

A subsidiary of Axos Financial™

Trademark(s) belong to their respective owners.

Beneficial Ownership Certification

This form must be completed by Name of Legal Entity		Type of Legal Entit			Account No				
Legal Address of Legal Entity		City		State		ZI	P Code		
Name of Natural Person Opening the Account		Title of Natural Pe	ng the A	ccount					
EQUITY INTEREST OWNER Provide the following information and the standing, relationship or content of the standing of the sta	•	•				_			
Ownership Percentage %	Name of Natural Person		Socia	Social Security Number/			Date of Birth		
Trading Authority No Climited Full	Address	Business		Addre	ess 2				
Identification (required for non-US persons) O Passport O Other Government-issued ID	City	State	ZIP Co	ode	Foreign Postal (Code	Country		
	PLACE/COUNTRY OF ISSUANCE	ID No:	•	Issue Da	TE (MM/DD/YYYY)	EXPIR	RATION DATE (MM/DD/YYYY)		
Ownership Percentage %	Name of Natural Person		Socia	Securit	/ Number/Tax ID		Date of Birth		
Trading Authority No Climited Full	Address Residential O	Business		Addre	ess 2				
Identification (required for non-US persons)	City	State	ZIP Co	ode	Foreign Postal (Code	Country		
O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	NCE ID No:		ISSUE DA	TE (MM/DD/YYYY)	EXPIR	AATION DATE (MM/DD/YYYY)		
Ownership Percentage %	Name of Natural Person			Social Security Number/1			x ID Date of Birth		
Trading Authority ○ No ○Limited ○ Full	Address	Business	l .	Addre	ess 2	·			
Identification (required for non-US persons) O Passport O Other Government-issued ID	City	State	ZIP Co	ode	Foreign Postal (Code	Country		
	PLACE/COUNTRY OF ISSUANCE	ID No:	,	Issue Da	TE (MM/DD/YYYY)	EXPIR	RATION DATE (MM/DD/YYYY)		
Ownership Percentage %	Name of Natural Person	Socia	Securit	y Number/Tax ID		Date of Birth			
Trading Authority No Climited Full	Address	dress Residential Business			Address 2				
Identification (required for non-US persons) O Passport O Other Government-issued ID	City	State	ZIP Co	ode	Foreign Postal (Code	Country		
	PLACE/COUNTRY OF ISSUANCE	ID No:		Issue Da	TE (MM/DD/YYYY)	EXPIR	RATION DATE (MM/DD/YYYY)		
Attach additional pages for additi	ional Equity Interest Owners i	f needed	- 1						
	Col	NTINUED N EXT	PAGE						



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CONTROL PERSON

Identify individuals with significant responsibility in managing the legal entity such as, but not limited to:

Executive officer or senior manager (Chief Executive Officer; Chief Financial Officer; Chief Operating Officer; Managing Member; General Partner; President; Vice President; Treasurer) OR any other individual who regularly performs similar functions.

General Partner; Presi	dent; Vice President; Treasu	rer) OR	any other i	ndıvı	dual who i	regularly perforr	ns sim	illar functions.	
Title	Name of Natural Person		Social Security Number/Tax ID				Date of Birth		
Trading Authority	Address \(\text{Residential} \(\text{OBusiness} \) Address 2							1	
○ No ○Limited ○ Full Identification (required for	City		ate	e ZIP (Code Foreign Postal C		Country	
non-US persons) O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	ID No:	:			ISSUE DATE (MM/DD/YYYY)		EXPIRATION DATE (MM/DD/YYYY)	
Title	Name of Natural Person		Social Security Number/Tax ID				Date of Birth		
Trading Authority	Address \(\text{Residential} \(\text{OB} \)		Address 2						
○ No ○Limited ○ Full Identification (required for	City	St	ate	ZIP	Code	Foreign Postal (Code	Country	
non-US persons) O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	ID No:	:		Issue Dat	E (MM/DD/YYYY)	Expir	RATION DATE (MM/DD/YYYY)	
Title	Name of Natural Person			Social Security Number/Tax ID				Date of Birth	
Trading Authority	Address Residential Business				Address 2				
○ No ○Limited ○ Full Identification (required for	City		ate	ZIP	Code	Foreign Postal (Code	Country	
non-US persons) O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	ID No:	:	I	ISSUE DATE (MM/DD/YYYY)		EXPIRATION DATE (MM/DD/YYYY)		
Title	Name of Natural Person		Social Security Number/Tax ID				Date of Birth		
Trading Authority	Address \(\text{Residential} \(\text{OB} \)		Address 2				,		
○ No ○Limited ○ Full Identification (required for	City	y Sta		ZIP	Code	Foreign Postal Co		Country	
non-US persons) O Passport	PLACE/COUNTRY OF ISSUANCE	ID No:	:	ISSUE DATE (MM/DD/YYYY			EXPIRATION DATE (MM/DD/YYYY)		
O Other Government-issued ID Attach additional pages for additi	L onal Control Persons if neede	d							
CERTIFICATION	welve and add that the inform	nation	nrovidod ok		is samulat	o and correct			
I hereby certify, to the best of my knowledge, that the information position of Natural Person Opening the Account			ISSUER PRINTED NAME				DA	DATE	
TO BE COMPLETED BY THE INTI									
Must be executed by a Principal Officer (CCO); or Anti-Money La	_	ealer su	icn as the P	resid	ent; Chief	Executive Office	r (CEC); Chief Compliance	
Reviewed by:			Τ						
SIGNATURE **			PRINTED NAME				DA	DATE	
Clearing, custody or other brokera Member FINRA & SIPC. Axos Clea		_						Page 2 of 2 BOCF 3/2019	