

# Account Application and Agreement



To open and fund your new investment account(s), please provide all the information requested. Be sure to initial any corrections, cross-outs and white-outs. Any corrections to the Tax ID or SSN will require the submission of a new W9. If the owner is a non-US Person, the appropriate IRS form W-8 must be provided from the non-US Owner.

## STEP 1. ACCOUNT DETAILS

Account Title (Name of this account)		
Advisory Firm or Registered Investment Adviser Name		
Account Number	Adviser Rep Name/Rep Code	Open Date (mm/dd/yyyy)

TYPE OF ACCOUNT	ADDITIONAL REQUIRED PAPERWORK
<input type="radio"/> Individual	
<input type="radio"/> Joint Tenant Are the account holders married to each other? <input type="radio"/> Yes <input type="radio"/> No Tenancy Clause <input type="radio"/> Community Property with Rights of Survivorship <input type="radio"/> Community Property <input type="radio"/> Joint Tenants with Rights of Survivorship <input type="radio"/> Tenants by Entirety	Number of Tenants _____ <input type="radio"/> Tenants in Common P % _____ J% _____
<input type="radio"/> Custodial: <input type="radio"/> UGMA <input type="radio"/> UTMA State Code: _____	
<input type="radio"/> Trust: <input type="radio"/> Revocable <input type="radio"/> Irrevocable Additional Distinction: <input type="radio"/> Testamentary <input type="radio"/> Family <input type="radio"/> Charitable <input type="radio"/> Living	Trust Certification or a Copy of the Trust
<input type="radio"/> Sole Proprietor	Sole Proprietor Certification
<input type="radio"/> Corporation: <input type="radio"/> C Corp <input type="radio"/> S Corp	Corporate Certification, Articles of Incorporation
<input type="radio"/> LLC	LLC Certification
<input type="radio"/> Non-Profit Organization	Formation documents/charter, Unincorporated Association Certification, proof of 501(c)(3) status, and other entity document that may be required
<input type="radio"/> Partnership	Partnership Certification
<input type="radio"/> Estate – Person or Entity appointed to act on behalf of the account: <input type="radio"/> Administrator <input type="radio"/> Personal Representative <input type="radio"/> Executor/Executrix Number appointed to act on account _____	Copy of Death Certificate, Affidavit of Domicile, Letter of Testamentary or Court Appointment, other documents may be required.
<input type="radio"/> Axos Clearing LLC IRA <input type="radio"/> Traditional <input type="radio"/> Inherited IRA <input type="radio"/> Rollover <input type="radio"/> Roth <input type="radio"/> Inherited Roth <input type="radio"/> SEP <input type="radio"/> SIMPLE	Adoption Agreement and Plan Documents, Additional items may be needed depending on type of IRA
<input type="radio"/> Axos Clearing LLC Retirement Account <input type="radio"/> Profit Sharing Plan <input type="radio"/> Money Purchase Plan <input type="radio"/> Individual (K) <input type="radio"/> Individual (K) Roth	QRP Disclosure Document, additional paperwork may be required.
<input type="radio"/> Non-Axos Clearing LLC Retirement Account	Trust Certification
<input type="radio"/> Qualified Retirement Plan- With Form 1099-R Reporting <input type="radio"/> Pooled Plan or <input type="radio"/> Participant Account	<input type="radio"/> Qualified Retirement Plan- With no Form 1099-R Reporting <input type="radio"/> Pooled Plan or <input type="radio"/> Participant Account
<input type="radio"/> Other: _____	e.g., Defined Benefit, Cash Balance,



Account Number:

**STEP 2. PRIMARY ACCOUNT HOLDER INFORMATION**

NOTE: Primary account holder may include owner, minor, ward, executor or entity.

On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder.

