

A subsidiary of Axos Financial™

This form must be completed by the person opening a new	w account on behalf of a leg	al entity. Att	ach additional	sheets as necessary.
Name of Legal Entity	Type of Legal Entity		Account Num	ber
Legal Address of Legal Entity	City	State		ZIP Code
Name of Natural Person Opening the Account	Title of Natural Person Opening the Account			

EQUITY INTEREST OWNER

Provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 5% or more of the equity interests of the legal entity identified above.

Ownership Percentage %	Name of Natural Person			Socia	l Security	Date of Birth		
Trading Authority	Address () Residential () Business				Address 2			
Identification (required for non-US persons)	City		State	ZIP C	ode	Foreign Postal (Code	Country
O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	ID	No:		ISSUE DAT	e (mm/dd/yyyy)	Expir	ation Date (mm/dd/yyyy)
Ownership Percentage %	Name of Natural Person			Socia	l Security	Number/Tax ID		Date of Birth
Trading Authority No Limited Full	Address () Residential () Bu	usin	ess		Addres	ss 2		
Identification (required for non-US persons)	City		State	ZIP C	ode	Foreign Postal (Code	Country
O Passport O Other Government-issued ID	Place/Country of Issuance	ID	No:		ISSUE DAT	e (mm/dd/yyyy)	Expir	ation Date (mm/dd/yyyy)
Ownership Percentage %	Name of Natural Person			Socia	l Security	Number/Tax ID		Date of Birth
Ownership Percentage % Trading Authority ◯ No ◯Limited ◯ Full	Name of Natural Person Address () Residential ()Bu	usin	ess	Socia	l Security Addres			Date of Birth
Trading Authority No OLimited OFull Identification (required for non-US persons)		usin		Socia ZIP C	Addres		Code	Date of Birth Country
Trading Authority No OLimited O Full Identification	Address () Residential ()Bu			ZIP C	Addres	ss 2		
Trading Authority No Limited Full Identification (required for non-US persons) O Passport	Address () Residential () Bu		State	ZIP C	Addres ode Issue Dati	ss 2 Foreign Postal (Country
Trading Authority No Limited Full Identification (required for non-US persons) O Passport O Other Government-issued ID	Address () Residential () Bu City PLACE/COUNTRY OF ISSUANCE	ID	State No:	ZIP C	Addres ode Issue Dati	Foreign Postal (E (MM/DD/YYYY) Number/Tax ID		Country ATION DATE (MM/DD/YYYY)
Trading Authority No Limited Full Identification (required for non-US persons) O Passport O Other Government-issued ID Ownership Percentage % Trading Authority	Address () Residential () Bu City PLACE/COUNTRY OF ISSUANCE Name of Natural Person	ID	State No: ess	ZIP C	Addres ode Issue Dati I Security Addres	Foreign Postal (E (MM/DD/YYYY) Number/Tax ID	Expir	Country ATION DATE (MM/DD/YYYY)

Attach additional pages for additional Equity Interest Owners if needed

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Clearing, custody or other brokerage services provided by AXOS Clearing, LLC,	Page 1 of 2
member FINRA and SIPC. Trademark(s) belong to their respective owners.	BOCF 4/2018



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.

Title	Name of Natural Person			Soci	Social Security Number/Tax ID Date of Birth			
Trading Authority	Address () Residential ()B	usin	ess		Addre	ess 2		
○ No ○Limited ○ Full	City		State	ZIP	Code	Foreign Postal (Code	Country
non-US persons) O Passport O Other Government-issued ID	Place/Country of Issuance	ID	No:		ISSUE DAT	TE (MM/DD/YYYY)	Expir	ation Date (mm/dd/yyyy)
Title	Name of Natural Person			Soci	ial Securit	y Number/Tax ID		Date of Birth
Trading Authority	Address () Residential ()B	usin	ess		Addre	ess 2		
○ No ○Limited ○ Full Identification (required for	City		State	ZIP	Code	Foreign Postal (Code	Country
non-US persons) O Passport O Other Government-issued ID	Place/Country of Issuance	ID	No:		Issue Dat	te (mm/dd/yyyy)	Expir	ation Date (mm/dd/yyyy)
Title	Name of Natural Person			Soci	ial Securit	y Number/Tax ID		Date of Birth
Trading Authority	Address () Residential ()B	usin	ess		Addre	ess 2		
○ No ○Limited ○ Full	City		State	ZIP	Code	Foreign Postal (Code	Country
non-US persons) O Passport O Other Government-issued ID	Place/Country of Issuance	ID	No:		Issue Da	TE (MM/DD/YYYY)	Expir	ation Date (mm/dd/yyyy)
Title	Name of Natural Person			Soci	ial Securit	y Number/Tax ID		Date of Birth
Trading Authority	Address () Residential ()B	usin	ess		Addre	ess 2		
○ No ○Limited ○ Full	City		State	ZIP	Code	Foreign Postal (Code	Country
non-US persons)	Place/Country of Issuance		No:	I		TE (MM/DD/YYYY)	1	ATION DATE (MM/DD/YYYY)

Attach additional pages for additional Control Persons if needed

CERTIFICATION

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

SIGNATURE OF NATURAL PERSON OPENING THE ACCOUNT	ISSUER PRINTED NAME	DATE
×		

TO BE COMPLETED BY THE INTRODUCING BROKER DEALER (IBD).

Must be executed by a Principal of the Introducing Broker Dealer such as the President; Chief Executive Officer (CEO); Chief Compliance Officer (CCO); or Anti-Money Laundering Officer (AMLO).

Reviewed by:

	DATE
×	

Clearing, custody or other brokerage services provided by AXOS Clearing, LLC,	Page 2 of 2
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