividends and Interest Only. All dividends and interest earned by the account during the systematic period will be distributed. If the account balance is less than \$10, it will not pay out for that period. Note: For systematic distributions only.

Gross cash amount. The gross cash amount is the amount before any tax withholding has been applied. Provide the gross cash amount for any distribution reason, including requesting a RMD or Beneficiary IRA Life Expectancy amount that has been calculated by you or your tax advisor. Note: For a systematic distribution, enter the gross cash amount to withdraw each period.

Net Cash Amount. The net cash amount is the amount after any tax withholding has been applied. Provide the net cash amount for any distribution reason, including requesting a RMD amount that has been calculated by you or your tax advisor. Note: for a systematic distribution, enter the net amount to withdraw each period.

The Beneficiary Life Expectancy amount for your Beneficiary IRA account. Axos Advisor Services will calculate the Beneficiary Life Expectancy amount for the current year using non-recalculation of the Single Life Expectancy Table. Note: May be a one-time or systematic distribution.

Prior Year-end Value. If the account was custodied at a prior custodian on December 31 prior to transfer to Axos Advisor Services, please provide the prior year-end value to calculate the RMD.

Deceased account owner's Required Minimum Distribution (RMD). Use to request the deceased account owner's RMD for the year of death. Note: The deceased account owner's RMD distribution must be completed prior to moving the account into a Beneficiary IRA. The RMD amount is equal to beneficial portion.

Partial security shares in-kind. Provide the number of shares and the security description and symbol, if available. Note: The value of the distribution, including securities, is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries, and some mutual funds and securities cannot be delivered in certificate form.

More than two securities. For a partial distribution, if there are more than two securities being requested, list the information for the additional securities on a separate piece of paper and check the 'Additional securities information provided' box at the end of the section.

SECTION 5: Withholding

IMPORTANT: The distributions you receive from your retirement account are subject to federal and possibly state income tax. Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate. Note: For additional information, consult your tax advisor or the IRS.

A. Federal Withholding

Check the box indicating the federal withholding and the percent or amount to be withheld or specify that you want no Federal tax withheld. Note: The total amount withheld must be no less than 10% for an IRA distribution or 20% for a non-IRA distribution.

If an IRA distribution, you may elect no federal tax withheld by checking the second box. To elect no federal withholding, Axos Advisor Services must have a street address on file for your account.

IMPORTANT: If no selection is made, federal tax withholding of 20% will be withheld. If your reason is Financial Hardship, Disability, or your amount is RMD, you can elect to an amount under 20% or elect not to have federal income tax withheld.

Important: If no election is made, federal withholding of 10% for IRAs or 20% for non-IRAs will be withheld.

B. State Withholding

Check the box indicating the state withholding and the percent or amount to be withheld or specify that you want no state tax withheld. Note: All state withholding will be rounded to the nearest whole dollar. The account's legal address of record at the time of the distribution determines the state withholding requirements.

IMPORTANT: State withholding is not available for all states. For a list of states available for withholding and the withholding rules by state, refer to the Axos Advisor Services Withholding Information document found online at www.axosadvisorservices.com.

IMPORTANT: If your state has mandatory withholding requirements, state withholding (including withholding on Roth IRA distributions) may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

Withholding on in-kind security distributions. For in-kind security distributions, there must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

SECTION 6: Distribution Frequency

Select the appropriate distribution frequency.

IMPORTANT: Your first distribution may be delayed to the next scheduled date if this form is received less than 8 days before your first requested withdrawal.

Note:

- Systematic distributions will be withdrawn from the models in the account according to the account's model distribution percentages.
- If you select a day of the month for distribution withdrawal of the 29th, 30th or 31st, please note that your distribution will be made on the last business day of the month.

IMPORTANT: Your first distribution may be delayed to the next scheduled date if this form is received less than 8 days before your first requested withdrawal.

Note: Systematic distributions will be withdrawn from the models in the account according to the account's model distribution percentages.

SECTION 7: Distribution Method

Select the appropriate distribution method(s).

IMPORTANT: Funds sent overnight via check or wired may be subject to a fee, which will be deducted from your account balance. Your Investment Advisor can provide you with fee information regarding this transaction.

For Cash and in-kind instructions. Check either the By Electronic Transfer or By Check box for the cash portion of the distribution

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and complete the By Security Delivery information for the in-kind portion.

- **By electronic transfer.** For cash distributions only. Select the type of electronic transfer and provide the bank information below. If you select either Checking Account or Savings Account, enter your banking information. If you select the Voided Check Provided box, provide a blank check with this form. *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires. If the bank account type is not selected, TCA by Axos will default to the checking account.*
- **Bank on File.** Bank of Record as provided on the Advisor Authorization for Distribution/Contribution form or active systematic distribution/contribution record.
IMPORTANT: All systematic distributions will be processed by ACH, even if the By Wire box is selected.
- **By check or security certificate delivery.** Select the box indicating to whom the check should be payable or the certificate registered and where the check or certificate should be sent. If applicable, enter the third party payee information and the address information for this request. *Note: Contact your Investment Advisor for information regarding any re-registration fees. Allow 10 business days for delivery of mailed checks and four to six weeks for security certificates.*
IMPORTANT: Checks will be sent to the beneficiary listed in Section 3 for death distributions and to the account owner at the address of record for Beneficiary IRA distributions if no election is made.
- **By internal transfer to my Axos Advisor Services account.** This method moves the cash and securities from the deceased account owner's IRA or your Beneficiary IRA to another Axos Advisor Services retirement or non-retirement account in your name.
Check the box indicating if it is a new or existing account. For new accounts, enter the type of account and attach the appropriate Axos Advisor Services account application to this form. For existing accounts, provide the Axos Advisor Services account number, account type and account title.
IMPORTANT: Only IRA spouse beneficiaries can move cash and securities into their own Axos Advisor Services IRA.

SECTION 8: SIGNATURE

Sign and date the form.

SECTION 9: Employer or Approved Provider Affirmation

For 403(b), 403(b) Roth, 457, or pooled PSP account distributions due to a death, provide signature of approved provider or employer to authorize distribution.

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.