## Change Certification Indemnity And Agreement Form

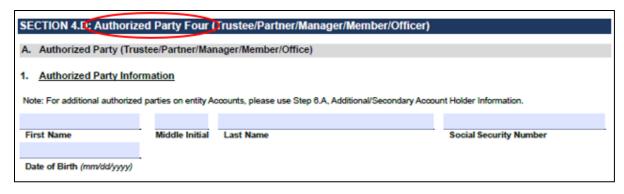


## Form Updates

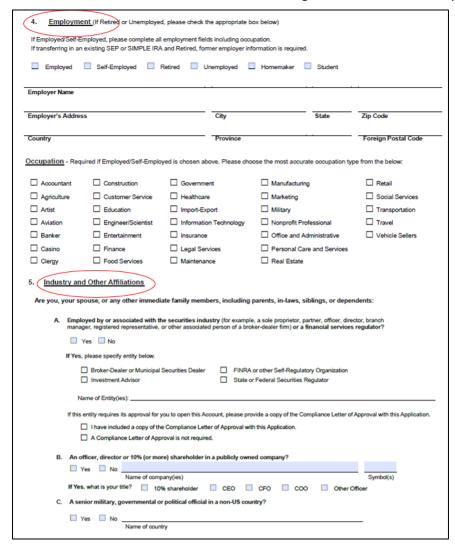
On April 18, we will be releasing our updated Change Certification Indemnity and Agreement form.

- We have updated the look and feel of the form.
- Users will now be able to add up to four Authorized Parties.

of the date it is received by Axos Advisor Services.  Axos Advisor Services, a financial institution as defined by the Bank Secrecy Act, uses the information provided below to verify your identity. We may submit the information to a third-party service bureau, in which case the information will be compared against their database, we may request from you permission to obtain a credit report or any other means including requesting additional information from you or others. The responses from the above are	SECTION 4: Authorized Party (Trustee/Partner/Manager/Member/Officer)			
submit the information to a third-party service bureau, in which case the information will be compared against their database, we may request from yot permission to obtain a credit report or any other means including requesting additional information from you or others. The responses from the above are confidential information and will not be shared with others unless required by law. Please refer to the instructions for completing this application to identify whose information should be provided below.  IMPORTANT: All authorized Party One (Prustee/Partner/Manager/Member/Officer)  A. Authorized Party (Trustee/Partner/Manager/Member/Office)  1. Authorized Party Information  Note: For additional authorized parties on entity Accounts, please use Step 6.A. Additional/Secondary Account Holder Information.  First Name Middle Initial Last Name Social Security Number  SECTION 4.8: Authorized Party (Trustee/Partner/Manager/Member/Officer)  A. Authorized Party (Trustee/Partner/Manager/Member/Office)  1. Authorized Party (Trustee/Partner/Manager/Member/Office)  1. Authorized Party (Trustee/Partner/Manager/Member/Office)  3. Authorized Party (Trustee/Partner/Manager/Member/Office)  4. Authorized Party (Trustee/Partner/Manager/Member/Officer)  A. Authorized Party Information  Note: For additional authorized parties on entity Accounts, please use Step 6.A. Additional/Secondary Account Holder Information.	IMPORTANT: The information provided below will replace existing Authorized Parties (including Trustees, Partners, Managers, Members or Officers) as of the date it is received by Axos Advisor Services.			
SECTION 4 A: Authorized Party (Trustee/Partner/Manager/Member/Office)  1. Authorized Party Information  Note: For additional authorized parties on entity Accounts, please use Step 6.A. Additional/Secondary Account Holder Information.  First Name Middle Initial Last Name Social Security Number  Date of Birth (mm/dd/yyyy)  SECTION 4.8: Authorized Party Two (Frustee/Partner/Manager/Member/Office)  1. Authorized Party Information  Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.  First Name Middle Initial Last Name Social Security Number  Date of Birth (mm/dd/yyyy)  SECTION 4.C: Authorized Party Three Trustee/Partner/Manager/Member/Officer)  A. Authorized Party (Trustee/Partner/Manager/Member/Officer)  Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.	Axos Advisor Services, a financial institution as defined by the Bank Secrecy Act, uses the information provided below to verify your identity. We may submit the information to a third-party service bureau, in which case the information will be compared against their database, we may request from you permission to obtain a credit report or any other means including requesting additional information from you or others. The responses from the above are confidential information and will not be shared with others unless required by law. Please refer to the instructions for completing this application to identify whose information should be provided below.			
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1. Authorized Party Information  Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.  First Name Middle Initial Last Name Social Security Number  Date of Birth (mm/dd/yyyy)  SECTION 4.8: Authorized Party Two (*Frustee/Partner/Manager/Member/Officer)  A. Authorized Party (*Trustee/Partner/Manager/Member/Office)  1. Authorized Party Information  Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.  First Name Middle Initial Last Name Social Security Number  Date of Birth (mm/dd/yyyy)  SECTION 4.C: Authorized Party Three *Trustee/Partner/Manager/Member/Office)  A. Authorized Party (*Trustee/Partner/Manager/Member/Office)  1. Authorized Party (*Trustee/Partner/Manager/Member/Office)  1. Authorized Party Information  Note: For additional authorized parties on entity Accounts, please use Step 6.A, Additional/Secondary Account Holder Information.	SECTION 4 A: Authorized Party One (Trustee/Partner/Manager/Member/Officer)			
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First Name Middle Initial Last Name Social Security Number				
	First Name Middle Initi	al Last Name	Social Security Number	
Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/wwv)			



• Trustees or officers will no longer be required to submit the Account Application Supplemental form. The additional information needed for trustees or officers, such as employment and industry and other affiliation information, is now included in the Change Certification Indemnity and Agreement form.



Please let your Client Service Advocate know if you have questions.

## Investment Products: Not FDIC Insured - No Bank Guarantee - May Lose Value.

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