

ADVISOR AUTHORIZATION FOR DISTRIBUTIONS

Institutional Advisor Services



SECTION 1: Request Type

Select one:

- New or Replace Authorizations
- Remove All Authorizations

IMPORTANT: The information provided on this form supersedes and replaces all existing authorizations for the account listed in Section 2. If you would like to change authorizations, attach a complete list of authorizations for your account, not just additions or deletions.

SECTION 2: Account Owner

Account Title

Account Title (Continued)

Axos Advisor Services Account Number Account Type

Last 4 Digits of Social Security # Date of Birth (IRA accts only)

SECTION 3: Investment Advisor

As account owner, I/we are granting the authority to the following Investment Advisor to issue distribution requests selected in Sections 4 and 5, including making the corresponding withholding elections, on my behalf without my signature. I/we understand certain IRA distributions may have tax implications.

Investment Advisor Firm Name

SECTION 4: Distribution Authorizations

A. Elect all authorizations. By checking the box below, this election supersedes all elections made in 4b and 4c.

I give my investment advisor all authorizations listed below based on my account type

Or select specific selections below based on your account type.

B. BENEFICIARY/IRA AUTHORIZATIONS, if applicable

I grant my advisor the authority to do the following, check all that apply:

- Request distributions from my IRA/Beneficiary IRA to my Axos Advisor Services account.
- Request check distributions for the benefit of the account owner or ACH distributions for the benefit of the account owner using my ACH bank of record referenced in Section 5A.
- Request wire distributions for the benefit of the account owner to an account or the bank of record referenced in Section 5B.
- Establish new or modify existing systematic distributions for the benefit of the account owner by check or to the ACH bank of record referenced in Section 5A.

C. NON-RETIREMENT ACCOUNT AUTHORIZATIONS, if applicable

I grant my advisor the authority to do the following, check all that apply:

- Establish new or modify existing systematic distributions to the ACH bank of record referenced in Section 5A.
- Request distributions using my ACH or wire bank of record referenced in Section 5.
- Request distributions from this Axos Advisor Services account to another IRA/Roth IRA Axos Advisor Services account in my name.

IMPORTANT: Advisors can request amounts up to and including \$99,999.99. Any amounts of \$100,000.00 or greater must be requested by the client on a distribution request form.

Axos Advisor Services Account Number

SECTION 5: Bank of Record, if applicable

A. ACH BANKS OF RECORD

1. Select one: Checking Savings

Bank Name

ABA (Routing) Number

Name on Bank Account

Bank Account Number

Voided check provided in lieu of bank information. Note: Still indicate the type of account above and clearly mark "ACH Bank of Record 1" in the memo line of the check.

2. Select one: Checking Savings

Bank Name

ABA (Routing) Number

Name on Bank Account

Bank Account Number

Voided check provided in lieu of bank information. Note: Still indicate the type of account above and clearly mark "ACH Bank of Record 2" in the memo line of the check.

B. WIRE BANK OF RECORD

Select one: Checking Savings

Bank Name

ABA (Routing) Number

Name on Bank Account

Bank Account Number

Voided check provided in lieu of bank information. Note: Still indicate the type of account above and clearly mark "Wire Bank of Record" in the memo line of the check. **IMPORTANT:** I/we authorize Axos Advisor Services to distribute funds from my/our Axos Advisor Services account to my/our designated Banks of Record Instructions. In the event an entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries. I/we understand that it takes up to 7 business days from receipt of this form for this feature to be activated. I/we acknowledge that the origination of transactions to an account must comply with the provisions of US Law.



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SECTION 6: Signature

I/we certify that I/we are the proper party to receive payment(s) from this account and that all information provided by me/us is true and accurate. I/we further certify that no tax advice has been given to me/us by Axos Advisor Services. All decisions regarding these instructions are my/our own. I/we expressly assume the responsibility of any adverse consequences which may arise from these instructions and I/we agree that Axos Advisor Services shall in no way be held responsible. This authorization remains in full force and effect until Axos Advisor Services receives written notification of its termination or alteration.

Axos Advisor Services Account Number

Account Holder or Authorized Party Signature Date
Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.

