

# Account Application And Agreement

To open and fund your new investment account(s), please provide all the information requested. Be sure to initial any corrections, cross-outs and white-outs. Any corrections to the Tax ID or SSN will require the submission of a new W9.

**CLIENT RELATIONSHIP SUMMARY (FORM CRS) – This form provided by your adviser or broker contains important information about its services, fees, and conflicts of interest. Initial to acknowledge receipt of the CRS:**

CLIENT (INITIAL HERE) \_\_\_\_\_ DATE: \_\_\_\_\_ BROKER (INITIAL HERE) \_\_\_\_\_ DATE: \_\_\_\_\_

## STEP 1. ACCOUNT INFORMATION

|                                      |                 |                        |
|--------------------------------------|-----------------|------------------------|
| Account Title (Name of this account) |                 |                        |
| Account Number                       | Broker Rep Code | Open Date (mm/dd/yyyy) |

| TYPE OF ACCOUNT   | ADDITIONAL REQUIRED PAPERWORK   |
|---|---|
| <input type="radio"/> <b>Individual</b>   |   |
| <input type="radio"/> <b>Joint Tenant</b><br>Are the account holders married to each other? <input type="radio"/> Yes <input type="radio"/> No    Number of Tenants _____<br>Tenancy Clause<br><input type="radio"/> Community Property <input type="radio"/> Community Property with Rights of Survivorship <input type="radio"/> Tenants in Common<br><input type="radio"/> Tenants by Entirety <input type="radio"/> Joint Tenants with Rights of Survivorship                      P % _____ J% _____ |   |
| <input type="radio"/> <b>Custodial:</b> <input type="radio"/> UGMA <input type="radio"/> UTMA    State Code: _____  |   |
| <input type="radio"/> <b>Trust:</b> <input type="radio"/> Revocable <input type="radio"/> Irrevocable<br>Additional Distinction:<br><input type="radio"/> Testamentary <input type="radio"/> Family <input type="radio"/> Charitable <input type="radio"/> Living   | Copy of the Trust, Certificate of Trust   |
| <input type="radio"/> <b>Sole Proprietor</b>  | Declaration of Sole Propriety   |
| <input type="radio"/> <b>Corporation:</b> <input type="radio"/> C Corp <input type="radio"/> S Corp   | Corporate Certification, Articles of Incorporation  |
| <input type="radio"/> <b>LLC</b>  | LLC Resolution  |
| <input type="radio"/> <b>Non-Profit Organization</b>  | Formation documents/charter, Corporate Resolution, proof of 501(c)(3) status, and other entity document that may be required    |
| <input type="radio"/> <b>Partnership</b>  | Certificate of Partnership  |
| <input type="radio"/> <b>Estate</b> – Person or Entity appointed to act on behalf of the account:<br><input type="radio"/> Administrator <input type="radio"/> Personal Representative<br><input type="radio"/> Executor/Executrix<br>Number appointed to act on account _____  | Copy of Death Certificate, Affidavit of Domicile, Letter of Testamentary or Court Appointment, other documents may be required. |
| <input type="radio"/> <b>Axos Clearing LLC IRA</b> <input type="radio"/> Traditional <input type="radio"/> Inherited IRA <input type="radio"/> Rollover<br><input type="radio"/> Roth <input type="radio"/> Inherited Roth <input type="radio"/> SEP <input type="radio"/> SIMPLE <input type="radio"/> Coverdell   | Adoption Agreement and Plan Documents, Additional items may be needed depending on type of IRA                                  |
| <input type="radio"/> <b>Axos Clearing LLC Retirement Account</b> <input type="radio"/> Profit Sharing Plan<br><input type="radio"/> Money Purchase Plan <input type="radio"/> 403(b) <input type="radio"/> 401(k) <input type="radio"/> Individual (K)   | QRP Disclosure Document, additional paperwork may be required.  |
| <input type="radio"/> <b>Non-Axos Clearing LLC Retirement Account</b>   | Certificate of Trust  |
| <input type="radio"/> <b>Other:</b> _____   | e.g., Prime Custody account, Investment Club  |

If the owner is a non-US Person, the appropriate IRS form W-8 must be provided from the non-US Owner.

