IRA Change of Beneficiary Form

This form may only be used to change the beneficiaries designations on an established IRA. Submission of this form will replace any prior beneficiary designations.

ACCOUNT	INFORMATION	- REQUIRED

Axos Clearing LLC, custod	lian for the IRA of:							
Account Title (Name of this account)				Account				
							OR SPECIFIC	
							ENEFICIARY ROVISIONS, PLEASE	
DESIGNATION OF BENE	FICIARY					RI	EFER TO THE	
I designate that upon my	death, the assets in this a	ccount be paid to the	beneficiaries named below	. The in	iterest of any		PPLICABLE SECTIONS F THE PLAN	
beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be								
increased on a pro rata b		SCLOSURE						
☐ Primary	BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH		S	TATEMENT.			
☐ Contingent		1.				ті	HE TOTAL ALLOCATION	
Share %	RELATIONSHIP	Address				_	F ALL PRIMARY	
							ENEFICIARIES MUST QUAL 100%	
☐ Primary	BENEFICIARY'S NAME		SOCIAL SECURITY NUMBER/T.	AX ID	DATE OF BIRTH	-	20/12 100/0	
☐ Contingent		1					HE TOTAL OF ALL	
Share %	RELATIONSHIP	Address					ONTINGENT ENEFICIARIES MUST	
			1				QUAL 100%	
☐ Primary	BENEFICIARY'S NAME		SOCIAL SECURITY NUMBER/T.	AX ID	DATE OF BIRTH		D DESIGNATE YOUR	
☐ Contingent		1					STATE AS YOUR	
Share %	RELATIONSHIP	Address					ENEFICIARY, WRITE IN	
							ESTATE". "PER WILL" ESIGNATIONS ARE NOT	
☐ Primary	BENEFICIARY'S NAME		SOCIAL SECURITY NUMBER/T.	AX ID	DATE OF BIRTH		CCEPTABLE	
☐ Contingent								
Share %	RELATIONSHIP	ADDRESS					NO BENEFICIARY IS AMED, THE	
							ENEFICIARY	
☐ Primary	BENEFICIARY'S NAME		SOCIAL SECURITY NUMBER/T	AX ID	DATE OF BIRTH		ROVISIONS OUTLINED IN HE PLAN AGREEMENT	
☐ Contingent							ILL APPLY.	
Share %	RELATIONSHIP	ADDRESS						
Situate 75								
SPOUSAL CONSENT								
·	completed if the spouse i	s not the sole primary	beneficiary.					
CURRENT MARITAL STATUS (Required)								
☐ I Am Not Married — I understand that if I become married in the future, I should review the requirements for spousal consent.								
☐ I Am Married — I understand that if I choose to designate primary beneficiary other than or in addition to my spouse, my spouse should sign below. I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important								
tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA owner my interest in the assets or property deposited in this IRA and								
	ignation indicated above. I assur	ne full responsibility for any	radverse consequences that may Print Name	result		Date		
Signature of Spouse	•		Fillit Name			Date		
	RTANT PLEASE READ BEFO							
I (Account Owner) hereby state that all previous designation(s) of beneficiary(ies), with respect to the above-designated IRA, are hereby revoked. I understand that the								
Change of Beneficiary will be effective on the date of receipt by my introducing Broker Dealer and/or Axos Clearing LLC, and that, upon any change of beneficiary, the								
right of all previously designated beneficiaries to receive benefit under this account shall cease. I retain the right to revoke this designation of beneficiary and to designate a new beneficiary at any time by written notification to my Broker and/or Axos Clearing.								
Signature of IRA Owner				Date (mm	Date (mm/dd/yyyy)			
×						, i		
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