

## **BENEFICIAL OWNERSHIP CERTIFICATION**

Name of Legal Entity		Type of Legal Entity				Account Number			
Legal Address of Legal Entity		City			State	1	ZIP Code		
Name of Natural Person Opening the Account		Title of Natural Person Opening the Account							
EQUITY INTEREST OWNER Provide the following information understanding, relationship or of					-				
Ownership Percentage %	Name of Natural Person	Social Security Num			Number/Tax ID		Date of Birth		
Trading Authority No Limited Full	Address Residential	Busir	ness	1	Address 2				
Identification (required for non-US persons)	City		State	ZIP (	Code	Foreign Postal (	Code	Country	
O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	ID	No:		ISSUE DAT	E (MM/DD/YYYY)	Ехри	RATION DATE (MM/DD/YYYY)	
Ownership Percentage %	Name of Natural Person			Socia	al Security	Number/Tax ID		Date of Birth	
Trading Authority No Limited Full	Address Residential Business Address 2						I.		
Identification (required for non-US persons) O Passport O Other Government-issued ID	City	State		ZIP Code		Foreign Postal Code		Country	
	PLACE/COUNTRY OF ISSUANCE	ID	No:	ISSUE DATE (N		(MM/DD/YYYY) EXPIR		RATION DATE (MM/DD/YYYY)	
Ownership Percentage %	Name of Natural Person			Socia	al Security	Number/Tax ID		Date of Birth	
Trading Authority No Limited Full	Address Residential	Busir	ness	Address 2				<u> </u>	
Identification (required for non-US persons)	City		State	ZIP (	Code	Foreign Postal (	Code	Country	
O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	ID	No:		ISSUE DAT	E (MM/DD/YYYY)	Ехри	RATION DATE (MM/DD/YYYY)	
Ownership Percentage %	Name of Natural Person	•		Socia	al Security	ry Number/Tax ID		Date of Birth	
Trading Authority No Limited Full	Address Residential	Busir	ness		ss 2		1		
Identification (required for non-US persons)	City	State		ZIP (	Code Foreign Postal (		Code	Country	
O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	ID	No:	Issue Date (MM		E (MM/DD/YYYY)	Ехри	RATION DATE (MM/DD/YYYY)	
Attach additional pages for additional	. ,		eded						

This form must be completed by the person opening a new account on behalf of a legal entity. Attach additional sheets as necessary.

## CONTINUED NEXT PAGE

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.	BOCF 3/2019
Trademark(s) belong to their respective owners.	



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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 Memb er; General Partner; President; Vice President; Treasurer) OR any other individual who regularly performs similar functions.

General Partner; Presi	dent; Vice President; Treasu	rer) OR	R any other i	ndivi	dual who i	egularly perforn	ns sim	nilar functions.	
Title	Name of Natural Person			Social Security Number/Tax ID				Date of Birth	
Trading Authority No Limited Full Identification (required for	Address Residential Business Address 2						l		
	City		tate	te ZIP C		Foreign Postal Code		Country	
non-US persons) O Passport O Other Government-issued ID	PLACE/COUNTRY OF ISSUANCE	CE/COUNTRY OF ISSUANCE   ID NO			Issue Dat	ISSUE DATE (MM/DD/YYYY) E		EXPIRATION DATE (MM/DD/YYYY)	
Title	Name of Natural Person		Social Security Number/Tax ID				Date of Birth		
Trading Authority No Limited Full  Identification (required for non-US persons)  O Passport O Other Government-issued ID	Address Residential B	S	Address 2				,		
	City	St	tate	ZIP	Code	e Foreign Postal C	Code	Country	
	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/T				Date of Birth	
Trading Authority No Limited Full Identification (required for non-US persons) O Passport O Other Government-issued ID	Address Residential Business				Address 2			,	
	City	St	tate	ZIP	Code	Foreign Postal (	Code	Country	
	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 No Limited Full Identification (required for non-US persons) O Passport O Other Government-issued ID	Address Residential B	S	Address 2						
	City	St	tate	ZIP	Code	Foreign Postal (	Code	Country	
	PLACE/COUNTRY OF ISSUANCE	ID No	):	ISSUE DATE (		E (MM/DD/YYYY)	Expir	RATION DATE (MM/DD/YYYY)	
Attach additional pages for ad	onal Control Persons if needed	d							
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			DA	DATE		
To be conspicted by the late	DODUCING PROVED DEALER	/IBD							
TO BE COMPLETED BY THE INTI Must be executed by a Principal				resid	ent; Chief	Executive Office	r (CEC	)); Chief Compliance	
Officer (CCO); or Anti-Money La Reviewed by:	undering Officer (AMLO).								
SIGNATURE			PRINTED I	PRINTED NAME				DATE	
*									
Clearing, custody or other brokera Member FINRA & SIPC. Axos Clear		_						Page 2 of 2 BOCF 3/2019	