Change Certification, Indemnity and Agreement



Institutional Advisor Services

Avec Advisor Comittee A A		
Axos Advisor Services Account Num	nber(s)	
C. ACCOUNT ADDRESS CH	ANGE (IF	APPLICABLE)
Mailing Address		
City	State	Zip
SECTION 4: Authorized F (including Trustees, Part Members and Officers as	ners, Ma	anagers,
IMPORTANT: The information production and Authorized Parties (including Trus Members or Officers) as of the da Services.	stees, Parti	ners, Managers,
Axos Advisor Services, a financial Secrecy Act, uses the information identity. We may submit the information bureau, in which case the informatheir database, we may request frozedit report or any other means information from you or others. The confidential information and will required by law. Please refer to the application to identify whose infoliobelow.	n provided mation to a stion will be om you pe ncluding responsed to the share e instruction.	below to verify your a third party service a compared against ermission to obtain a equesting additional ses from the above are red with others unless ons for completing this
IMPORTANT: All authorized parti	es listed b	alow must sign
	oo notoa b	elow must sign
Section 5. 1. Authorized Party (Trustee/Part A. Name and Contact Information	rtner/Man	-
Section 5. 1. Authorized Party (Trustee/Party)	rtner/Man	-
Section 5. 1. Authorized Party (Trustee/Part A. Name and Contact Information	rtner/Man	-
Section 5. 1. Authorized Party (Trustee/Part A. Name and Contact Information Name Residential Street Address	rtner/Man	ager/Member/Officer
Section 5. 1. Authorized Party (Trustee/Part A. Name and Contact Information Name	State	ager/Member/Officer
Section 5. 1. Authorized Party (Trustee/Part A. Name and Contact Information Name Residential Street Address	rtner/Man	ager/Member/Officer
Section 5. 1. Authorized Party (Trustee/Part A. Name and Contact Information Name Residential Street Address City Social Security Number B. Authorized Party Patriot information Name	State Date of ation	ager/Member/Officer
Section 5. 1. Authorized Party (Trustee/Part A. Name and Contact Information Name Residential Street Address City Social Security Number	State Date of u.S. Resi	ager/Member/Officer

SECTION 1: Request TypeA. REQUEST TYPE

Select all that apply:

O Name Change

O Add Authorized Party

O Remove Authorized Party

O Replace Authorized Parties

O Trust title correction for existing trust only

O Add amendment or restatement date to trust title

O Other (including reorganization)

If Other Describe Request Type

Axos Advisor Services Acct. Number Last 4 Digits of Tax ID #

B. ADDITIONAL DOCUMENTATION REQUIREMENTS

See Instructions to determine if additional documentation is required.

O Additional required documentation is attached.

SECTION 2: Current Account Registration

IMPORTANT: This section must be completed for all request types with the account title exactly as it appears on your statements.

CURRENT ACCOUNT REGISTRATION

Current Account Registration	
Current Account Registration (continued)	
Current Account Registration (continued)	

SECTION 3: Revised Account RegistrationA. REVISED ACCOUNT REGISTRATION

IMPORTANT: Complete this section only for name changes or reorganization for any account type.

Revised Account Registration

Revised Account Registration (continued)

Revised Account Registration (continued)

Note: For trusts, the account registration must include the legal title of the trust, the date of the trust, the date of any amendments or restatements and the names of all trustees, adding and removing names as indicated in this form.

B. REVISED MANAGEMENT TYPE (IF CHANGING)

Select one

O General Partners for LLP, LP, or General Partnership

O Member-Run LLC

O Manager-Run LLC

O Othe

Note: Each of the Partners, Members, Managers or Officers with authority to manage this organization is required to sign the Change Certification, Indemnity, and Agreement in Section 5.

State (if applicable)

Identification Number

Expiration Date

Change Certification, Indemnity and Agreement





2. Authorized Party (Trustee/Par	tner/Mana	nger/Member/Officer)	of the officers duly author	ized to act on its bel	half. A corporate
A. Name and Contact Information		resolution is attached. IMPORTANT: All Authorized Parties listed in Section 4 must sign below.			
Name		1. Select one:			
Residential Street Address			O Partner O Manager C	O Member O TTEE	O Officer
Dity	State	Zip	Authorized Party Signature	e	Date
Social Security Number	 Date of Birth		Print Name		
3. Authorized Party Patriot information			2. Select one:		
J.S. Citizens only:	U.S. Resident Aliens only:		O Partner O Manager O	O Member O TTEE	O Officer
O Drivers' license or ID card ssued by a state or outlying cossession of the United States O ID card issued by a federal,	O Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization O Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151		Authorized Party Signature Print Name	 e	Date
state, or local government agency or entity					
O U.S. Passport			3. Select one:	O. 4. O. TTEE	0.0%
O Certificate of U.S. Citizenship NS Form N-560 or N-561)		O Partner O Manager O Member O TTEE O Officer			
110101111111111111111111111111111111111			Authorized Party Signature	e	Date
dentification Number	State (if	applicable)	Print Name		
			4. Select one:		
Expiration Date			O Partner O Manager O	O Member O TTEE	O Officer
O Additional authorized parties in	nformation	provided			
O Corporate Management Comporties with authority to sign on b	ehalf of th	e entity are a corporate	Authorized Party Signature	e	Date

