

Change Certification Indemnity And Agreement Form

Form Updates

On April 18, we will be releasing our updated Change Certification Indemnity and Agreement form.

- We have updated the look and feel of the form.
- Users will now be able to add up to four Authorized Parties.

<p>SECTION 4: Authorized Party (Trustee/Partner/Manager/Member/Officer)</p> <p>IMPORTANT: The information provided below will replace existing Authorized Parties (including Trustees, Partners, Managers, Members or Officers) as of the date it is received by Axos Advisor Services.</p> <p>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.</p> <p>IMPORTANT: All authorized parties listed below must sign Section 5.</p> <p>SECTION 4.A: Authorized Party One (Trustee/Partner/Manager/Member/Officer)</p> <p>A. Authorized Party (Trustee/Partner/Manager/Member/Office)</p> <p>1. <u>Authorized Party Information</u></p> <p>Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>First Name</td><td>Middle Initial</td><td>Last Name</td><td>Social Security Number</td></tr><tr><td><input type="text"/></td><td></td><td></td><td></td></tr><tr><td colspan="4">Date of Birth (mm/dd/yyyy)</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First Name	Middle Initial	Last Name	Social Security Number	<input type="text"/>				Date of Birth (mm/dd/yyyy)			
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<p>SECTION 4.B: Authorized Party Two (Trustee/Partner/Manager/Member/Officer)</p> <p>A. Authorized Party (Trustee/Partner/Manager/Member/Office)</p> <p>1. <u>Authorized Party Information</u></p> <p>Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>First Name</td><td>Middle Initial</td><td>Last Name</td><td>Social Security Number</td></tr><tr><td><input type="text"/></td><td></td><td></td><td></td></tr><tr><td colspan="4">Date of Birth (mm/dd/yyyy)</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First Name	Middle Initial	Last Name	Social Security Number	<input type="text"/>				Date of Birth (mm/dd/yyyy)			
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<p>SECTION 4.C: Authorized Party Three (Trustee/Partner/Manager/Member/Officer)</p> <p>A. Authorized Party (Trustee/Partner/Manager/Member/Office)</p> <p>1. <u>Authorized Party Information</u></p> <p>Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>First Name</td><td>Middle Initial</td><td>Last Name</td><td>Social Security Number</td></tr><tr><td><input type="text"/></td><td></td><td></td><td></td></tr><tr><td colspan="4">Date of Birth (mm/dd/yyyy)</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First Name	Middle Initial	Last Name	Social Security Number	<input type="text"/>				Date of Birth (mm/dd/yyyy)			
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SECTION 4.D: Authorized Party Four (Trustee/Partner/Manager/Member/Officer)

A. Authorized Party (Trustee/Partner/Manager/Member/Office)

1. Authorized Party Information

Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number

Date of Birth (mm/dd/yyyy)			

- Trustees or officers will no longer be required to submit the Account Application Supplemental form. The additional information needed for trustees or officers, such as employment and industry and other affiliation information, is now included in the Change Certification Indemnity and Agreement form.

4. Employment (If Retired or Unemployed, please check the appropriate box below)

If Employed/Self-Employed, please complete all employment fields including occupation.
If transferring in an existing SEP or SIMPLE IRA and Retired, former employer information is required.

- Employed Self-Employed Retired Unemployed Homemaker Student

Employer Name _____

Employer's Address _____ City _____ State _____ Zip Code _____

Country _____ Province _____ Foreign Postal Code _____

Occupation - Required if Employed/Self-Employed is chosen above. Please choose the most accurate occupation type from the below:

- | | | | | |
|--------------------------------------|---|---|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Construction | <input type="checkbox"/> Government | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Education | <input type="checkbox"/> Import-Export | <input type="checkbox"/> Military | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Engineer/Scientist | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Nonprofit Professional | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Office and Administrative | <input type="checkbox"/> Vehicle Sellers |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Finance | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Personal Care and Services | |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Food Services | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Real Estate | |

5. Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, or dependents:

A. Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative, or other associated person of a broker-dealer firm) or a financial services regulator?

- Yes No

If Yes, please specify entity below.

- Broker-Dealer or Municipal Securities Dealer FINRA or other Self-Regulatory Organization
 Investment Advisor State or Federal Securities Regulator

Name of Entity(ies): _____

If this entity requires its approval for you to open this Account, please provide a copy of the Compliance Letter of Approval with this Application.

- I have included a copy of the Compliance Letter of Approval with this Application.
 A Compliance Letter of Approval is not required.

B. An officer, director or 10% (or more) shareholder in a publicly owned company?

- Yes No

Name of company(ies) _____ Symbol(s) _____

If Yes, what is your title? 10% shareholder CEO CFO COO Other Officer

C. A senior military, governmental or political official in a non-US country?

- Yes No

Name of country _____

Please let your Client Service Advocate know if you have questions.

Investment Products: Not FDIC Insured - No Bank Guarantee - May Lose Value.

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