

# Partnership Certification

This form must be completed in its entirety and must be signed by *all General Partners*. Please note that some partnership accounts may also be required to submit a copy of the Partnership Agreement to the Introducing Broker Dealer (“IBD”) and/or Axos Clearing LLC (“Axos Clearing”) before acceptance of the account or prior to executing certain transactions or requests.

## STEP 1: ACCOUNT INFORMATION

Account Title (Title of the Partnership to which this certification applies)		Account Number
Number of General Partners on the Account	Date of Partnership Agreement	Nature of Business / Industry
<b>Partnership Type</b> <input type="checkbox"/> General <input type="checkbox"/> Limited (Note: Limited partners should not act for the account).		
<b>Was this partnership organized outside of the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the appropriate version of IRS Form W-8 Certificate of Foreign Status that applies to this Partnership and the formation documents.		
Tax ID	Governing State Law	

## STEP 2: PARTNERS

All General Partners to the Partnership must be listed below.

### Check one of the following if there is more than one General Partner:

- The Partnership Agreement explicitly authorizes each of the following Partners to *act individually without the approval of the other Partners*. The IBD and/or Axos Clearing has the authority to accept orders and other instructions in connection with the Partnership account from any one of these Partners, acting alone, and such Partner may execute any documents on behalf of the Partnership that the IBD and/or Axos Clearing may require. (Under certain circumstances and in its discretion, the IBD or Axos Clearing may require the written approval of all Partners).
- The Partnership Agreement *does not* authorize the Partners to act individually on behalf of the Partnership account.

General Partner 1 Name
Address
General Partner 2 Name
Address
General Partner 3 Name
Address
General Partner 4 Name
Address

*For additional partner(s), attach an additional Partner Certification.*

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Account Number:

**STEP 3: POWERS OF THE PARTNERSHIP**

The undersigned Partners(s) certify that, under the Partnership Agreement and/or applicable state or local law, they have the power to enter into transactions for the purchase and sale of securities and other investments, including without limitation, stocks (preferred or common), bonds, mutual funds and certificates of deposit.

**In Addition to the Foregoing Powers, the Undersigned Partners Are Specifically Authorized to:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Maintain margin accounts and through such accounts borrow money to withdraw funds on margin, purchase securities on margin and to pledge those securities and all others in the margin account as security for the loan.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Borrow money or make any contract the effect of which is to borrow money, and secure such obligations by mortgages or other liens upon any Partnership property; borrow, guarantee and/or pledge any Partnership assets as collateral, as the case may be, with respect to a loan; guarantee a borrowing of money or to make any contract the effect of which is to guarantee a borrowing, and secure such obligations by mortgages or other liens upon any Partnership property.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sell securities that the Partnership does not own (short sales) and borrow securities to facilitate this practice.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Engage in the purchase of call options.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Engage in covered call writing.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Engage in the purchase of put options.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Engage in the sale of uncovered call and put options and engage in spread, straddle and all other options strategies.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Delegate Partner powers, including check writing authority, to third parties, such as investment advisors or other agents, under a Power of Attorney ("POA"), other document, or the Partnership Agreement. A copy of the POA, other document, or section of the Partnership Agreement showing the delegation of such power in undersigned's capacity as Partner is also required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Establish and maintain an account with a debit card and/or check writing, from which account funds are directly spent, the responsibility for which is entirely that of the Partner(s).
<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive on behalf of the Partnership or deliver to the Partnership or third parties any and all assets including, but not limited to, monies, stocks, bonds, and other securities. To sell, assign and endorse for transfer certificates representing stocks, bonds, and other securities now registered or hereafter registered in the name of the Partnership.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer any and all assets of the Partnership to any of the Partner(s) individually.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Execute and sign Form W-9 for a US Partnership, or the relevant Form W-8 for a foreign partnership.

**STEP 4: PARTNER(S) INDEMNIFICATION AND SIGNATURES**

The undersigned Partners jointly and severally indemnify and hold harmless the IBD and Axos Clearing, and each of their affiliates, officers, directors, employees, agents, successors or assigns from any liability (including attorney's fees) from and against any claims, judgments, expenses, liabilities or costs of defense or settlement arising out of or related to breach of any representation or warranty made herein, or from effecting any transfer or transactions pursuant to instructions given by any of the Partners listed above, or any actual improper or unsuitable action resulting from instructions given to the IBD or Axos Clearing by any of the Partners. This indemnification is made by us both in our capacities as Partners and in our individual capacities. We certify that the Partnership is currently in existence, has not been revoked, modified or amended in any manner that would cause the certifications herein to be incorrect and, we agree to inform the IBD and/or Axos Clearing immediately in writing of any amendment to the Partnership Agreement, any change in the composition of the Partners, or any other event which could alter the certifications made above. We acknowledge the IBD's and/or Axos Clearing's right to examine the Partnership Agreement or any other governance document and hereby agree to provide the IBD or Axos Clearing with a copy of these documents if so requested. (Where applicable, plural references in this certification shall be deemed singular.)

SIGNATURES		
Partner 1 Signature ✕	Print Name	Date
Partner 2 Signature ✕	Print Name	Date
Partner 3 Signature ✕	Print Name	Date
Partner 4 Signature ✕	Print Name	Date
Broker Signature ✕	Print Name	Date
General Principal Signature ✕	Print Name	Date