ELECTRONIC DELIVERY CHANGE / OPT-OUT REQUEST FORM

Institutional Advisor Services

SECTION 1 General Instructions

Purpose of form: Use this form to opt-out of or change electronic delivery (e-delivery) of all account documents made available for electronic delivery by Axos Advisor Services.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this application. To type entries, a fillable PDF of this form can be found online at www.axosadvisorservices.com.

IMPORTANT: You must complete all required fields and provide all required signatures to expedite processing and to avoid requests for additional information. **A valid email address is required for all change requests.**

Note: If you are a member of a statement family, only the Primary Account Holder can opt in/out of electronic delivery.

SECTION 2: Request Type

Make a selection to change your email address, or discontinue electronic delivery.

Select all that apply:

- ☐ Change email address
- ☐ Discontinue Electronic Statements Delivery
- ☐ Discontinue Electronic Proxy

SECTION 3: Account Owner Information

IMPORTANT: If you have accounts with multiple advisors at Axos Advisor Services, please complete one form for each advisor.

Axos Advisor Services Account # Last 4 digits of SSN

Account Title

Account Title (continued)

Investment Advisor/Money Manager Firm Name

Email Address

SECTION 4: Additional Account Information, if applicable

IMPORTANT: If multiple accounts for the same account owner are listed below, only one signature is required, otherwise, all owners must sign.

Axos Advisor Services Account Number

Account Title

Print Name

SECTION 4: Additional Account Information, if applicable (Cont.)

Axos Advisor Services Account Number

Account Title

Print Name

Axos Advisor ServicesAccount Number

Account Title

Print Name

Axos Advisor Services Account Number

Account Title

Print Name

☐ Additional accounts attached.

SECTION 5: Account Owner Authorization

If you do withdraw your consent you will begin receiving paper copies of your statements and/or proxy at the applicable cost.

As account owner, I hereby request that my electronic delivery election be updated. I attest that I will hold Axos Advisor Services harmless from any loss, claim, expense or other liability for this action.

Account Owner Signature Date

For a custodial account, the custodian or guardian must sign.

Print Name

Joint Owner Signature (if applicable) Date

Print Name

Additional Account Owner Signature Date

Print Name

-End of Form-

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