**Complete for Accounts Owned by Individuals only – Do not use for authorized parties on Entity accounts (see STEP 3)**

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> No Answer	Marriage Status <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed	Dependents Home <input type="radio"/> Own <input type="radio"/> Rent

**Complete for Accounts Owned by Entities only – Corporation, Estate, Trust, LLC, Partnership, Etc.**

Entity Name (if applicable)	Formation Date	Tax Identification Number
-----------------------------	----------------	---------------------------

**Complete for all Account Types**

**Contact Information**

Home or Mobile Phone	Business Phone	Foreign Phone	Email Address
----------------------	----------------	---------------	---------------

**Address(es)**

Legal Address (no PO Box)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code
Mailing Address (if different from Legal)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code
Previous Legal Address (if Legal is less than 6 months old)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code

**Citizenship**

Please check only one:  
*Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8*

U.S.  U.S. Resident Alien

Country of legal and tax resident:  U.S  Other (specify) \_\_\_\_\_

**USA Patriot Act Information (Required by Federal Law)**

All applicants must provide the information below and include a copy of one of the following. Non-Resident aliens must also include a completed W-8.  
 Driver's License  Passport  State ID  Foreign Tax ID  Other Government-issued ID

Place/Country of Issuance	ID No:	Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
---------------------------	--------	-------------------------	------------------------------

**Employment and Industry Affiliations**

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student  
*If Employed/Self-Employed is indicated, please complete all employment fields.  
 If Retired or Unemployed is indicated, please indicate former Occupation.*

Employer Name	Years Employed	Phone Number	Occupation	Business Nature
Employer's Address	City	State	Zip Code	
Country	Province	Foreign Postal Code		

**CONTINUED TO NEXT PAGE**

Account Number: \_\_\_\_\_

**Industry and Other Affiliations**

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

Yes  No

**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?**  
 If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).  
 Broker-Dealer or Municipal Securities Dealer  Investment Adviser  
 FINRA or other Self-Regulatory Organization  State or Federal Securities Regulator  
 Name of Entity(ies): \_\_\_\_\_

Yes  No

**An officer, director or 10% (or more) shareholder in a publicly-owned company?**  
 What is your title?  10% shareholder  CEO  CFO  COO  Other Officer

Yes  No

**A senior military, governmental or political official in a non-US country?**  
 Name of country: \_\_\_\_\_

**Step 3. Secondary Account Holder Information**

*NOTE: Secondary account holder may include additional account owners, custodian, conservator, guardian or Trustee/Officer. On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder.*

**Complete for Joint Account Holders, Custodians, Trustees, Authorized Parties**

First Name	Middle Initial	Last Name	Social Security Number		
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> No Answer	Marriage Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed	Dependents	Home <input type="radio"/> Own <input type="radio"/> Rent

**Complete for all Account Types**

**Contact Information**

Home or Mobile Phone	Business Phone	Foreign Phone	Email Address
----------------------	----------------	---------------	---------------

**Address(es)**

Legal Address (no PO Box)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code
Mailing Address (if different from Legal)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code
Previous Legal Address (if Legal is less than 6 months old)	Address 1		Address 2	
	City		State	Zip Code
	Country		Province	Foreign Postal Code

**Citizenship**

Please check only one:  
*Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8*

U.S.  U.S. Resident Alien

Country of legal and tax resident:  
 U.S  Other (specify) \_\_\_\_\_

**CONTINUED TO NEXT PAGE**

Account Number: \_\_\_\_\_

**USA Patriot Act Information (Required by Federal Law)**

All applicants must provide the information below. Non-Resident aliens must also include a completed W-8.  
 Driver's License  Passport  State ID  Foreign Tax ID  Other Government-issued ID

Place/Country of Issuance	ID No:	Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
---------------------------	--------	-------------------------	------------------------------

**Employment and Industry Affiliations**

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student  
*If Employed/Self-Employed is indicated, please complete all employment fields.  
If Retired or Unemployed is indicated, please indicate former Occupation.*

Employer Name	Years Employed	Phone Number	Occupation	Business Nature
Employer's Address	City	State	Zip Code	
Country	Province	Foreign Postal Code		

**Industry and Other Affiliations**

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

Yes  No

IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL

**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?**

If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).

