

Certification of Trusts (IRAs)

Institutional Advisor Services



Axos Advisor Services Account Number(s)

SECTION 1: Trust Information

A. Name of Trust

B. Trust Creation Date

C. Trust Tax ID

Status of Trust

Select one:

Revocable and Amendable

Irrevocable

SECTION 2: Trustee Information

The following information is needed for each trustee.

Axos Advisor Services, a financial institution as defined by the Bank Secrecy Act, uses the information provided below to verify your identity. We may submit the information to a third party service bureau, in which case the information will be compared against their database. We may request from you permission to obtain a credit report or any other means including requesting additional information from you or others. The responses from the above are confidential information and will not be shared with others unless required by law. Please refer to the instructions for completing this application to identify whose information should be provided below.

If there are more trustees authorized to act on behalf of the trust than spaces allow, complete, sign, and provide an Additional Information Application Addendum form and check the 'Additional authorized trustee information provided' box at the end of this section.

A. AUTHORIZED TRUSTEE(S)

By signing the Trust Certification, Indemnity and Agreement in Section 8, the trustees hereby certify that Axos Advisor Services is authorized to follow the instructions of the authorized trustee(s) listed below and to deliver funds, securities or any other assets in this account to any party or on any authorized trustee's instructions, because either (1) the Trust Agreement expressly provides that each trustee is authorized to act individually, independently and without the consent of the other trustees for all purposes related to the Trust Account with Axos Advisor Services, or (2) if the Trust Agreement does not contain such an express provision, the trustee so acting has obtained the requisite consent of the other trustees in accordance with the requirements of the Trust Agreement.

Note: All authorized trustees named below must sign in Section 4.

Trustee #1

First Name of Trustee MI Last Name

Residential Street Address

City State Zip

Social Security Number Date of Birth

Daytime Phone

Mailing Address (if different from above)

City State Zip

Patriot Act information (see instructions)

Type of identification Identification Number

State (if applicable) Expiration Date

Trustee #2

First Name of Trustee MI Last Name

Residential Street Address

City State Zip

Social Security Number Date of Birth

Daytime Phone

Mailing Address (if different from above)

City State Zip

Patriot Act information (see instructions)

Type of identification Identification Number

State (if applicable) Expiration Date

Trustee #3

First Name of Trustee MI Last Name

Residential Street Address

City State Zip

Social Security Number Date of Birth

Daytime Phone

Mailing Address (if different from above)

City State Zip



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Patriot Act information (see instructions)

Type of identification Identification Number

State (if applicable) Expiration Date

- Corporate trustee. One or more authorized trustee(s) are a corporate trustee. A corporate resolution is provided.
- Additional authorized trustee information provided.
Note: Complete the "Additional Information Application Addendum" form.

SECTION 3: Beneficiary IRA Account Types (if applicable)

If requesting LEP calculation, complete this section.

A. Oldest Beneficiary of the Trust's Date of Birth

_____/_____/_____

Note: This is for a Life Expectancy Payment (LEP) calculation

SECTION 4: Signatures

The completion of this section is REQUIRED.

Trustees' signatures are required and certify that the following items are true:

The Trustee(s) has the authority, either by the terms of the Trust or applicable state law, to own funds, securities or other assets of the account. The Trustee(s) that signs this document and the IRA Beneficiary Distribution form has sufficient authority to act on behalf of the Trust.

The Trust document, including the names of the Trustee(s) and date of the Trust, is in full force and effect and existed prior to the date this form is signed by the Trustee(s).

The Trustee(s) is authorized to purchase, sell, exchange and transfer shares and perform any necessary actions in conjunction with the trust agreement.

By signing this document, the Trustee(s) verifies that all information contained herein is true and complete. The Trustee(s) agrees to indemnify Axos Advisor Services and its affiliates, and to hold them harmless from and against all liability as a result of claims, demands or judgments against them arising from any mutual fund transaction in reliance on this certification.

This certification will remain in effect until Axos Advisor Services is notified in writing to the contrary. Axos Advisor Services reserves the right to require additional documentation, including a copy of the Trust agreement at any time.

Trustee #1 Date

Trustee #2 Date

Trustee #3 Date

End of Form

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GENERAL INSTRUCTIONS

Use these instructions to complete the Certification of Trusts (IRAs) form.

