

Account # _____
 Advisor Code _____
 Case # _____

IMPORTANT: If an IRA Distribution is needed, please submit an IRA Distribution form.

1	ACCOUNT INFORMATION			
	Account Title/Registration: _____			
2	PAYMENT DETAILS (Select one if applicable)			
	<input type="checkbox"/> Specific Amount * _____ <input type="checkbox"/> Current Available Cash Balance <i>(TD Ameritrade will disburse only funds that are available at the time of processing)</i> <input type="checkbox"/> Dividends & Interest <i>(Paid on the first of each month)</i> <small>* if sufficient funds are not available for payout in full, non-payment may result</small>			
	<p>GRANT STANDING AUTHORITY TO YOUR AGENT. COMPLETE THE SECTION BELOW IF YOU WANT YOUR AGENT TO HAVE CONTINUING, OPEN-ENDED AUTHORITY, TO ACT ON INSTRUCTIONS PROVIDED IN SECTION 3 BELOW.</p> <input type="checkbox"/> Grant Agent Authorization. Advisor Firm Name <i>(Required)</i> : _____ <small>I, the undersigned, hereby grant Agent listed authority to direct disbursement of funds from my TD Ameritrade, Inc. ("TD Ameritrade") account by check, as directed or consistent with the below instructions. I will indemnify and hold TD Ameritrade and its directors, officers, and employees harmless from all liabilities and costs, including attorney's fees, which TD Ameritrade may incur by relying upon the representations of Agent or upon his authorization. This authorization will remain in full force and effect until revoked by me by a written notice delivered personally or sent by registered mail or certified mail to the TD Ameritrade office serving my account. This authorization shall extend to the benefit of your successors and assigns.</small>			
3	DELIVERY DETAILS			
	Payee and Mailing Instructions: <input type="checkbox"/> Payable to account owner(s) and mail to address of record <i>(Proceed to Section 4)</i> <input type="checkbox"/> Payable to alternate payee and/or mail to alternate address* <i>(Complete section below)</i> Delivery Method: <input type="checkbox"/> U.S. First Class Mail <input type="checkbox"/> Overnight <i>(fees may apply)</i> <p>*NOTE: TD Ameritrade may call you to confirm instructions when the payee is someone other than yourself.</p>			
	Payee Name <i>(If Applicable)</i> : _____			
	<input type="checkbox"/> Care of <i>(optional for alternate address)</i> : _____ Bank Account Number <i>(if Applicable)</i> : _____			
	Address: _____			
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">City: _____</td> <td style="border: none;">State: _____</td> <td style="border: none;">Zip Code: _____</td> </tr> </table>	City: _____	State: _____	Zip Code: _____
City: _____	State: _____	Zip Code: _____		
4	FREQUENCY			
	<input type="checkbox"/> One Time Requests <i>(Proceed to Section 6)</i> -OR- <input type="checkbox"/> Periodically <i>(Proceed to Section 5)</i>			



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PERIODIC DETAILS (Select One)

Start Date of Transfer (Month, Date):		Amount of Transaction:	
Frequency of Transaction:	<input type="checkbox"/> One-time <input type="checkbox"/> Quarterly <input type="checkbox"/> First Friday of Month <input type="checkbox"/> Fourth Friday of Month	<input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Annually <input type="checkbox"/> Second Friday of Month <input type="checkbox"/> First Business Day of Month	<input type="checkbox"/> Monthly <input type="checkbox"/> Every six months <input type="checkbox"/> Third Friday of Month <input type="checkbox"/> Last Business Day of Month
Is this a new request or does this replace existing instructions on file?			
<input type="checkbox"/> New request			
<input type="checkbox"/> Replaces existing instructions on file. Please provide details of the current setup, below.			
Payee:			
Current amount:		Frequency:	

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ACCOUNT OWNER(S) SIGNATURE(S)

I certify that the foregoing is correct, and that TD Ameritrade may rely on the foregoing and this certification with no further inquiry. Any Agent authorization listed above will remain in full force and effect until revoked by me by a written notice delivered to TD Ameritrade.

All account holders must sign if setting up Agent standing authorization and/or delivering assets to a third party.

Some exceptions may apply. Please contact your financial advisor for details.

Account Owner Printed Name: _____

Account Owner Signature: _____ Date: _____

Account Co-Owner Printed Name: _____

Account Co-Owner Signature (if applicable): _____ Date: _____

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

TDAI 2245 REV. 02/17

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

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