

## Inherited IRA Adoption Agreement

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

## ACCOUNT INFORMATION - REQUIRED

| Axos Clearing L   | LC, custodia                                    | in for the IRA of:   | :  |                        |  |   |                                |  |  |  |  |
|---|---|--|--|------------------------|--|---|--------------------------------|--|--|--|--|
| Account Title (   |   |  |  |                        |  |   | Accou                          | nt Number  |  |  |  |
|   |   |  |  |                        |  |   |                                |  |  |  |  |
| Original Owner  | r's Informati                                   | ion: Name:   |  |                        |  |   |                                |  |  | SPECIFIC<br>EFICIARY   |  |
| SSN Date of Birth   |   |  | ı  | Date of Death          |  |   |                                |  | /ISIONS, PLEASE<br>R TO THE                    |  |  |
| DESIGNATION   | OF BENEFIC                                      | CIARY  |  |                        |  |   |                                |  |  | ICABLE SECTIONS OF   |  |
| -   |   |  |  | pe paid to the ber     |  |   |                                |  | ary AND  | THE DISCLOSURE   |  |
|   |   |  |  | ntage share of an      | y remaining be                                       | neficiaries will                                  | be incr                        | reased on a pro ra   | ata STAT                                       | EMENT.   |  |
|   |   | e named, my esta   | -  | peneficiary.           |  |   | V ID                           | Date of Birth  | • THE  | TOTAL ALLOCATION   |  |
| O PRIMARY<br>O CONTINGENT   | Share %   | BENEFICIARY'S NAME   |  |                        |  |   |                                | OF ALL PRIMARY<br>BENEFICIARIES MUST                         |  |  |  |
| O Per Stirpes   |   | Relationship   |  | REL CODE               | Address  |   |                                |  | EQUAL 100<br>• THE TOTAL                       |  |  |
|   | Share %   | Beneficiary's Name   |  |                        | SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH          |   |                                | BE   | CONTINGENT<br>BENEFICIARIES MUST<br>EQUAL 100% |  |  |
| O CONTINGENT  |   | RELATIONSHIP   |  |                        | Address  |   |                                |  |  | DESIGNATE YOUR   |  |
| O PER STIRPES   |   | RELATIONSHIP REL CODE  |  | REL CODE               | ADDRESS  |   |                                |  | BE   | TATE AS YOUR<br>NEFICIARY, WRITE IN  |  |
| O PRIMARY<br>O CONTINGENT   | Share %   | BENEFICIARY'S N  | AME  |                        | SOCIAL SECURI  | ity Number/Tax ID                                 |                                | DATE OF BIRTH  | DES  | STATE". "PER WILL"<br>SIGNATIONS ARE NOT<br>CEPTABLE                               |  |
| O PER STIRPES   |   | Relationship   |  | REL CODE               | Address  |   |                                |  | ●IF N  | ACCEPTABLE IF NO BENEFICIARY IS NAMED, THE   |  |
| O PRIMARY<br>O CONTINGENT   | Share %   | BENEFICIARY'S N  | AME  |                        | SOCIAL SECUR   | ty Number/Ta                                      | x ID                           | DATE OF BIRTH  | PRO  | BENEFICIARY<br>PROVISIONS OUTLINED<br>IN THE PLAN<br>AGREEMENT WILL<br>APPLY.      |  |
| O PER STIRPES   |   | Relationship   |  | REL CODE               | Address  |   |                                |  | AGI<br>API                                     |  |  |
|   | Supp. 9/  | BENEFICIARY'S N  | ΔMF  |                        | SOCIAL SECURITY NU                                   |   | X ID                           | DATE OF BIRTH  |  | • IF YOU OUTLIVE A<br>BENEFICIARY AND YOU  |  |
| O CONTINGENT  | Share %   | DENERGART STNAME   |  |                        |  | WA  | NT THAT SHARE TO<br>TO HIS/HER |  |  |  |  |