Purpose of this form. Please complete this form if a Trust is the IRA beneficiary. This Certification of Trusts (IRAs) form certifies that the trustees referenced are authorized to transact for the Trust and this account.

- If opening a Beneficiary IRA with Axos Advisor Services, please complete the Client Account Application and select Beneficiary IRA, along with this Certification of Trusts (IRAs) form.
- This form and the Beneficiary Distribution Request form must be provided to distribute from a deceased IRA account

Important: This form cannot be used to change the trust tax identification number, the trust type, or to create a new trust. For these situations, complete the Trust Account Application to open a new trust account.

Additionally, this form may be required when completing the IRA Beneficiary Distribution Form if:

- The trust is the beneficiary of the original decedent; and,
- Not provided when beneficiary IRA was originally established; and
- Trust is the account owner of new Beneficiary IRA establishing at Axos Advisor Services.

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

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

Unknown information. If information is requested and you do not know where to obtain the requested information, contact your investment advisor or client representative for direction.

SECTION 1: Trust Information

A. Name of Trust

Please provide the full legal name of the trust.

B. Trust Creation Date

Please provide the date the Trust was created.

C. Trust Tax ID

Please provide the tax ID used for the trust.

D. Status of Trust

Indicate whether the Trust is 'Revocable and Amendable' or 'Irrevocable' as provided in the trust document.

SECTION 2: Trustee Information

Enter the information for the authorized Trustees for this Trust.

Important: The information provided on this form supersedes and replaces all existing authorized trustee designations. You must provide a complete listing of authorized trustees, not just additions or deletions to any previous designations.

Axos Advisor Services is authorized to follow the individual and independent instructions of any of the authorized trustee(s) listed in this section to deliver funds, securities or any other assets in this account to any party. This is a representation that either (1) the trust agreement expressly provides that each trustee is authorized to act independently and without the consent of the other trustees for all purposes related to the trust account with Axos Advisor Services, or (2) if the trust agreement does not contain such an express provision, the authorized trustee so acting has obtained

the requisite consent of the other trustees in accordance with the requirements of the trust agreement.

Provide the following information for the authorized trustee(s) named in this section.

Authorized Trustee Name. Enter the legal name of the trustee(s) authorized to act individually and independently on behalf of the Trust requesting distribution from the account.

Residential street address. A residential street address is required for each authorized trustee.

Important. To comply with Patriot Act rules, provide identification information for each newly designated Authorized Party in the space provided. Patriot Act Identification information includes the following:

For 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)

For Non-U.S. Citizens Only:

- Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.

Additional authorized trustees. If there are more trustees authorized to act on behalf of the trust than spaces allow, complete, sign, and provide an Additional Information Application Addendum form and check the 'Additional authorized trustee information provided' box at the end of the section.

Social security number and date of birth. The social security number and the date of birth is required for the authorized trustee(s).

More than two authorized trustees. If there are more than two trustees authorized to act individually and independently on behalf of the trust, complete, sign, and provide an "Additional Information Application Addendum" form and check the "Additional authorized trustee information provided" box at the end of the section.

Note: All trustees including those listed as authorized trustee(s) in this section must sign in Section 4.

SECTION 3: For Beneficiary IRA Account Types (if applicable)

If you are requesting a Life Expectancy Payment calculation, please provide the date of birth of the oldest beneficiary of the trust.

SECTION 4: Signatures

The completion of this section is REQUIRED.

Trustees' signatures are required and certify that the following items are true:

The Trustee(s) has the authority, either by the terms of the Trust or applicable state law, to own funds, securities or other assets of the account. The Trustee(s) that signs this document and the IRA Beneficiary Distribution form has sufficient authority to act on behalf of the Trust.

The Trust document, including the names of the Trustee(s) and date of the Trust, is in full force and effect and existed prior to the date this form is signed by the Trustee(s).

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The Trustee(s) is authorized to purchase, sell, exchange and transfer shares and perform any necessary actions in conjunction with the trust agreement.

By signing this document, the Trustee(s) verifies that all information contained herein is true and complete. The Trustee(s) agrees to indemnify Axos Advisor Services and its affiliates, and to hold them harmless from and against all liability as a result of claims, demands or judgments against them arising from any mutual fund transaction in reliance on this certification.

This certification will remain in effect until Axos Advisor Services is notified in writing to the contrary. Axos Advisor Services reserves the right to require additional documentation, including a copy of the Trust agreement at any time.

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.