

# ADDITIONAL INFORMATION APPLICATION ADDENDUM

Institutional Advisor Services



## General Instructions

Use these instructions to complete the Additional Information Account Application Addendum form.

**Purpose of this form.** This form can only be used to provide supplemental information when provided with a new account application. Refer to the account application for important details regarding the information being provided. Note: Additional authorized parties/trustees must sign in Section 6.

You must **complete all required fields** to expedite processing and to avoid requests for additional information. All fields are required as outlined in detail in these instructions.

**Print or type all entries.** To type entries, a fillable PDF of this form can be found online at [www.axosadvisorservices.com](http://www.axosadvisorservices.com).

### SECTION 1: Additional Information Type

Select all that apply:

- Additional Beneficiaries
- Additional Authorized Trustees or Authorized Parties
- Additional Interested Parties

### SECTION 2: Account Information

Account Registration 1

Account Registration 2

Last 4 digits of SSN/EIN      Account Type

### SECTION 3: Additional Beneficiary(ies)

Beneficiary(ies) in addition to those named in the attached Client Account Application.

If more than one primary or contingent beneficiary is designated, be sure that the total percentage share adds up to 100% for primary and contingent beneficiary types. (If no SSN is provided, the beneficiaries will not display online.) If you do not designate a beneficiary, the beneficiary will be determined under the account terms and conditions.

#### 1. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

#### 2. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

#### 3. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

Axos Advisor Services Account Number

### CONT. SECTION 3: Additional Beneficiary(ies)

#### 4. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

#### 5. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

#### 6. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

#### 7. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

#### 8. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

#### 9. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

#### 10. Select: Primary Contingent

i. Beneficiary Name  
ii. Relationship (select one):  Spouse  Other: \_\_\_\_\_

iii. Date of Birth      iv. Social Security Number      v. % Share

Additional beneficiary information provided

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Institutional Advisor Services



## SECTION 4: Additional Authorized Trustee(s) or Party(ies)

Authorized Trustee(s) or Authorized Party(ies) in addition to those named in the attached account application.

### 1. A. Name and Contact Information

Authorized Party Name

Residential Street Address

City State Zip

Social Security Number Date of Birth

### B. Citizenship Status

Select one type of identification, and enter the ID number and expiration date below:

#### U.S. Citizens only:

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

#### U.S. - Resident Aliens only:

- Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)

Identification Number (provide number from selected document)

Expiration Date State (If applicable)

### 2. A. Name and Contact Information

Authorized Party Name

Residential Street Address

City State Zip

Social Security Number Date of Birth

### B. Citizenship Status

Select one type of identification, and enter the ID number and expiration date below:

#### U.S. Citizens only:

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

#### U.S. - Resident Aliens only:

- Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)

Identification Number (provide number from selected document)

Expiration Date State (If applicable)

Additional authorized trustee or party information provided

\_\_\_\_\_  
Axos Advisor Services Account Number

## SECTION 5: Interested Third Party(ies)

Third party(ies) should be designated below.

### 1. Select all that apply:

- Statements
- Deposit confirmations
- Tax forms

Interested Party Name

Residential Street Address

City State Zip

### 2. Select all that apply:

- Statements
- Deposit confirmations
- Tax forms

Interested Party Name

Residential Street Address

City State Zip

### 3. Select all that apply:

- Statements
- Deposit confirmations
- Tax forms

Interested Party Name

Residential Street Address

City State Zip

Additional interested party information provided

## SECTION 6: Authorized Party/Trustee Signature

By signing below each party certifies that the information provided in this application is correct and can be relied upon to establish an account, that they have the authority to sign on behalf of the entity named above, and that they have read and agree to the Account Terms and Conditions made available by your advisor and at: [axosadvisorservices.com](http://axosadvisorservices.com). If this is a Solo K Plan application, the designated Trustee signing below hereby accepts appointment as Trustee under the Adoption Agreement on file.

Sign, date and designate your title below:

_____ Signature	_____ Date
_____ Title	
_____ Signature	_____ Date
_____ Title	

- End of Form -