Account Number: \_\_\_\_\_

**STEP 2. PRIMARY ACCOUNT HOLDER INFORMATION**

*NOTE: Primary account holder may include owner, minor, ward, executor or entity.  
On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder.*

**Complete for Accounts Owned by Individuals only – Do not use for authorized parties on Entity accounts (see STEP 3)**

|                            |   |  |                        |  |
|----------------------------|---|--|------------------------|--|
| First Name                 | Middle Initial  | Last Name  | Social Security Number |  |
| Date of Birth (mm/dd/yyyy) | Gender<br><input type="radio"/> M <input type="radio"/> F <input type="radio"/> No Answer | Marital Status<br><input type="radio"/> Married <input type="radio"/> Single<br><input type="radio"/> Divorced <input type="radio"/> Widowed | Dependents             | Home<br><input type="radio"/> Own <input type="radio"/> Rent |

**Complete for Accounts Owned by Entities only – Corporation, Estate, Trust, LLC, Partnership, Etc.**

|                             |                |                           |
|-----------------------------|----------------|---------------------------|
| Entity Name (if applicable) | Formation Date | Tax Identification Number |
|-----------------------------|----------------|---------------------------|

**Complete for all Account Types**

**Contact Information**

|                      |                |               |               |
|----------------------|----------------|---------------|---------------|
| Home or Mobile Phone | Business Phone | Foreign Phone | Email Address |
|----------------------|----------------|---------------|---------------|

**Address(es)**

|   |           |          |                     |  |
|---|-----------|----------|---------------------|--|
| <b>Physical Address</b><br>(no PO Box)                                      | Address 1 |          | Address 2           |  |
|   | City      | State    | Zip Code            |  |
|   | Country   | Province | Foreign Postal Code |  |
| <b>Mailing Address</b><br>(if different from Physical)                      | Address 1 |          | Address 2           |  |
|   | City      | State    | Zip Code            |  |
|   | Country   | Province | Foreign Postal Code |  |
| <b>Previous Physical Address</b><br>(if Physical is less than 6 months old) | Address 1 |          | Address 2           |  |
|   | City      | State    | Zip Code            |  |
|   | Country   | Province | Foreign Postal Code |  |

**Citizenship**

Please check only one:  
*Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8*

U.S.  U.S. Resident Alien  Non-Resident Alien

Country of legal and tax resident:  
 U.S  Other (specify) \_\_\_\_\_

**USA Patriot Act Information (Required by Federal Law)**

All applicants must provide the information below. Non-Resident aliens must also include a completed W-8.  
 Driver's License  Passport  State ID  Foreign Tax ID  Other Government-issued ID

|                           |        |                         |                              |
|---------------------------|--------|-------------------------|------------------------------|
| Place/Country of Issuance | ID No: | Issue Date (mm/dd/yyyy) | Expiration Date (mm/dd/yyyy) |
|---------------------------|--------|-------------------------|------------------------------|

**Employment and Industry Affiliations**

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student  
*If Employed/Self-Employed is indicated, please complete all employment fields.  
If Retired or Unemployed is indicated, please indicate former Occupation.*

|                    |                |                     |            |                 |
|--------------------|----------------|---------------------|------------|-----------------|
| Employer Name      | Years Employed | Phone Number        | Occupation | Business Nature |
| Employer's Address | City           | State               | Zip Code   |                 |
| Country            | Province       | Foreign Postal Code |            |                 |

**CONTINUED NEXT PAGE**

Account Number:

**Industry and Other Affiliations**

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:

Yes  No  
 IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL

**Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?**  
 If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).  
 Broker-Dealer or Municipal Securities Dealer  Investment Adviser  
 FINRA or other Self-Regulatory Organization  State or Federal Securities Regulator  
 Name of Entity(ies): \_\_\_\_\_

Yes  No  
**An officer, director or 10% (or more) shareholder in a publicly-owned company?**  
**What is your title?**  10% shareholder  CEO  CFO  COO  Other Officer  
 Name of company and symbol: \_\_\_\_\_

Yes  No  
**A senior military, governmental or political official in a non-US country?**  
 Name of country: \_\_\_\_\_

**STEP 3. SECONDARY ACCOUNT HOLDER INFORMATION**

NOTE: Secondary account holder may include additional account owners, custodian, conservator, guardian or Trustee/Officer.  
 On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder.