SECTION 5: Certification, Indemnity and Agreement

By signing this Change Certification, Indemnity and Agreement ("Certification") each Authorized Party signing below certifies as follows:

- The information provided in this Certification is true and complete and any supporting documentation required by the Governing Documents has been provided;
- 2) If this Certification is for a Trust, each Trustee currently authorized to act on behalf of the Trust is listed in Section 3, is named as an Authorized Party and has signed below;
- 3) Axos Advisor Services is authorized to make the requested changes and maintain the Account in accordance with the Terms and Conditions that follow and the applicable account agreements/Governing Documents; and
- 4) I have read and agree to be governed and bound by the terms and conditions of the Axos Advisor Services Account Agreement under this the Account is currently maintained.

Each of the Authorized Parties represents and warrants that their signature below is their genuine signature and that they have the authority to execute this Certification. If a corporation is an Authorized Party, the signatures below are the genuine signatures

General Terms and Conditions

Print Name

Axos Advisor Services Account Number(s)

By signing this Certification the Authorized Parties hereby certify that Axos Advisor Services is authorized to follow the instructions of the Authorized Party(ies) listed above and to deliver funds, securities or any other assets in this account to any party or on any Authorized Party's instructions, because either (1) the Governing Documents (the Articles of Incorporation, Partnership Agreement, Trust Agreement or other agreement that establishes and governs the entity) expressly provides that each party is authorized to act individually, independently and without the consent of any others for all purposes related to the Account with Axos Advisor Services, or (2) if the Governing Document does not contain such an express provision, the party so acting has obtained the requisite consent of the other parties in accordance with the terms of the Governing Document.

If there is more than one Authorized Party and no one Authorized Party has authority acting individually and without notice to any other parties, to deal with Axos Advisor Services independently, Axos Advisor Services is authorized to follow the instructions of any of the Authorized Parties listed in Section 4 of this Certification and to deliver funds, securities or other assets in this account to any party or on any Authorized Party's instructions on the presumption that the party so acting has

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Axos Advisor Services Account Number(s)

obtained the consent of the other parties in accordance with the Governing Document. It is the responsibility of the Authorized Party to consult with all other parties before giving Axos Advisor Services any instructions regarding the account. Axos Advisor Services is not responsible for determining the purpose of propriety of any instructions received from any Authorized Party or for the disposition of payments or deliveries among Authorized Parties. Any notice sent to one Authorized Party shall constitute notice to all Authorized Parties.

Axos Advisor Services may rely on this Certification and upon the representations made herein unless and until it receives written notice of change. The Authorized Parties agree to send prompt written notice to Axos Advisor Services of any change in Authorized Parties, of any amendment or modification to the Governing Document which would cause the representations contained herein to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the Authorized Party's powers or any representation made in the Certification or, in the case of a Trust, the Trust's revocability.

The Authorized Parties have the power under the Governing Document and applicable law to enter into the transactions and issue the instructions that are made in this account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the account). Such power may include, with limitation, to delegate to others trading authority within the account, to retain the services of outside professionals such as investment advisors, money managers, counsel and/or accountants and to pay the fees of such professional from the asset of the Axos Advisor Services account.

The Authorized Parties understand that all orders and transactions will be governed by the terms and conditions of all other account agreements applicable to this account.

In the event of the death, resignation or replacement of an Authorized Party, the remaining Authorized Party(s) shall provide prompt written notice of the event to Axos Advisor Services. Additional paperwork shall be provided upon reasonable request from Axos Advisor Services.

The Authorized Parties hereby jointly and severally indemnify Axos Advisor Services and each of its officers, directors, employees and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlement amounts,

or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such Authorized Party's instructions in connection with the account established at Axos Advisor Services. This indemnification is made by each Authorized Party both in their capacity as Authorized Party and in the individual capacity, and shall not be limited by the Authorized Party's provision to Axos Advisor Services of independent documentation concerning the representations made herein.

The representations and obligations stated herein are binding on all the Authorized Parties and shall survive the termination of the Account Agreement related to the Account with Axos Advisor Services and the Trust Agreement, if applicable. This Certification replaces any prior or existing certification provided by and for this account.

The Authorized Parties agree to supply additional information about the Governing Document for the account upon reasonable request in order for Axos Advisor Services to carry out any instructions including but not limited to the transfer or liquidation of securities owned by the account.

