

BENEFICIAL OWNERSHIP INFORMATION

Axos Advisor Services Account Number

Please complete this form as a supplement to the previously completed Entity Application when establishing a Business Plan Account or Trust Account if the trust is a Statutory Trust created by filing with the Secretary of State or similar office.

To fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for both of the following:

- Control Person An individual with significant responsibility for managing the entity (for example, a trustee, chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, ortreasurer).
- Beneficial Owner Each individual, if any, who owns, directly or indirectly, 10% or more of the equity interests (e.g. shares) of the entity. An individual is an indirect beneficial owner if his/her ownership interest is held through another entity.

If the individual who has significant responsibility for managing the entity also owns 10% or more of the entity, please enter the information in both the Control Person and Beneficial Owner sections below.

I hereby certify, to the best of my knowledge, that the beneficial ownership and control person information provided below is complete and correct.

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Signature	Date	
CONTROL PERSON		
Name (First, Middle initial, Last)	Title	
Date of Birth (mm/dd/yyyy)	Residence Status	
	U.S. Citizen Resident Alien	Neither U.S. Citizen nor Resident Alier
U.S. Federal ID	Country of Citizenship	
Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code	Foreign Postal Code	
Country	1	

IF THE CONTROL PERSON IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.							
Passport ID / Government ID Country of Issuance Government ID or Passport							
Country of Legal Residence	Passport ID / Government ID Expiration Date						

Clearing, custody or other brokerage services provided by Axos Clearing LLC, Member FINRA and SIPC. Axos Clearing LLC is a subsidiary of Axos Financial, Inc. Trademark(s) belong to their respective owners. 06/21 If there are one or more beneficial owners who own, directly or indirectly, 10% or more of the equity interests of the legal entity, please complete the sections below for each beneficial owner. (This section does not apply to Non-Profit Organizations)

BENEFICIAL OWN	ER 1		BENEFICIAL OWNER 2				
Name (Title prefix, First, Middle initial, Last)				Name (Title prefix, First, Middle initial, Last)			
Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alien	Neither	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alier	Neither	Country of Citizenship
U.S. Federal ID	ederal ID Percentage of Ownership		age of Ownership	U.S. Federal ID Percenta		age of Ownership	
Physical Address				Physical Address			
City	State (U.S. only)	nly) U.S. Postal/Zip Code		City	State (U.S. on	State (U.S. only) U.S. Postal/Zip Code	
Foreign Province/Region Name or Code Foreign Postal Code			Foreign Province/Region Name or Code Foreign Postal Code				
Country			Country				
IF THE BENEFICIA	L OWNER IS <i>N</i>	S. CITIZEN, PLEASE	PROVIDE THE FOLL	OWING INFO		N.	
Passport ID / Government ID Country of Issuance Government ID or Passport		Passport ID / Government ID Country of Issuand Passport		uance Government ID or			
Country of Legal Residence Passport ID / Government ID Expiration Date			Country of Legal Residence		Passport ID / (Government ID Expiration Date	

BENEFICIAL OWNER 3			BENEFICIAL OWNER 4				
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)				
Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alien	U.S. Citizen Neither		Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alien	Neither	Country of Citizenship
U.S. Federal ID	Federal ID Percentage of Ownership		U.S. Federal ID Percentage of Own		age of Ownership		
Physical Address			Physical Address				
City	State (U.S. only)	uly) U.S. Postal/Zip Code		City	State (U.S. only	/) U.S. Pos	stal/Zip Code
Foreign Province/Region Name or Code Foreign Postal Code			Foreign Province/Region Name or Code Foreign Postal Code				
Country			Country				
IF THE BENEFICIA	L OWNER IS N	OTAU.	S. CITIZEN, PLEASE	PROVIDE THE FOLL	OWING INFO	RMATIO	N.
Passport ID / Government ID Country of Issuance Government ID or Passport		Passport ID / Government ID Country of Passport			y of Issuance Government ID or ort		
Country of Legal Residence Passport ID / Government ID Expiration Date		Country of Legal Residence Passport ID / Government ID Expi		Government ID Expiration Date			

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BENEFICIAL OWN	ER 5		BENEFICIAL OWNER 6					
Name (Title prefix, First, Middle initial, Last)				Name (Title prefix, First, Middle initial, Last)				
Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alien	U.S. Citizen 🔲 Neither		Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alie	Neither n	Country of Citizenship	
U.S. Federal ID	Ideral ID Percentage of Ownership		age of Ownership	U.S. Federal ID Perc		Percent	ntage of Ownership	
Physical Address			Physical Address					
City	State (U.S. only)	y) U.S. Postal/Zip Code City		City	State (U.S. or	State (U.S. only) U.S. Postal/Zip Code		
Foreign Province/Region Name or Code Foreign Postal Code			Foreign Province/Region Name or Code Foreign Postal Code					
Country				Country				
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE				PROVIDE THE FOLL		ORMATIO	N.	
Passport ID / Government ID Country of Issuance Government ID or Passport				Country of Iss Passport	Country of Issuance Government ID or Passport			
Country of Legal Residence Passport ID / Government ID Expiration Date			Country of Legal Residence Passport ID / Government ID Expiration			Government ID Expiration Date		

BENEFICIAL OWNER 7			BENEFICIAL OWNER 8					
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)					
Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alien		Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alie	Neither n	Country of Citizenship	
U.S. Federal ID	J.S. Federal ID Percentage of Ownership		U.S. Federal ID Percentage of Ownership			age of Ownership		
Physical Address			Physical Address					
City	State (U.S. only)	unly) U.S. Postal/Zip Code		City	State (U.S. on	lly) U.S. Pos	S. Postal/Zip Code	
Foreign Province/Region Na	Foreign Province/Region Name or Code Foreign Postal Code			Foreign Province/Region Name or Code Foreign Postal Code				
Country			Country					
IF THE BENEFICIA	L OWNER IS <i>I</i>	VOTAU.	S. CITIZEN, PLEASE	PROVIDE THE FOLL		ORMATIO	N.	
Passport ID / Government ID	assport ID / Government ID Country of Issuance Government ID or Passport				Country of Issuance Government ID or Passport			
Country of Legal Residence Passport ID / Government ID Expiration Date		Country of Legal Residence Passport ID / Govern		Government ID Expiration Date				

BENEFICIAL OWN	ER 9		BENEFICIAL OWNER 10				
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)				
Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Neither Resident Alien		Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status U.S. Citizen Resident Alie	Neither	Country of Citizenship
U.S. Federal ID	Federal ID Percentage of Ownership		U.S. Federal ID Percentage of Ownership			age of Ownership	
Physical Address				Physical Address			
City	State (U.S. only)	nly) U.S. Postal/Zip Code City		City	State (U.S. on	ly) U.S. Po	stal/Zip Code
Foreign Province/Region Name or Code Foreign Postal Code			Foreign Province/Region Name or Code Foreign Postal Code				
Country			Country				
IF THE BENEFICIA	L OWNER IS <i>N</i>	S. CITIZEN, PLEASE	PROVIDE THE FOLL		ORMATIO	Ν.	
Passport ID / Government ID Country of Issuance Government ID or Passport			Passport ID / Government ID Country of Issuance Government ID Passport			suance Government ID or	
Country of Legal Residence Passport ID / Government ID Expiration Date			Country of Legal Residence Passport ID / Government ID Expiration			Government ID Expiration Date	