



Date: _____

Wire Amount: _____

Account Number: _____

1. Beneficiary/Recipient/For Further Credit To Information(This is the ultimate recipient of the wire transfer funds.)

Beneficiary/Recipient/For Further Credit To Name:	_____
Beneficiary Account Number:	_____
Beneficiary Address, City State, Zip, Country: (required)	_____

2. Beneficiary Bank Information(This is the financial institution where the beneficiary maintains their account.)

Beneficiary Bank Routing Transfer Number:	_____
Bank Name (required):	_____
Beneficiary Bank Address, City State, Zip, Country (required)	_____

3. Intermediary Bank Information(This is a financial institution that the wire must pass through before reaching the final beneficiary bank.) This section is **OPTIONAL** and not required for all wires.

Correspondent Bank ABA:	_____
Bank Name (required):	_____
Beneficiary Bank Address, City State, Zip, Country: (required)	_____

4. Customer Authorization

Reason for Transfer:	_____
Customer Signature	_____
Joint Account Holder Signature	_____

I agree to hold all parties acting on this request, including the introducing broker and AXOS Clearing Corporation, and their respective agents and employees(hereinafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.

Notary Signature: _____

Notary Seal

(Notarization section not required for first party wires).

FOR INTERNAL USE ONLY

Registered Principal Approval: _____

Print Name	Title
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Signature	Date
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Compliance Officer Approval: _____

Print Name	Title
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Signature	Date
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