

Trading Authorization Agreement

This form must be completed in its entirety and must be signed by all account owners and the Authorized Agent. If multiple agents are to be authorized, submit a separate form for each Authorized Agent.

STEP 1: ACCOUNT INFORMATION

Account Title (Title of the Account to which this agreement applies)	Account Number
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STEP 2: LEVEL OF AUTHORIZATION: Check only one. If neither Full nor Limited is marked, the authorization level will default to Limited.

- Limited Trading Authorization for Purchase and Sale of Securities Only
- Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.)

STEP 3: AUTHORIZED AGENT

Full Legal Name (First, Middle Initial, Last)		Relationship to Account Owner(s)		
Date of Birth (MM-DD-YYYY)	Social Security Number (SSN)	Primary Phone Number		
Home Address (No PO Boxes or mail drop)		Address 2		
City	State	ZIP Code		
Country	Province	Foreign Postal Code		
Employment and Industry Affiliations				
<input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Homemaker <input type="radio"/> Student <i>If Employed/Self-Employed is indicated, please complete all employment fields.</i> <i>If Retired or Unemployed is indicated, please indicate former Occupation.</i>				
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				
<i>Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:</i>				
<input type="radio"/> Yes <input type="radio"/> No	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 CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL	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). <input type="radio"/> Broker-Dealer or Municipal Securities Dealer <input type="radio"/> Investment Adviser <input type="radio"/> FINRA or other Self-Regulatory Organization <input type="radio"/> State or Federal Securities Regulator Name of Entity(ies): _____			
<input type="radio"/> Yes <input type="radio"/> No	An officer, director or 10% (or more) shareholder in a publicly-owned company?			
<input type="radio"/> Yes <input type="radio"/> No	What is your position? <input type="radio"/> 10% shareholder <input type="radio"/> CEO <input type="radio"/> CFO <input type="radio"/> COO Other Officer Name of company and symbol: _____			
<input type="radio"/> Yes <input type="radio"/> No	A senior military, governmental or political official in a non-US country? Name of country: _____			

Account Number:

STEP 4: AUTHORIZATION AND INDEMNIFICATION

The Account Owner(s) listed below hereby authorizes and appoints the Authorized Agent(s) below as the Account Owner's or Owners' agent and attorney-in-fact for the purchase and sale of securities and other financial instruments in cash and/or on margin in the Account Owner's or Owners' name or number on the account(s) carried by Axos Clearing LLC ("Axos Clearing") (the "Account"). The Authorized Agent may act on behalf of and without notice to the Account Owner(s) to buy, sell, sell short, and to otherwise trade stocks, bonds, mutual funds, options, and/or any other securities, financial contracts, or financial instruments. This authorization does not allow the Authorized Agent to instruct the Introducing Broker Dealer ("IBD") to make any changes to the Account, such as address of record, suitability information, or to upgrade the Account to trade on margin or to trade options. The instructions or actions of the Authorized Agent have the same force and effect as those of the Account Owner(s) with respect to the above-referenced transactions, and the IBD and/or Axos Clearing is authorized to follow such instructions or actions as if directly instructed by the Account Owner(s). The Authorized Agent represents it is familiar with the Account Owner(s) investment objectives, financial situation, and needs, and will invest in a manner consistent with these objectives. The Customer Agreement included in the Account Agreement (including arbitration of disputes), and any other agreement between the IBD and/or Axos Clearing and the Account Owner(s), shall apply equally to the Authorized Agent.

If Full Trading Authorization is chosen, this authority includes the right to request delivery of securities or monies from the account in the Account Owner's or Owners' name(s).

If this is a fiduciary account, the Account Owner(s) affirms that this grant of trading authority has been conferred consistent with his/her fiduciary duties and powers.

The Account Owner(s) understands all such transactions conducted by the Authorized Agent are at the Account Owner's or Owners' own risk. The Account Owner(s) hereby ratifies and confirms any and all transactions made at any time by the Authorized Agent for the Account. Accordingly, the Account Owner(s) agrees to indemnify and hold harmless the IBD and Axos Clearing from any and all losses arising from or related to this Agreement, and the Account Owner(s) agrees to promptly pay on demand any debit balance due to Axos Clearing on the Account. The IBD and Axos Clearing assume no responsibility for trade monitoring or reviewing any investment activity or decision of the Authorized Agent in the Account Owner(s) account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which the IBD or Axos Clearing may have under any other agreement with the Account Owner(s) or Authorized Agent. This authorization and indemnification shall benefit the IBD and Axos Clearing, and any successor firms irrespective of any changes at any time in the personnel thereof, and their assigns.

This Agreement supersedes any prior agreements that the Account Owner(s) may have executed with regard to the Account. This Agreement shall remain in full force until revoked by the Account Owner(s) by providing written notice to the IBD. The Account Owner(s) shall be liable for transactions initiated prior to the IBD's receipt of such written revocation.

The Authorized Agent agrees to immediately notify the IBD in writing if the Authorized Agent, or members of his/her household, are either (a) currently employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA), or registered as an investment advisor and using the license in a professional sales, trading, or customer service capacity, or (b) a director, 10% shareholder, or policy-making officer of a company which trades publicly on a stock exchange.

STEP 5: TRADING AUTHORIZATION

By our signatures below, the Account Owner(s) and Authorized Agent agree to the provisions within this Agreement in their entirety, and attest that this authorization supersedes any prior trading authorization the Account Owner(s) may have executed with regard to the Account. Furthermore, Account Owner(s) and Authorized Agent acknowledge that the IBD and Axos Clearing may refuse to approve, or remove, the Authorized Agent from acting as the Account Owner(s) agent on this, or any other account.

All Account Owners and Authorized Agent must sign.

ACCOUNT OWNER(S)		
Account Owner Signature ✕	Print Name	Date
Account Co-Owner Signature ✕	Print Name	Date
AUTHORIZED AGENT		
Authorized Agent's Signature ✕	Print Name	Date
<i>Original signature required: electronic signatures and/or signature fonts are not authorized.</i>		
Broker Signature ✕	Print Name	Date
General Principal Signature ✕	Print Name	Date