

De Minimis Sales Request Form and Attestation

The undersigned account holder submits this form in support of the undersigned's request to be considered for the de minimis sales exception as set forth in Axos Clearing's HRS Policies:

Account holder information:

Account holder name:	Account number from which securities are sought to be sold:
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Securities sought to be sold out of the above listed account:

Symbol:	Aggregate value of securities sought to be sold:
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Other Accounts maintained at Axos Clearing:

➤ Please list any other accounts maintained at Axos Clearing in the undersigned's name:

(If none, please indicate so by replying "none." If additional space is required, please attach a separate page listing all such accounts.)

➤ Please list all accounts maintained at Axos Clearing: (1) in which the undersigned directly or indirectly owns 25 percent or more of the equity interests; or (2) over which the undersigned exercises significant responsibility to control, manage, or direct.

(If none, please indicate so by replying "none." If additional space is required, please attach a separate page listing all such accounts.)

➤ Please list all accounts maintained at Axos Clearing over which the undersigned has trade or signatory authority:

(If none, please indicate so by replying "none." If additional space is required, please attach a separate page listing all such accounts.)

The undersigned represents that the information furnished above is true and accurate. The undersigned further represents that the undersigned has not within the last 3 months of the date listed below sold \$10,000.00 or less in aggregate value of the security identified above out of any of the accounts identified above.

Account Holder Signature: _____ Date: _____