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

Name of Entity(ies): \_\_\_\_\_

Yes  No

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

What is your title?  10% shareholder  CEO  CFO  COO  Other Officer

Name of company and symbol: \_\_\_\_\_

Yes  No

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

Name of country: \_\_\_\_\_

**STEP 4. ACCOUNT FUNDING AND FEATURES**

**Initial Funding Source**

What is the initial source of funds for this account? If you are transferring assets from another financial institution, please indicate the origin of those investments.

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Investments      | <input type="checkbox"/> Compensation     | <input type="checkbox"/> Retirement Assets            | <input type="checkbox"/> Gift                  | <input type="checkbox"/> Donations     |
| <input type="checkbox"/> Insurance Payout | <input type="checkbox"/> Inheritance      | <input type="checkbox"/> Social Security Benefits     | <input type="checkbox"/> Legal Settlement      | <input type="checkbox"/> Spouse/Parent |
| <input type="checkbox"/> Lottery/Gaming   | <input type="checkbox"/> Business Revenue | <input type="checkbox"/> Sale of Business or Property | <input type="checkbox"/> Other (Specify) _____ |  |

**Money Fund Instructions**

By signing this Account Application and Agreement I represent my consent and authorization to participate in the Axos Advisor Services Sweep Program. I acknowledge that I have read and understand the terms and conditions of the Sweep Program included in the Customer Agreement. If you elect to not sweep free credits to the Axos Advisor Services Sweep Program please contact your Registered Investment Advisor.

**Include Purpose and Expected Use of the Account: (choose one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Investment account with frequent transfers     | <input type="checkbox"/> Investing for estate planning |
| <input type="checkbox"/> Long-term investment with occasional transfers | <input type="checkbox"/> Investing for tax planning    |
| <input type="checkbox"/> Investing for retirement                       | <input type="checkbox"/> Investing for college/minor   |

**CONTINUED TO NEXT PAGE**

**STEP 5. ACCOUNT INVESTMENT PROFILE**

Annual Income \$ _____	Net Worth \$ _____	Liquid Net Worth \$ _____	Risk Tolerance	Tax Bracket
<input type="radio"/> Under \$25,000 <input type="radio"/> \$25,001 - \$50,000 <input type="radio"/> \$50,001 - \$100,000 <input type="radio"/> \$100,001 - \$200,000 <input type="radio"/> \$200,001 - \$500,000 <input type="radio"/> \$500,001 - \$1 million <input type="radio"/> Over \$1 million	(excluding residence) <input type="radio"/> Under \$50,000 <input type="radio"/> \$50,001 - \$100,000 <input type="radio"/> \$100,001 - \$500,000 <input type="radio"/> \$500,001 - \$1 million <input type="radio"/> \$1,000,001 - \$3 million <input type="radio"/> Over \$3 million	<input type="radio"/> Under \$25,000 <input type="radio"/> \$25,001 - \$50,000 <input type="radio"/> \$50,001 - \$100,000 <input type="radio"/> \$100,001 - \$200,000 <input type="radio"/> \$200,001 - \$500,000 <input type="radio"/> \$500,001 - \$1 million <input type="radio"/> \$1,000,001 - \$3 million <input type="radio"/> Over \$3 million	<input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> Aggressive <input type="radio"/> Speculative	<input type="radio"/> 0% <input type="radio"/> 10% <input type="radio"/> 12% <input type="radio"/> 22% <input type="radio"/> 24% <input type="radio"/> 32% <input type="radio"/> 35% <input type="radio"/> 37%
<b>Investment Objective</b>				
<input type="radio"/> <b>Current Income (A)</b> - Preservation of capital with a primary consideration on current income <input type="radio"/> <b>Balanced (F)</b> - A balance between capital appreciation and current income with the primary consideration being current income <input type="radio"/> <b>Growth &amp; Income (G)</b> - A balance between capital appreciation and current income with the primary consideration being capital appreciation <input type="radio"/> <b>Growth (H)</b> - Capital appreciation through quality equity investment and little or no income <input type="radio"/> <b>Maximum Growth (I)</b> - Maximum capital appreciation with higher risk and little to no income. <input type="radio"/> <b>Speculation (J)</b> - Maximum total return potential, involving a higher degree of risk through investment in a broad spectrum of securities.				

