

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.

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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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. 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 -