The Authorized Parties, in accordance with Treasury Regulation Section 1.6041(e)(2) as amended, agree to report to the Internal Revenue Service all payments paid from the Account by Axos Advisor Services to third parties or beneficiaries as directed or instructed by an Authorized Party.

The Authorized Parties agree and understand that Axos Advisor Services, in reliance hereon, will not file any information returns or other forms with the Internal Revenue Service concerning any payments made from the Account as directed by the Authorized Parties. The Authorized Parties further agree to indemnify and hold harmlessAxos Advisor Services from any liabilities, penalties, costs

(including attorney's fees), claims and damages incurred by Axos Advisor Services as a result of the Internal Revenue Service asserting penalties or claims against Axos Advisor Services for failing to report payments to third parties or beneficiaries made by Axos Advisor Services from the account on behalf of the Authorized Parties.

Where applicable, plural references in this Certification shall be deemed singular.

Special Terms and Conditions for Trusts

The following special provisions shall apply to Certifications for any Account that is a Trust:

In consideration of Axos Advisor Services opening and/ or maintaining an account for the Trust, the Authorized Parties represent, warrant and certify that the Trust is in full force and effect, and that the Trust Agreement (as defined herein) has not been revoked, modified or amended in any manner which would cause the representations contained in this Certification to be inaccurate or incorrect.

End of Form

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GENERAL INSTRUCTIONS

Use these instructions to complete the Change Certification, Indemnity, and Agreement Form (the "Certification").

Purpose of this form. This form is required to correct or change the legal name or title and to add, remove or replace Authorized Parties for an existing Axos Advisor Services account.

Important: This form cannot be used to change the account's tax identification number or type, or to open a new account. To open a new account, complete the applicable Axos Advisor Services Account Application and provide any required documentation.

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: Request Type

A. Request Type

Check the appropriate boxes to indicate the type of action you want to take for the account. Then enter the Axos Advisor Services account number and the last 4 digits of the account's tax identification number.

Note: Axos Advisor Services reserves the right to request additional information as required to carry out any instructions including but not limited to transfer or liquidation of securities owned by the account.

B. Additional Documentation Requirements

This section outlines specific additional documentation requirements to complete this form.

Read carefully. You must provide all required documentation to expedite processing and to avoid requests for additional information.

If an Authorized Party is a Corporate Trustee, please attach a corporate resolution.

Note: If one or more Authorized Parties are a corporate management company, a corporate resolution is required.

Note: Axos Advisor Services reserves the right to request additional information it requires to carry out any instructions including but not limited to transfer or liquidation of securities owned by the account.

SECTION 2: Current Account Registration

Note: You must complete this section for all request types.

Current Account Registration

Enter the existing title exactly as it appears on your statements.

SECTION 3: Revised Account

A. Revised Account Registration: Enter the revised account registration if there has been a change or reorganization.

Note: For Trust Accounts, you must complete this section for all request types since the account title will change if trustees are added or removed, or if authorized trustees are changed. For revised Trust Account Registration, enter the title of the trust.

Please include as part of the title:

- · The full legal name of the trust
- The date of the trust agreement
- For a testamentary trust or a trust established by a will include the name of the decedent
- The date of the latest trust amendment or restatement, if any
- The names of all trustees

Important: Trusts should not present any supporting documentation with this Certification, including but not limited to the Trust Agreement. Axos Advisor Services will not be reviewing or relying on such documentation and will no responsibility to maintain such documentation in account records. If Axos Advisor Services determines to retain such documentation, it will have no responsibility for it.

- **B. Revised Management Type** Complete this section only if the management type is changing.
- **C. Account Address Change** Complete this section only if the mailing address for the account is changing.

SECTION 4: Authorized Party Designation (including Trustees, Partners, Managers, Members and Officers)

Enter the information for all authorized parties for this account. All Authorized Parties (Trustees, Partners, Managers, Members and Officers), including currently and newly designated parties, must be listed and sign the Certification.

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

Important: The information provided on this form supersedes and replaces all existing Authorized Party authorizations. You must provide a complete listing of all Authorized Parties, not just additions or deletions to the previous authorizations.

Axos Advisor Services is authorized to follow the individual and independent instructions of any of the Authorized Parties listed in this section to deliver funds, securities or any other assets in this account to any party. This is a representation that the Authorized Parties have obtained the requisite consent and have the authority under the requirements of the organization.

More than two Authorized Parties. If there are more than two parties authorized to act individually and independently on behalf of the account, complete, sign, and provide an Additional Information Application Addendum form and check the 'Additional Party Information Form Provided' box at the end of the section 4.

SECTION 5: Certification, Indemnity, and Agreement

All Authorized Parties named in Section 5, including any current Authorized Parties and any new Authorized Parties (if applicable), must sign and date the Certification, Indemnity, and Agreement. If only one Authorized Party is named, it is a representation that the named Authorized Party is the sole Authorized Party.

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.