**STEP 6. TRUSTED CONTACT**

By choosing to provide information for a Trusted Contact Person ("TCP"), you authorize your Adviser to contact and to disclose information about you and your account(s) to the TCP:

- Provide the TCP with information about you or your account(s), but does not provide the TCP with the ability to transact on your account(s)
- Inquire about your current contact information or health status
- Inquire if another person or entity has legal authority to act on your behalf (e.g. legal guardian or conservator, executor, trustee, or holder of a power of attorney)

The TCP must be at least 18 years old, must be someone other than an account owner and cannot be your Investment Advisor and or your Adviser. The Adviser may provide the TCP information about you or your account(s), but does not allow the TCP the ability to transact on your account(s).

I decline to identify a Trusted Contact at this time.

Name (First, Middle Initial, Last)		Relationship	
Primary Telephone Number		Email Address	
Mailing Address			
City		State	Zip Code
Country	Province	Foreign Postal Code	

**STEP 7. CONFIRMATION AND STATEMENT PREFERENCES**

You will receive monthly account statements, tax statements and shareholder communications via paper delivery, unless you log into Liberty and select electronic delivery.

If a valid email address is not provided or if the email address provided is returned as undeliverable, Axos Clearing will send these documents via U.S. Mail. Electronic delivery settings can be found in the about your account section online.

Unless you check this box, Axos Clearing will provide your name to corporations whose securities you hold in your account for additional corporate communications.

**CONTINUED TO NEXT PAGE**

**STEP 8. DUPLICATE STATEMENTS FOR AN INTERESTED PARTY**

If you would like to provide duplicate paper statements to an interested party, please complete the information below:

Name:	Company Name (if any):		
Street Address:	City:	State:	ZIP Code:
Country	Province	Foreign Postal Code	

**STEP 9. LIMITED POWER OF ATTORNEY****LIMITED TO PURCHASE AND SALE OF SECURITIES.**

By initialing immediately below in this Step 9, you hereby appoint the Advisory Firm or individual named herein as your adviser and attorney-in-fact ("Adviser"), to buy, sell (including short sales), and trade in stocks, bonds, and any other securities and/or contracts relating to the same in accordance with the RIA Customer Agreement applicable to this account held in your name, or number on our books, without notice to you. Your Adviser is authorized to affect such transactions in your account via any available medium, electronic access or otherwise, including but not limited to electronic access via personal computer or phone.

You hereby agree to indemnify and hold harmless Axos Clearing LLC ("Axos Clearing"), its affiliates and their directors, officers, employees, and advisers, including all of those associated with or under its Axos Advisor Services name, from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon. In all such purchases, sales, or trades, Axos Clearing is authorized to follow the instructions of your Adviser in every respect concerning your account with Axos Clearing; and your Adviser is authorized to act for you and on your behalf in the same manner and with the same force and effect as you might or could do with respect to such purchases, sales, or trades, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales, or trades, including without limitation the delivery of securities or monies from the account in the Account Owner(s) name and the provision of securities cost basis method selection and/or information for purposes of cost basis or tax reporting.

You hereby ratify and confirm any and all transactions with Axos Clearing heretofore or hereafter made by your Adviser for your account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which Axos Clearing may have under any other agreement or agreements between you and Axos Clearing.

If this is a fiduciary account, Account Owner(s) affirm(s) that this grant of limited trading authority has been conferred consistent with any fiduciary duties or powers of Account Owner(s).

This authorization is a continuing one and shall remain in full force and effect until (i) we are notified by a written notice delivered to Axos Clearing of your death or incapacity or (ii) you change or revoke this authorization by a written notice to Axos Clearing. We shall have no duty of inquiry. Until we receive such written revocation, we are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before we receive written notice of revocation. This authorization and indemnity shall inure to the benefit of our firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of our present firm or any successor firms. **You have carefully read this power of attorney and indemnity and understand that it authorizes your Adviser named herein to exercise rights and powers over your accounts as if you had exercised them yourself and that your Adviser's actions and instructions with respect to your accounts are fully binding on you.**