**Complete for Joint Account Holders, Custodians, Trustees, Authorized Parties**

|                            |   |  |  |
|----------------------------|---|--|--|
| First Name                 | Middle Initial  | Last Name  | Social Security Number   |
| Date of Birth (mm/dd/yyyy) | Gender<br><input type="radio"/> M <input type="radio"/> F <input type="radio"/> No Answer | Marital Status<br><input type="radio"/> Married <input type="radio"/> Single<br><input type="radio"/> Divorced <input type="radio"/> Widowed | Dependents<br>Home<br><input type="radio"/> Own <input type="radio"/> Rent |

**Complete for all Account Types**

**Contact Information**

|                      |                |               |               |
|----------------------|----------------|---------------|---------------|
| Home or Mobile Phone | Business Phone | Foreign Phone | Email Address |
|----------------------|----------------|---------------|---------------|

**Address(es)**

**Physical Address**  
(no PO Box)

|           |           |                     |
|-----------|-----------|---------------------|
| Address 1 | Address 2 |                     |
| City      | State     | Zip Code            |
| Country   | Province  | Foreign Postal Code |

**Mailing Address**  
(if different from Physical)

|           |           |                     |
|-----------|-----------|---------------------|
| Address 1 | Address 2 |                     |
| City      | State     | Zip Code            |
| Country   | Province  | Foreign Postal Code |

**Previous Physical Address**  
(if Physical is less than 6 months old)

|           |           |                     |
|-----------|-----------|---------------------|
| Address 1 | Address 2 |                     |
| City      | State     | Zip Code            |
| Country   | Province  | Foreign Postal Code |

**Citizenship**

Please check only one:  
*Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8*

U.S.  U.S. Resident Alien  Non-Resident Alien

Country of legal and tax resident:  
 U.S.  Other (specify) \_\_\_\_\_

CONTINUED NEXT PAGE

Account Number: \_\_\_\_\_

**USA Patriot Act Information (Required by Federal Law)**

All applicants must provide the information below. Non-Resident aliens must also include a completed W-8.  
 Driver's License  Passport  State ID  Foreign Tax ID  Other Government-issued ID

|                           |        |                         |                              |
|---------------------------|--------|-------------------------|------------------------------|
| Place/Country of Issuance | ID No: | Issue Date (mm/dd/yyyy) | Expiration Date (mm/dd/yyyy) |
|---------------------------|--------|-------------------------|------------------------------|

**Employment and Industry Affiliations**

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student  
*If Employed/Self-Employed is indicated, please complete all employment fields.*  
*If Retired or Unemployed is indicated, please indicate former Occupation.*

|                    |                |                     |            |                 |
|--------------------|----------------|---------------------|------------|-----------------|
| Employer Name      | Years Employed | Phone Number        | Occupation | Business Nature |
| Employer's Address | City           | State               | Zip Code   |                 |
| Country            | Province       | Foreign Postal Code |            |                 |

**Industry and Other Affiliations**

*Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:*

Yes  No  
 IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL

**Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?**  
 If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).  
 Broker-Dealer or Municipal Securities Dealer  Investment Adviser  
 FINRA or other Self-Regulatory Organization  State or Federal Securities Regulator  
 Name of Entity(ies): \_\_\_\_\_

Yes  No  
**An officer, director or 10% (or more) shareholder in a publicly-owned company?**  
**What is your title?**  10% shareholder  CEO  CFO  COO  Other Officer  
 Name of company and symbol: \_\_\_\_\_

