

# POWER OF ATTORNEY ATTORNEY-IN-FACT VERIFICATION



Institutional Advisor Services

**General Instructions:** To associate a power of attorney with an Axos Advisor Services account, complete this form and attach a copy of the power of attorney.

Print or type all entries. To type entries, a fillable PDF of this form can be found online at [www.axosadvisorservices.com](http://www.axosadvisorservices.com)

SECTION 1: Account Information	
First/Middle Name	
Last Name	
Account Number	Type of Account

SECTION 2: Individual information		
First / Middle Name		
Last Name		
Phone # <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		
Address 1 <small>Residential Street Address Required – No PO Boxes</small>		
Address 2		
City	State	Zip

SECTION 3: Authorized Signature	
<b>By signing below I certify that I am the appointed attorney-in-fact for the owner of the account listed above and that all information provided on this form is true and correct. By signing below, I agree to the terms and conditions under which the account listed above is established and maintained and I authorize Axos Advisor Services to rely on my signature set forth below.</b>	
Attorney-In-Fact Signature	Date
Attorney-In-Fact Printed Name	

### Witnessed by a Notary Public

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature\_\_\_\_\_

State of\_\_\_\_\_

My commission expires\_\_\_\_\_

(Seal)