Print Name

Joint Owner Signature, if applicable Date

Print Name

– End of Form –

ADVISOR AUTHORIZATION FOR DISTRIBUTIONS

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General Instructions

Use these instructions to complete the Advisor Authorization for Distributions form.

Purpose of this form: This form is required to authorize Axos Advisor Services to accept certain distribution instructions submitted by your Investment Advisor on your behalf without requiring your signature for a specified Axos Advisor Services account. *Note: To provide instructions for multiple accounts, use one form per account.*

Important: The information provided on this form supersedes and replaces all existing authorizations for the account listed in Section 2. If you would like to change authorizations, provide a complete list of authorizations for your account, not just additions or deletions.

All fields are required unless noted. The only exceptions are if a section or entry is listed as 'if applicable'.

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 application. To type entries, a fillable PDF of this form can be found online at www.axosadvisorservices.com.

Important Distribution Information

Due to the potential tax implications of IRA distributions and the unique rules associated with ACH distributions, Axos Advisor Services cannot accept IRA distribution or ACH distribution instructions from your Investment Advisor without your authorization.

Client signature always required. There are certain types of distribution instructions that cannot be pre-authorized with this form. An appropriate distribution request form with your signature will always be required for the following instruction requests:

- Check withdrawal to an address different than the account's address of record
- Check or wire withdrawal representing a change of ownership
- Distributions for a death or divorce
- IRA distributions for a disability
- IRA account transfers, rollovers, or in-kind distributions
- Roth conversions
- IRA recharacterizations
- Large value distributions of \$100,000.00 or more
- Return of Excess contributions
- UTMA/UGMA distributions

No client signature required. For non-retirement accounts, instructions for check or wire distributions and for systematic check distributions not representing a change of ownership are accepted from your Investment Advisor without your signature.

Federal and state withholding. When your Investment Advisor submits an IRA distribution request on your behalf, they may specify the percent of federal and state withholding or elect not to withhold tax. If they do not make a specific tax election, Axos Advisor Services will apply a federal withholding of 10% and no state tax.

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this application.

Section 2: Account Owner

Enter the account owner information for this account. *Note: Enter your name exactly as it appears on your Axos Advisor Services account.*

Section 3: Investment Advisor

Enter the name of your Investment Advisor's firm. This form will authorize this firm to issue distribution instructions selected in Section 4 and 5, on your behalf.

Section 4: Distributions Authorizations

Complete A. the all authorizations box or Section B for an IRA or C for a non-retirement account to authorize your Investment Advisor to submit certain distribution instructions on your behalf without your signature for the account designated in Section 2. *Note: Do not complete this section if you have elected to remove all authorizations.*

Definitions:

Systematic Distributions are periodic, recurring distributions from an account of a fixed amount of money sent via check or ACH. For example, a \$1,000 distribution set up to reoccur on the fifth of each month.

Establish Systematic Check Distribution authorization allows your Investment Advisor to establish systematic IRA check distributions to your address of record.

Modify Systematic Check Distribution authorization allows your Investment Advisor to change distribution amounts, frequency, and dates, as well as terminate existing systematic IRA check distributions.

Establish Systematic ACH Distribution authorization allows your Investment Advisor to establish systematic ACH distributions using one of your account's ACH banks of record.

Modify Systematic ACH Distribution authorization allows your Investment Advisor to change distribution amounts, frequency, and dates, as well as terminate existing systematic ACH distributions.

Section 5: Banks of Record, if applicable

Your signature will always be required to establish or change your banks of record. Each account may have up to two ACH banks of record plus systematic ACH distribution banks of record for each systematic ACH distribution, and one wire bank of record.

Note: To add additional banks of record for use with systematic ACH distributions only, use a systematic contribution/distribution request form. If the bank account type is not selected, Axos Advisor Services will default to checking account.

A. ACH Banks of Record

Complete this section to establish or replace up to two ACH banks of record to be used for ACH distributions and if applicable, systematic ACH distributions. *Note: Do not complete this section if you have elected to remove all authorizations.*

B. Wire Bank of Record

Complete this section to establish or replace wire bank of record to be used for wire distributions. *Note: Do not complete this section if you have elected to remove all authorizations.*

Section 6: Signature

It is important for you to read and understand the terms and conditions found in Sections 3, 5, and 6 before you sign. After reading them, sign and date the form. *Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.*

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.