

Account # _____
 Advisor # _____
 Case # _____

Use this form to authorize TD Ameritrade to send duplicate account statements and/or trade confirmations to an interested party.

1 ACCOUNT INFORMATION

Provide the account number(s) you are requesting to have set up for mail delivery of duplicate statements or trade confirmations to an interested party.

Account Number	Account Title

Please list any additional accounts on separate page.

2 INTERESTED PARTY MAILING INFORMATION

Please check all that apply:
 Statements Trade Confirmations

I (We) hereby request duplicate statements and/or confirmations be sent to the parties indicated below. Please mail paper copies to:

Name (First, Middle Initial, Last):		Company (If any):	
Street Address:			
City:	State:	ZIP Code:	
Name (First, Middle Initial, Last):		Company (If any):	
Street Address:			
City:	State:	ZIP Code:	

3 AUTHORIZATION AND SIGNATURES

All account owners must sign the form to authorize the above instructions.

Print Name of Authorized Individual/Trustee/Co-Owner: _____

Signature of Authorized Individual/Trustee/Co-Owner: _____ Date: _____

Print Name of Authorized Individual/Trustee/Co-Owner: _____

Signature of Authorized Individual/Trustee/Co-Owner: _____ Date: _____

Mailing Address:
TD Ameritrade Institutional
 PO BOX 650567
 Dallas, TX 75265-0567

TDAI 3082 REV. 02/17

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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