Yes  No  
**A senior military, governmental or political official in a non-US country?**  
 Name of country: \_\_\_\_\_

**STEP 4. ACCOUNT FUNDING AND FEATURES**

**Initial Funding Source**

What is the **initial** source of funds for this account? If you are transferring assets from another financial institution, please indicate the origin of those investments.

|   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Investments      | <input type="checkbox"/> Compensation     | <input type="checkbox"/> Retirement Assets            | <input type="checkbox"/> Gift                  | <input type="checkbox"/> Donations     |
| <input type="checkbox"/> Insurance Payout | <input type="checkbox"/> Inheritance      | <input type="checkbox"/> Social Security Benefits     | <input type="checkbox"/> Legal Settlement      | <input type="checkbox"/> Spouse/Parent |
| <input type="checkbox"/> Lottery/Gaming   | <input type="checkbox"/> Business Revenue | <input type="checkbox"/> Sale of Business or Property | <input type="checkbox"/> Other (Specify) _____ |  |

**Money Fund Instructions**

Axos Clearing Insured Deposit (DLD)  
 Do Not Sweep to Axos Clearing Insured Deposit (DLD) PRIMARY

**Disclaimer:** By initialing this document, I represent my consent and authorization to participate in the chosen Sweep Program. I acknowledge that I have read and understand the terms and conditions of the Sweep Program included in the Customer Agreement. **(INITIALS REQUIRED)**

**Dividend Standing Instructions**

|   |  |
|---|--|
| Cash Options (select one)   | Dividend Reinvestment (select one)                                     |
| <input type="checkbox"/> Deposit into free credit balance               | <input type="checkbox"/> Cash dividends – Opt-in for Reinvestment      |
| <input type="checkbox"/> Dividends mailed <b>weekly</b> to client       | <input type="checkbox"/> No Reinvestment                               |
| <input type="checkbox"/> Dividends mailed <b>semi-monthly</b> to client | <input type="checkbox"/> Reinvestment all – Opt-out for Cash dividends |
| <input type="checkbox"/> Dividends mailed <b>monthly</b> to client      |  |

**Trading Privileges**

|  |   |
|--|---|
| <input type="checkbox"/> Cash  |   |
| <input type="checkbox"/> Margin (not available for all account types)  | I understand that margin privileges are granted by Axos Clearing LLC in its sole discretion under the Terms and Conditions of this Account Application and Agreement. A separate Margin Account Agreement is also required. |
| <input type="checkbox"/> Options (not available for all account types) | I understand that option privileges are granted by Axos Clearing LLC in its sole discretion under the Terms and Conditions of this Account Application and Agreement. A separate Option Account Agreement is also required. |

Account Number:

**STEP 5. ACCOUNT INVESTMENT PROFILE**

| Annual Income<br>\$ _____   | Net Worth<br>\$ _____   | Liquid Net Worth<br>\$ _____  | Risk Tolerance  | Tax Bracket   |
|---|---|---|---|---|
| <input type="radio"/> Under \$25,000<br><input type="radio"/> \$25,001 - \$50,000<br><input type="radio"/> \$50,001 - \$100,000<br><input type="radio"/> \$100,001 - \$200,000<br><input type="radio"/> \$200,001 - \$500,000<br><input type="radio"/> \$500,001 - \$1 million<br><input type="radio"/> Over \$1 million  | <b>(excluding residence)</b><br><input type="radio"/> Under \$50,000<br><input type="radio"/> \$50,001 - \$100,000<br><input type="radio"/> \$100,001 - \$500,000<br><input type="radio"/> \$500,001 - \$1 million<br><input type="radio"/> \$1,000,001 - \$3 million<br><input type="radio"/> Over \$3 million | <input type="radio"/> Under \$25,000<br><input type="radio"/> \$25,001 - \$50,000<br><input type="radio"/> \$50,001 - \$100,000<br><input type="radio"/> \$100,001 - \$200,000<br><input type="radio"/> \$200,001 - \$500,000<br><input type="radio"/> \$500,001 - \$1 million<br><input type="radio"/> \$1,000,001 - \$3 million<br><input type="radio"/> Over \$3 million | <input type="radio"/> Low<br><input type="radio"/> Moderate<br><input type="radio"/> Aggressive<br><input type="radio"/> Speculative  | <input type="radio"/> 0%<br><input type="radio"/> 10%<br><input type="radio"/> 12%<br><input type="radio"/> 22%<br><input type="radio"/> 24%<br><input type="radio"/> 32%<br><input type="radio"/> 35%<br><input type="radio"/> 37%   |
| Estimated Value of Investments  | Liquidity Needs   | Time Horizon  | Annual Expenses   | Special Expenses  |
| <input type="radio"/> under \$10,000<br><input type="radio"/> up to \$24,000<br><input type="radio"/> up to \$50,000<br><input type="radio"/> up to \$200,000<br><input type="radio"/> under \$500,000<br><input type="radio"/> over \$500,000  | <input type="radio"/> less than 1 year<br><input type="radio"/> 1 – 5 years<br><input type="radio"/> 5 – 10 years<br><input type="radio"/> 10 – 15 years<br><input type="radio"/> Over 15 years<br><input type="radio"/> Not applicable   | <input type="radio"/> Undefined<br><input type="radio"/> less than 1 year<br><input type="radio"/> 1 – 5 years<br><input type="radio"/> 5 – 10 years<br><input type="radio"/> 10 – 15 years<br><input type="radio"/> Over 15 years  | <input type="radio"/> \$50,000 and under<br><input type="radio"/> \$50,001 - \$100,000<br><input type="radio"/> \$100,001 - \$250,000<br><input type="radio"/> \$250,001 - \$500,000<br><input type="radio"/> Over \$500,000<br><b>Investment Knowledge</b><br><input type="radio"/> Limited<br><input type="radio"/> Good<br><input type="radio"/> Excellent | <input type="radio"/> \$50,000 and under<br><input type="radio"/> \$50,001 - \$100,000<br><input type="radio"/> \$100,001 - \$250,000<br><input type="radio"/> \$250,001 - \$500,000<br><input type="radio"/> Over \$500,000<br><b>Timeframe</b><br><input type="radio"/> Within 2 years<br><input type="radio"/> 3 – 5 years<br><input type="radio"/> 6 – 10 years |
| <b>Investment Objective</b>   |   |   |   |   |
| <input type="radio"/> <b>Balanced (F)</b> - A balance between capital appreciation and current income with the primary consideration being current income<br><input type="radio"/> <b>Growth &amp; Income (G)</b> - A balance between capital appreciation and current income with the primary consideration being capital appreciation<br><input type="radio"/> <b>Growth (H)</b> - Capital appreciation through quality equity investment and little or no income<br><input type="radio"/> <b>Maximum Growth (I)</b> - Maximum capital appreciation with higher risk and little to no income.<br><input type="radio"/> <b>Speculation (J)</b> - Maximum total return potential, involving a higher degree of risk through investment in a broad spectrum of securities. |   |   |   |   |

| Investment Experience                                | Years of Experience  | Transactions per year  |
|--|--|--|
| Mutual Funds/Exchange Traded Funds                   | <input type="radio"/> 0 <input type="radio"/> 1 - 5 <input type="radio"/> Over 5 | <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 15 <input type="radio"/> Over 15 |
| Individual Stocks                                    | <input type="radio"/> 0 <input type="radio"/> 1 - 5 <input type="radio"/> Over 5 | <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 15 <input type="radio"/> Over 15 |
| Bonds  | <input type="radio"/> 0 <input type="radio"/> 1 - 5 <input type="radio"/> Over 5 | <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 15 <input type="radio"/> Over 15 |
| Options  | <input type="radio"/> 0 <input type="radio"/> 1 - 5 <input type="radio"/> Over 5 | <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 15 <input type="radio"/> Over 15 |
| Securities Futures                                   | <input type="radio"/> 0 <input type="radio"/> 1 - 5 <input type="radio"/> Over 5 | <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 15 <input type="radio"/> Over 15 |
| Annuities  | <input type="radio"/> 0 <input type="radio"/> 1 - 5 <input type="radio"/> Over 5 | <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 15 <input type="radio"/> Over 15 |
| Alternative (structured products, hedge funds, etc.) | <input type="radio"/> 0 <input type="radio"/> 1 - 5 <input type="radio"/> Over 5 | <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 15 <input type="radio"/> Over 15 |
| Margin   | <input type="radio"/> 0 <input type="radio"/> 1 - 5 <input type="radio"/> Over 5 | <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 15 <input type="radio"/> Over 15 |

