STATETRUST

ACCOUNT UPDATE FORM

WEALTH MANAGEMENT

This form is used to make any corrections or changes to your account. You may not use this form to change the account registration or the account type. All pages must be submitted together for processing. Complete all applicable sections.

ACCOUNT INFORMATION - REQUIRED

Account Title (Name of this account)							Account Number			
Client Name							Broker Rep Code			
	IANGE									
Please change t	he address on my account t	the follow	wing:							
Physical Address (no PO Box)	Address 1		Address 2			2	I			
	City		State				Zip Code			
	Country		Province				Foreign Postal Code			
Mailing Address (if different from	Address 1	I			Address 2					
Physical)	City		State				Zip Code	Zip Code		
	Country		Province				Foreign Postal Code			
	RESS/PHONE NUMBER CHAI	NGE								
Home or Mobile P	•			Business	Phone					
Foreign Phone			Email Address							
	N/BUSINESS NATURE/EMPL	OYER CHAP	NGE							
	Self-Employed ORetired O			naker O	Student					
	-Employed is indicated, pleas			-	ls.					
If Retired or Une Employer Name	mployed is indicated, please		<i>mer Occupa</i> rs Employed		Number		Occupation	Business Nature		
Employer Hume		1 cu	5 Employed	1 none i	uniber		occupation			
Employer's Address	5		City			State		Zip Code		
Country		Province					Foreign Postal Code			
	ID INSTRUCTIONS									
	g Insured Deposit (DLD)									
O Do Not Sweep to Axos Clearing Insured Deposit (DLD) PRIMARY										
Disclaimer : By initialing this document, I represent my consent and authorization to participate in the chosen Sweep Program. I acknowledge that I have read and understand the terms and conditions of the Sweep Program included (INITIALS										
Program. I ackn in the Customer	-	understand	a the terms	and cond	utions of	r the Sw	veep Program inclu	ided (INITIALS REQUIRED)		

Clearing, custody or other brokerage services provided by Axos Clearing LLC,	Page 1 of 2
Member FINRA & SIPC. Axos Clearing LLC is a subsidiary of Axos Financial, Inc.	UPNA 03/2019
Trademark(s) belong to their respective owners.	

Account Number:

O FINANCIAL INFORMATIO)N							
Annual Income Net Wor		h	Liqui	d Net Worth		Risk Tolerance	e	Tax Bracket
\$	\$		\$					
O Under \$25,000 (excluding resi		dence)	O Under \$	25,000		O Low	0.0	%
O \$25,001 - \$50,000 O Under \$50,000			O \$25,001	- \$50,000		O Moderate	O 1	0%
O \$50,001 - \$100,000 O \$50,001 - \$100		000	○ \$50,001 - \$100,000			O Aggressive	01	2%
⊃ \$100,001 - \$200,000		0,000	○ \$100,001 - \$200,000			O Speculative	O 2	2%
⊃ \$200,001 - \$500,000	O \$500,001 - \$1 n		O \$200,001 - \$500,000				O 2	4%
⊃ \$500,001 - \$1 million	O \$1,000,001 - \$3	million		O \$500,001 - \$1 million			O 3	2%
⊃ Over \$1 million	O Over \$3 million		O \$1,000,001 - \$3 million		on		O 3	
			O Over \$3	million				7%
Estimated Value of	Liquidity Ne	eds	Time H	lorizon	An	nual Expenses		Special Expenses
Investments								
⊃ under \$10,000	O less than 1 year		O Undefin	ed	O \$50,000 and under			50,000 and under
⊃ up to \$24,000	O 1 − 5 years		O less than 1 year		O \$50,001 - \$100,000			50,001 - \$100,000
O up to \$50,000 O 5 – 10 ye			O 1 − 5 years		○ \$100,001 - \$250,000		0 0 \$	100,001 - \$250,000
O up to \$200,000 O 10 - 15 y			O 5 – 10 years		O \$250,001 - \$500,000			250,001 - \$500,000
O under \$500,000 O Over 15 years					O Over \$500,000			ver \$500,000
O over \$500,000 O Not applicable					Investment Knowledge			eframe
					O Lim			/ithin 2 years
					O Goo	od		– 5 years
					O Exc	ellent	06	– 10 years
			Investment C					
O Current Income (A) - Pres		with a prin	nary				-	h quality equity
consideration on current inc						tle or no income		
O Balanced (F)- A balance be								appreciation with
ncome with the primary con	-			-		le to no income.		
O Growth & Income (G) - A balance between capital appreciation and current income with the primary consideration being capital higher degree of risk through investment in a broad spectrum								
and current income with the	e primary considerat	ion being o	capital		ee of ri	sk through inve	stment in	a broad spectrum of
appreciation				securities.				
nvestment Experience			Experience		- 1	Transactions p		0.0.45
Mutual Funds/Exchange Traded Funds		00	O 1 - 5	O Over	-		06-15	O Over 15
Individual Stocks		00	O 1 - 5	O Over	-		06-15	O Over 15
Bonds		00	O 1 - 5	O Over			06-15	O Over 15
501145	Options			O Over	5	O 0 - 5 (D 6 - 15	O Over 15
		00	O 1 - 5					
Options		0 0	O 1 - 5	O Over	5	O 0 - 5 (D 6 - 15	O Over 15
Options Securities Futures		-	_				D 6 - 15 D 6 - 15	O Over 15 O Over 15
	s, hedge funds, etc.)	00	O 1 - 5	O Over	5	00-5		

SIGNATURES – ALL ACCOUNT HOLDERS, ALONG WITH AN AUTHORIZED FIRM REPRESENTATIVE, MUST SIGN BELOW				
Account Holder Signature	Print Name	Date		
×				
Account Holder Signature	Print Name	Date		
×				
Account Holder Signature	Print Name	Date		
×				
Broker Signature	Print Name	Date		
×				
General Principal Signature	Print Name	Date		
×				

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