| O PER STIRPES   |   | RELATIONSHIP REL CODE  |  | Address                |  |   | DES                            | DESCENDANTS, CHECK<br>PER STIRPES                            |  |  |  |
| SPOUSAL CON   | SENT  |  |  |                        |  |   |                                |  |  |  |  |
| Spousal consen<br>CURRENT MAR   |   |  | spouse is not                              | the sole primary       | beneficiary.   |   |                                |  |  |  |  |
| O I Am Not M  | arried – I un                                   | derstand that if   | I become ma                                | rried in the futur     | e, I should rev                                      | iew the requi                                     | rement                         | s for spousal cor  | isent.   |  |  |
| I am the spouse of tax consequences of  | the above-nan<br>of giving up my                | ned IRA owner. I ack<br>• interest in this IRA,                | nowledge that I<br>I have been advi        | ised to see a tax prof | and reasonable di<br>fessional. I hereby             | sclosure of my sp<br>give the IRA owr             | oouse's p<br>ner my in         | roperty and financia   | I obligations. Bee                             | cause of the important   |  |
| consent to the beneficiary designation indicated above. I assume full responsibility for any of Signature of Spouse |   |  |  | Print Name             |  |   |                                | Date   |  |  |  |
| ×   |   |  |  |                        |  |   |                                |  |  |  |  |
| SIGNATURES  | S – Import                                      | ANT PLEASE REA   | AD BEFORE SI                               | GNING                  | -  |   |                                |  | -  |  |  |
| understand the<br>Inherited IRA are<br>All information p  | 5305-A Custo<br>e contained in<br>provided by n | odial Account Ado<br>n this Axos Clearin<br>ne is true and cor | ption Agreemeng LLC Individured and may be | al Retirement Cus      | e Statement pro<br>stodial Account<br>the Custodian. | vided to me. I<br>Adoption Agre<br>Within seven d | underst<br>ement.<br>lays fro  | tand that the term<br>I agree to be bou<br>m the date I open | ns and condition<br>nd by those ter            | viewed and<br>ns which apply to this<br>rms and conditions.<br>IRA I may revoke it |  |
| I assume full res   | ponsibility fo                                  | r  |  |                        |  |   |                                |  |  |  |  |
|   | -   | -  | -  | ke a contribution      |  |   |                                |  |  |  |  |
|   |   |  |  | hits set forth by the  |  | itions  |                                |  |  |  |  |
| • The tax con<br>Signature of Inf   |   |  | ns (including ro                           | ollover contributio    | Print Name   | JUONS.  |                                |  | Date (mm/d                                     | d/yyyy)  |  |
|   | stadias   |  |  |                        | Drint Name   |   |                                |  | Data / mm / -1                                 | d (vana)   |  |
| Signature of Custodian 🗴  |   |  |  | Print Name             |  |   |                                | Date (mm/d   | u, γγγγ)                                       |  |  |
|   | Ν   | AIL COMPLETE   | ED FORMS TO                                | : YORK SECURIT         | IES, 160 BROA  | ADWAY, EAST                                       | r BLDG                         | STE 915, NEW \   | ORK NY 1003                                    |  |  |
| 15950 West Do   | dge Road. Su                                    | ite 300 Cleari   | ing, custody or                            | other brokerage s      | services provide                                     | d by Axos Clea                                    | aring 11                       | C. Member FINRA  | and SIPC                                       | Page 1 of 13   |  |