**STEP 6. TRUSTED CONTACT**

By choosing to provide information for a Trusted Contact Person ("TCP"), you authorize your Agent to contact and to disclose information about you and your account(s) to the TCP:

- Provide the TCP with information about you or your account(s), but does not provide the TCP with the ability to transact on your account(s)
- Inquire about your current contact information or health status
- Inquire if another person or entity has legal authority to act on your behalf (e.g. legal guardian or conservator, executor, trustee, or holder of a power of attorney)

The TCP must be at least 18 years old, must be someone other than an account owner and cannot be your Investment Advisor and or your Agent. The Agent may provide the TCP information about you or your account(s), but does not allow the TCP the ability to transact on your account(s).

I decline to identify a Trusted Contact at this time.

|                                    |               |                     |
|------------------------------------|---------------|---------------------|
| Name (First, Middle Initial, Last) | Relationship  |                     |
| Primary Telephone Number           | Email Address |                     |
| Mailing Address                    |               |                     |
| City                               | State         | Zip Code            |
| Country                            | Province      | Foreign Postal Code |

Account Number: \_\_\_\_\_

**STEP 7. W-9 CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US citizen or other US person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Definition of a US Person**

For federal tax purposes, you are considered a US person if you are:

- An individual who is a US citizen or US resident alien,
- A partnership, corporation, company or association created or organized in the United State or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations section 301.7701-7)

**Certification instructions.**

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. If you are an exempt payee (if you are unsure, please consult your tax professional), enter your exempt payee code (if any) here: \_\_\_\_\_

If you are exempt from FATCA reporting (if you are unsure, please consult your tax professional), enter your exemption from FATCA reporting code (if any) here: \_\_\_\_\_

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE THAT SECURITIES NOT FULLY PAID FOR MAY BE LOANED TO AXOS CLEARING LLC OR LOANED OUT TO OTHERS.

PLEASE NOTE THAT THIS ACCOUNT APPLICATION AND AGREEMENT CONTAINS A PREDISPUTE ARBITRATION AGREEMENT IN THE TERMS AND CONDITIONS ACCOMPANYING THIS ACCOUNT APPLICATION AND AGREEMENT. YOU ACKNOWLEDGE RECEIVING A COPY OF THIS ACCOUNT APPLICATION AND AGREEMENT.

**STEP 8. SIGNATURES**

To help the government fight the funding of terrorism and money laundering activities, federal laws require all financial organizations to obtain, verify and record information that identifies each person who opens an account. That means that Axos Clearing will ask for your name, address, date of birth and other information that will allow us to identify you. We may also require a copy of your driver's license or other government-issued identifying document.

By signing this Account Application and Agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to enter into this Account Application and Agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

**ACCOUNT HOLDER/TRUSTEE/CORPORATE OFFICER SIGNATURE**

|                                 |            |      |
|---------------------------------|------------|------|
| Account Owner Signature<br>✕    | Print Name | Date |
| Account Co-Owner Signature<br>✕ | Print Name | Date |

**APPROVALS**

|                                  |            |      |
|----------------------------------|------------|------|
| Broker Signature<br>✕            | Print Name | Date |
| General Principal Signature<br>✕ | Print Name | Date |