**You also understand and agree that Axos Clearing has no duty or responsibility to monitor trading in your accounts by your Adviser or to notify you prior to accepting instructions. You agree to have your Adviser receive duplicate statements and trade confirmations.**

Please initial to indicate your approval. (if joint account, both parties must initial)

Primary Account Owner Initials:	Joint Account Owner Initials:	I hereby authorize the Adviser identified herein to execute trades in my account.
---------------------------------	-------------------------------	---

**STEP 10. AUTHORIZATION TO PAY FEES TO ADVISER**

By your initials in Section 9, and to the extent indicated herein, You hereby authorize Axos Clearing to pay Adviser from your account the Adviser's management fees as invoiced by Adviser. You also authorize Axos Clearing to liquidate shares of any money market mutual fund you may hold in your account to the extent necessary to pay such fees. Axos Clearing shall rely on Adviser's invoices and have no responsibility for the calculation or verification of fees.

You will indemnify and hold Axos Clearing and its affiliates, directors, officers, employees, successors, and assigns harmless from all losses, claims, damages, liabilities, and costs, including attorneys' fees, which Axos Clearing may incur by relying upon representation from your designated Adviser or upon you making this authorization.

This authorization will remain in full force and effect until revoked by you by a written notice addressed and delivered to Axos Clearing.

Please initial to indicate your approval. (if joint account, both parties must initial)

Primary Account Owner Initials:	Joint Account Owner Initials:	I hereby authorize Axos Clearing to pay my Adviser's fee from my account as directed by my Adviser.
---------------------------------	-------------------------------	---

**STEP 11. W-9 CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US citizen or other US person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Definition of a US Person**

For federal tax purposes, you are considered a US person if you are:

- An individual who is a US citizen or US resident alien,
- A partnership, corporation, company or association created or organized in the United State or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations section 301.7701-7)

**Certification instructions.**

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement ("IRA"), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. If you are an exempt payee (if you are unsure, please consult your tax professional), enter your exempt payee code (if any) here: \_\_\_\_\_

If you are exempt from FATCA reporting (if you are unsure, please consult your tax professional), enter your exemption from FATCA reporting code (if any) here: \_\_\_\_\_

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE THAT SECURITIES NOT FULLY PAID FOR MAY BE LOANED TO AXOS CLEARING LLC OR LOANED OUT TO OTHERS.**

**PLEASE NOTE THAT THIS ACCOUNT APPLICATION AND AGREEMENT CONTAINS A PREDISPUTE ARBITRATION AGREEMENT IN THE TERMS AND CONDITIONS ACCOMPANYING THIS ACCOUNT APPLICATION AND AGREEMENT, WHICH GOVERNS DISPUTES YOU MAY HAVE WITH AXOS CLEARING LLC. YOU ACKNOWLEDGE RECEIVING A COPY OF THIS ACCOUNT APPLICATION AND AGREEMENT. SHOULD YOU HAVE A DISPUTE WITH YOUR ADVISER, PLEASE REFER TO THE TERMS AND CONDITIONS OF YOUR AGREEMENT WITH YOUR ADVISER TO DETERMINE HOW IT REQUIRES RESOLUTION OF ANY SUCH DISPUTES.**

**STEP 12. SIGNATURES**

*To help the government fight the funding of terrorism and money laundering activities, federal laws require all financial organizations to obtain, verify and record information that identifies each person who opens an account. That means that Axos Clearing will ask for your name, address, date of birth and other information that will allow us to identify you. We may also require a copy of your driver's license or other government-issued identifying document.*

By signing this Account Application and Agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to be bound by the terms and conditions of this Account Application and Agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

**ACCOUNT HOLDER/TRUSTEE/CORPORATE OFFICER SIGNATURE**

Account Owner Signature <b>x</b>	Print Name	Date
Account Co-Owner Signature <b>x</b>	Print Name	Date

**APPROVALS**

Adviser Signature <b>x</b>	Print Name	Date
Axos Principal Signature <b>x</b>	Print Name	Date

INVESTMENT PRODUCTS: NOT FDIC INSURED \* NO BANK GUARANTEE \* MAY LOSE VALUE