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Below are applicable elections when determining what relationship codes to use when setting up an inherited IRA account. Please take note that Axos Clearing does not maintain, nor monitor, these relationship codes. It is up to the client and their financial advisor to determine the most appropriate relationship to code for a beneficiary. Axos Clearing is unable to advise which relationship code to use.

| REL       | Description   |
|-----------|---|
| Code<br>B | This beneficiary is taking distributions on the IRA or Qualified Plan of the deceased account holder. The system will use the Single Life Expectancy table to calculate the applicable life expectancy to be used in the calculation of the minimum distribution requirement.   |
| С         | This non-designated beneficiary is taking distributions on the IRA or Qualified Plan of the deceased account holder. The system will use the Single Life Expectancy table to calculate the applicable life expectancy to be used in the calculation of the minimum distribution requirement.  |
| D         | This successor beneficiary has an original non-designated beneficiary that died after 12/31/19. This beneficiary has elected the 10-<br>year remainder (for an account with the account holder's death after 12/31/19). The life expectancy factor will default to 1.   |
| E         | This successor beneficiary has an original beneficiary that died before 1/1/20. This beneficiary is taking distributions on the IRA or Qualified Plan of the deceased account holder. The system will use the Single Life Expectancy table to calculate the applicable life expectancy to be used in the calculation of the minimum distribution requirement.   |
| F         | This beneficiary has elected the five-year distribution option. The life expectancy factor will default to <b>1</b> .   |
| G         | This is a successor beneficiary to a pre-Secure Act designated beneficiary account where the original beneficiary was taking Single<br>Life Expectancy payments and the original owner died before 1/1/2020. The successor beneficiary is subject to the 10-year rule and<br>must take annual Required Minimum Distributions (RMDs) that are a continuation of the original beneficiary's life expectancy RMD<br>schedule.  |
| н         | This beneficiary is a non-designated beneficiary and has elected the five-year distribution option. The life expectancy factor will default to 1.   |
| I         | This is an eligible designated beneficiary taking distributions on the IRA or Qualified Plan of the deceased account holder. The system will use the Single Life Expectancy table to calculate the applicable life expectancy to be used in the calculation of the minimum distribution requirement.  |
| J         | This beneficiary is taking distributions on the IRA or Qualified Plan of the deceased account holder. The system will use the Joint Life Expectancy table along with the date of birth of the beneficiary, the date of birth of the descendant, and the beginning date from the <b>BEG-DATE</b> field on the <b>Individual Beneficiary</b> screen to calculate the applicable life expectancy factor, which will be used to calculate the minimum distribution requirement. The factor will be decreased by 1 for every year past the beginning date. |
| К         | This beneficiary is a minor child of the original owner for an IRA account. The system will calculate the beneficiary's minimum distribution requirements with the Single Life Expectancy table and the current minimum distribution requirement, which is based on the current value of the account.   |
| L         | This successor beneficiary has an original beneficiary that died after 12/31/19. This beneficiary has elected the 10-year distribution option (for an account with the account holder's death after 12/31/19). The life expectancy factor will default to 1.  |
| Μ         | This beneficiary is a minor who is designated as a beneficiary for an IRA account The system will calculate the beneficiary's minimum distribution requirements with the Single Life Expectancy table and the current minimum distribution requirement, which is based on the current value of the account.   |
| N         | This is a successor beneficiary to a post-Secure Act original beneficiary account where the original beneficiary was taking Single Life Expectancy payments and the original owner died after 12/31/2019. This beneficiary type does not reset the 10-year payment distribution and continues where the original beneficiary left off, taking RMDs each year from the original beneficiaries beginning date.  |
| 0         | This beneficiary is not the spouse of the account holder. The system will use the Minimum Distribution Incidental Benefit table<br>along with the date of birth of the beneficiary and the date of birth of the account holder to calculate the applicable life expectancy<br>to be used in the calculation of the minimum distribution requirement.  |

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|---|--|
| Р | This beneficiary has elected to receive near-equal Required Minimum Distribution (RMD) payments over a 10-year period. The system will calculate the RMD schedule using the prior year-end evaluation divided by the number of years remaining in the 10-year distribution period.   |
| R | This beneficiary will collect distributions based on the life expectancy of the beneficiary. The system will use the Single Life Expectancy table to calculate the applicable life expectancy to be used in the calculation of the minimum distribution requirement. The life expectancy factor used will be recalculated each year.   |
| S | This beneficiary is the spouse of the account holder and is less than 10 years younger than the account holder. The system will use the Minimum Distribution Incidental Benefit table along with the date of birth of the beneficiary and the date of birth of the account holder to calculate the applicable life expectancy to be used in the calculation of the minimum distribution requirement.   |
| т | This beneficiary has elected the 10-year distribution option (for an account with the account holder's death after 12/31/19), in conjunction with the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act). The life expectancy factor will default to <b>1</b> .  |
| U | This beneficiary is a non-eligible designated beneficiary required to take distributions in years 1 through 9 on the 10-year distribution option on the IRA or Qualified Plan of the deceased account holder, in conjunction with the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act). The system will use the Single Life Expectancy table to calculate the applicable life expectancy of the beneficiary to be used in the calculation of the minimum distribution requirement in year 1. The year 1 factor will be reduced each year through year 9. |
| Y | This beneficiary is the spouse of the account holder and is more than 10 years younger than the account holder. The system will use the Joint Life Expectancy table to calculate the applicable life expectancy to be used in the calculation of the minimum distribution requirement.   |
| Z | This beneficiary is the spouse of the account holder and will collect distributions based on the life expectancy of the beneficiary.<br>The system will use the Single Life Expectancy table to calculate the applicable life expectancy to be used in the calculation of the<br>minimum distribution requirement. The life expectancy factor used will be recalculated each year.   |

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