

## Inherited Roth IRA Adoption Agreement

This Adoption Agreement may only be used by a beneficiary in conjunction with the inheritance of a Roth IRA plan. A New Account Application must accompany this form to establish a new IRA Account.

| ACCOUNT INFORMATION - REQUIRED               |
|--|
| Axos Clearing LLC, custodian for the IRA of: |

| Account Title (Name of this account)  |   |  |   |   | Acc  | Account Number   |                                       |   |  |
|---|---|--|---|---|--|--|---------------------------------------|---|--|
| Original Owner's Info   | rmation: Name:  |  |   |   |  |  |                                       | FOR SPECIFIC BENEFICIARY  |  |
| SSN   |   | Date of Birtl  | h   | Date of Death   |  |  | PROVISIONS, PLEASE REFER TO THE       |   |  |
| DESIGNATION OF BEI  | NEFICIARY   | <u>'</u>   |   |   |  |  |                                       | APPLICABLE SECTIONS   |  |
| I designate that upon<br>beneficiary that prede<br>increased on a pro rat   | my death, the assets  | es completely,   | and the percent   | tage share of a   | ny remaining bene  | -  |                                       | OF THE PLAN AGREEMENT AND THE DISCLOSURE STATEMENT.   |  |
| O Primary O Contingent  | BENEFICIARY'S NA  | BENEFICIARY'S NAME   |   |   | SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH  |  |                                       | THE TOTAL ALLOCATION OF ALL PRIMARY   |  |
| Share %   | RELATIONSHIP  | RELATIONSHIP ADDRESS   |   |   |  |  |                                       | BENEFICIARIES MUST EQUAL 100%   |  |
| O Primary O Contingent Share %  | BENEFICIARY'S NA  | BENEFICIARY'S NAME   |   |   | SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH  |  |                                       | THE TOTAL OF ALL  |  |
|   | RELATIONSHIP  |  | Address   |   |  |  |                                       | BENEFICIARIES MUST EQUAL 100%   |  |
| O Primary O Contingent Share %  | BENEFICIARY'S NA  | BENEFICIARY'S NAME   |   |   | SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH  |  |                                       | TO DESIGNATE YOUR ESTATE AS YOUR BENEFICIARY, WRITE IN  |  |
|   | RELATIONSHIP  |  | Address   |   |  |  |                                       | "ESTATE". "PER WILL" DESIGNATIONS ARE NOT ACCEPTABLE  |  |
| O Primary O Contingent  | BENEFICIARY'S NA  | BENEFICIARY'S NAME   |   |   | SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH  |  |                                       | IF NO BENEFICIARY IS NAMED, THE   |  |
| Share %   | RELATIONSHIP  | RELATIONSHIP ADDRESS   |   |   |  |  | BENEFICIARY<br>PROVISIONS OUTLINED IN |   |  |
| O Primary O Contingent  | BENEFICIARY'S NA  | Beneficiary's Name   |   | SOCIAL SECUR  | ITY NUMBER/TAX ID  | /Tax ID Date of Birth  |                                       | THE PLAN AGREEMENT<br>WILL APPLY.   |  |
| Share %   | RELATIONSHIP  |  | Address   | •   |  |  |                                       |   |  |
| SPOUSAL CONSENT   |   |  |   |   |  |  |                                       |   |  |
| Spousal consent must CURRENT MARITAL ST   | TATUS (Required)  |  |   |   |  |  |                                       |   |  |
| tax consequences of giving  | nderstand that if I ch<br>ve-named IRA owner. I ac<br>up my interest in this IR/  | noose to design<br>knowledge that I<br>A, I have been adv  | nate primary ber<br>have received a fair<br>ised to see a tax pro   | neficiary other<br>and reasonable a<br>ofessional. I hereby                                     | than or in addition<br>isclosure of my spouse<br>give the IRA owner m                    | to my spouse, my<br>'s property and financi  | y spouse<br>al obligati               | ons. Because of the important   |  |
| consent to the beneficiary designation indicated above. I assume full responsibility for a Signature of Spouse                            |   |  | responsibility for any  |   |  |  | Date                                  |   |  |
| ×   |   |  |   |   |  |  | <u> </u>                              |   |  |
| conditions which apply bound by those terms a open this inherited Rotl I assume full responsibi  Determining that I Ensuring that all rot | ity requirement for tl<br>nherited Roth IRA Ap<br>to this Inherited Roth<br>and conditions. All info<br>h IRA I may revoke it v | ne type of Inher<br>olication, the 53<br>IRA are contain<br>ormation provice<br>without penalty<br>sh an inherited<br>atributions I ma | ited Roth IRA con<br>805-RA Custodial<br>ned in this Axos C<br>led by me is true<br>by mailing or del<br>Roth IRA,<br>ke are within the | Account Adopti<br>learing LLC Indiv<br>and correct and<br>livering a writte<br>limits set forth | on Agreement and I<br>vidual Retirement C<br>may be relied upor<br>n notice to the Intro | Disclosure Statemer<br>ustodial Account Ad<br>n by the Custodian.<br>oducing Broker Deal | nt. I unde<br>loption A<br>Within s   | contribution. I have<br>irstand that the terms and<br>igreement. I agree to be<br>even days from the date I<br>r Axos Clearing Custodian. |  |
| Signature of Inherited <b>x</b>   |   |  |   | Print Name  |  |  | Date (                                | mm/dd/yyyy)   |  |
| Signature of Custodian <b>x</b>   | า   |  |   | Print Name  |  |  | Date (                                | mm/dd/yyyy)   |  |
|   |   |  |   | •   |  |  | •                                     |   |  |

Mail completed form(s) to: York Securities, 160 Broadway, Floor 7E, New York NY 10038.

| 1200 Landmark Center, Ste 800 | Clearing, custody or other brokerage services provided by Axos Clearing LLC, Member FINRA and SIPC.       | Page 1 of 10    |
|-------------------------------|---|-----------------|
| Omaha, NE 68102-1916          | Axos Clearing LLC is a subsidiary of Axos Financial, Inc. Trademark(s) belong to their respective owners. | ADOP RB 07/2019 |