

## CHANGE REQUEST: ADD AN ACCOUNT OWNER

<b>Customer Name:</b>	<b>Account Number(s) to be changed:</b>
-----------------------	---

### Information Required to Add an Account Owner

#### USA PATRIOT ACT – Notice

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

#### What this means for you:

When you are added as an owner of an account, we will ask you for your legal name, residential address, telephone number, date of birth, Social Security Number, employer, occupation, driver's license or state ID. We may also ask to see a copy of these identifying documents.

#### ☐ Check if additional owner is an existing customer

<b>Name:</b>	<b>Social Security Number:</b>
<b>Residential Address:</b>	<b>Mother's Maiden Name:</b>
<b>Mailing Address:</b> <input type="checkbox"/> Check if same as residential	<b>Date of Birth:</b>
<b>Home Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>	<b>State ID Number, Type, and Issuing State:</b>  <b>Issue and Expiration Date:</b>
<b>Email Address:</b>	

EMPLOYMENT STATUS	
(Check one box below and answer the questions in that section)	
<input type="checkbox"/>	<b>Employed</b>
	<i>If employed, indicate Employer</i>
	<i>If employed, indicate Occupation</i>
<input type="checkbox"/>	<b>Self Employed</b>
	<i>If self-employed, indicate type of business</i>
<input type="checkbox"/>	<b>Retired</b>
	<i>If Retired, indicate previous profession</i>
<input type="checkbox"/>	<b>Active Military</b>
<input type="checkbox"/>	<b>Homemaker</b>
<input type="checkbox"/>	<b>Unemployed</b>
	<i>If unemployed, indicate previous Occupation</i>
<input type="checkbox"/>	<b>Other</b>
	<i>If Other, please indicate</i>

**Taxpayer Identification Number Certification**

Under penalties of perjury, I certify that the above Social Security/Taxpayer ID number is correct. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. person.

I certify the accuracy of the above information and authorize Axos Bank's™ affiliated consumer reporting agency/agencies to access my credit file to authenticate my identity and facilitate the processing of this addition of account owner. I understand that I may be asked questions based on the information in my credit file as part of this process. I also understand that Axos Bank may review my credit history and past banking relationships before accepting this addition of account owner form.

---

Signature of new owner and date

---

Printed name of new owner

---

Signature of current owner authorizing additional owner

---

Printed name of current owner authorizing additional owner

***Complete these forms and return it with this page by one of the following methods:***

**Secure Email:** Login to Online Banking, click on Contact Us, and send a secure email with a scanned copy of the signed documents.

**Fax to: 1-858-350-0443**

***Mail to:***

*Deposit Operations: New Accounts  
P.O. Box 911039  
San Diego, CA 92191-1039*