

# Interested Party Authorization

Account Owner(s) may authorize an interested party access to brokerage account statements for its account(s) by completing the information below.

**STEP 1: INTERESTED PARTY INFORMATION**

Add an Interested Party    Remove an Interested Party

|                                   |       |                                  |
|-----------------------------------|-------|----------------------------------|
| Interested Party Name             |       | Relationship to Account Owner(s) |
| Interested Party Email (optional) |       | Phone Number                     |
| Address                           |       |                                  |
| City                              | State | ZIP Code                         |

**STEP 2: DOCUMENT DELIVERY INSTRUCTIONS**

Indicate the type(s) of documents you would like to be delivered to this Interested Party.

Duplicate Brokerage Statements

**STEP 3: IDENTIFICATION OF ACCOUNTS**

List all account numbers for which you authorize this interested party to obtain duplicate brokerage statements and/or trade confirmations.

|               |                |
|---------------|----------------|
| Account Title | Account Number |

*Please note, once the interested party has been added, they will continue to receive duplicate statements until revoked by the account holder with an updated request form to remove the interested party access.*

**STEP 4: SIGNATURE(S)**

By signing below, the Account Owner(s) authorize the Introducing Broker Dealer (“IBD”) and/or Axos Advisor Services to send to the interested party named above, account information as described in Step 2 of this form. I(we) understand and acknowledge that this information may include account information that is confidential and privileged.

I (we) understand that the IBD and/or Axos Advisor Services does not attempt to verify the address I have provided, and therefore the IBD and/or Axos Advisor Services will not be responsible for non-submission of information due to an inaccurate address.

**All Account Owners and Authorized Agent must sign.**

| ACCOUNT OWNER(S)                |            |      |
|---------------------------------|------------|------|
| Account Owner Signature<br>✕    | Print Name | Date |
| Account Co-Owner Signature<br>✕ | Print Name | Date |

*Original signature required: electronic signatures and/or signature fonts are not authorized.*

|                               |            |      |
|-------------------------------|------------|------|
| Axos Principal Signature<br>✕ | Print Name | Date |
|-------------------------------|------------|------|

