

IRA SYSTEMATIC AND ONE-TIME ACH CONTRIBUTION REQUEST

Institutional Advisor Services



SECTION 1: Request Type

Select one:

ESTABLISH OR CHANGE

Select one:

- Request One-time ACH Contribution.
- Establish Systematic ACH Contribution.
- Change Systematic ACH Contribution. *Provide information in Sections 2B, 3 and 4 as applicable and sign in Section 5.*

CANCEL

Provide information below and in Section 2B, and sign in Section 5.

Select one:

- Cancel all systematic contribution instructions on file.
- Cancel the sole systematic contribution currently on file.
- Cancel the specified systematic instructions listed below:

Cancel Systematic

Cancel Amount

SECTION 2: Account

A. ACCOUNT TYPE

Select one:

- Traditional IRA
- SEP IRA
- Roth IRA
- SIMPLE IRA

B. ACCOUNT OWNER

First Name MI Last Name

Last 4 Digits of Social Security Number Date of Birth

SECTION 3: ACH Contribution

A. AMOUNT OF CONTRIBUTION:

\$ _____

B. CONTRIBUTION TYPE: (one form per type)

Select one:

- Traditional/Roth IRA Contribution
 - One time contribution, indicate year: _____
- Employer Contribution into SEP IRA Traditional
- Employee Contribution into SEP IRA
 - One time contribution, indicate year: _____
- SIMPLE IRA: Employee Contribution
- SIMPLE IRA: Employer Contribution
- Rollover contribution (not available for systematics)

Note: SEP and SIMPLE IRA contributions are recorded in the year in which Axos Advisor Services receives them

C. IF SYSTEMATIC:

Month to Begin Contribution Day of Month to Deposit Contribution

Frequency of Contribution

Select one: Monthly Quarterly Semi-annually
 Annually



Axos Advisor Services Account Number

SECTION 4: Bank Information

Select one:

- Voided check provided in lieu of banking info
- Checking Account (Info Below)
- Savings Account (Info Below)

Bank Name

Name on Bank Account

ABA (Routing) Number (9 digits)

Bank Account Number

SECTION 5: Signature

A. ACCOUNT OWNER SIGNATURE IS REQUIRED

By signing below I authorize Axos Advisor Services to deposit cash into the Axos Advisor Services account according to the above instructions.

I certify that I am the proper party to receive payment(s) into this IRA account and that all information provided is true and accurate. I further certify that no tax advice has been given by Axos Advisor Services. All decisions regarding the contributions are my own. I assume the responsibility of any adverse consequences which may arise from the transaction(s) requested. I maintain all responsibility in monitoring these contributions to ensure that funds are available to be transferred and are received as requested.

I indemnify and hold harmless Axos Advisor Services, its affiliates, successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from your compliance with this request, including but not limited to transfer to another party.

I understand that the amount of any systematic contribution will remain the same until I submit a new IRA Systematic and One-Time ACH Contribution Request form indicating a change in the existing program in place. I acknowledge that the origination of ACH transactions to the listed account must comply with the provisions of U.S. Law, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.

Account Owner or Authorized Party Signature Date

Printed Name

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General Instructions

Use these instructions to complete the IRA Contribution Request form.

Purpose of this form: This form is required to initiate a one-time or systematic contribution into an IRA, Roth IRA, SEP IRA, or SIMPLE IRA. Use this form to establish, change or cancel systematic ACH contribution instructions for an existing IRA, Roth IRA, SEP IRA or SIMPLE IRA.

Note: Only one set of instructions should be submitted on this form.

Use this form for:

- Traditional IRA, including Custodial IRA
- Roth IRA, including Custodial Roth IRA
- SEP IRA
- SIMPLE IRA (must provide Employee or Employer election)

All fields are required unless noted. All fields are required unless designated as 'if applicable' or 'optional'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to void request for additional information.

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

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this form.

Note: Provided this form is complete and in good order, it may take up to seven days from receipt by Axos Advisor Services for the systematic contribution to be activated, changed or cancelled.

Establish or Change. Provide information to be changed in Sections 2B, 3 and 4 as applicable, and sign in Section 5.

Cancel. Select which type of systematic contribution should be cancelled. If the account has more than one systematic contribution, indicate the contribution amount and the deposit schedule of the systematic contribution to cancel.

Section 2: Account Information

A. Account Type

Check the box indicating the IRA type.

Important: Systematic contributions cannot be established for a Beneficiary IRA, Beneficiary Roth IRA, SARSEP IRA.

Note: If this is a new account, provide this form with your account application.

B. Account Owner

Enter the account owner information for this account exactly as it appears on your Axos Advisor Services account.

Section 3: ACH Contribution

A. Amount of Contribution

Enter the contribution amount.

B. Contribution Type:

For non-systematic one-time ACH contribution, indicate the intended contribution year. Indicate Employee or Employer contribution type for SIMPLE IRA.

Note: SEP and SIMPLE IRA contributions are recorded in the year in which Axos Advisor Services receives them.

C. If Systematic Contribution:

Note: Contributions made through a systematic contribution will be credited as contributions for the year in which they are received.

Important: The first contribution may be delayed to the next scheduled date if this form is received less than 8 days before the first requested deposit.

If the selected day of the month for contribution is the 29th, 30th or 31st, please note that the contribution will be made on the last business day of the month.

Note: Systematic contributions will be deposited to models in the account according to the account's model contribution percentages.

Section 4: Bank Information

Provide the bank information. If you select either Checking Account or Savings Account, enter your banking information. If you select the Voided Check Provided box, provide a voided check with this form.

Important: If the name on the bank account is different from the name on the Axos Advisor Services account, you must provide written proof of authorization. If the bank account type is not selected, Axos Advisor Services will default to checking account.

Section 5: Signature

A. Account Owner Signature

Sign and date the form.

Note: For Custodial IRA or Custodial Roth IRA, the custodian must sign.

Advisor Authorization for Contributions

If your Investment Advisor has been preauthorized to sign IRA contribution requests for you and the contribution situation does not require a client signature, your Investment Advisor may sign in place of you. Please check with your Investment Advisor if they require your signature.

Note: Complete the Advisor Authorization for Contributions form to authorize your Investment Advisor to sign on your behalf in selected situations.

B. Bank Account Owner Signature

If the person signing Section 5A does not have authority to request monies be withdrawn from the bank account listed in Section 4, the bank account owner must sign to authorize the transaction. If the bank account requires more than one signature, please provide additional signatures in the space provided.

Return your completed form as instructed by your Investment Advisor or client representative. Questions regarding this form should be directed to your Investment Advisor.

If bank account owner is a business, please provide a Corporate Resolution dated within 6 months showing the signor is authorized to approve transactions on the bank account.