

Account # \_\_\_\_\_  
Advisor Code \_\_\_\_\_  
Case # \_\_\_\_\_

Please select **EITHER FULL ACCOUNT TRANSFER OR PARTIAL ACCOUNT TRANSFER** by filling out Section 1 **OR** 2.

**1 FULL ACCOUNT TRANSFER**

Please accept this letter as authorization to transfer ALL assets:

FROM account number: \_\_\_\_\_  
in the name(s) of: \_\_\_\_\_  
TO account number: \_\_\_\_\_  
in the name(s) of: \_\_\_\_\_

**2 PARTIAL ACCOUNT TRANSFER**

Please accept this letter as authorization to transfer the following securities:

FROM account number: \_\_\_\_\_  
in the name(s) of: \_\_\_\_\_  
TO account number: \_\_\_\_\_  
in the name(s) of: \_\_\_\_\_

Quantity: \_\_\_\_\_ Issue: \_\_\_\_\_ Security Name: \_\_\_\_\_ Symbol: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Issue: \_\_\_\_\_ Security Name: \_\_\_\_\_ Symbol: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Issue: \_\_\_\_\_ Security Name: \_\_\_\_\_ Symbol: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Issue: \_\_\_\_\_ Security Name: \_\_\_\_\_ Symbol: \_\_\_\_\_

**3 STANDING INSTRUCTIONS**

Please accept this letter as standing instructions to transfer assets:

FROM account number: \_\_\_\_\_ in the name(s) of: \_\_\_\_\_  
TO account number: \_\_\_\_\_ in the name(s) of: \_\_\_\_\_

**4 ADVISOR AUTHORIZATION**

By my/our signature in Section 5 below, I/we authorize Advisor to move funds and securities between my/our TD Ameritrade accounts and TD Ameritrade accounts specified above. I/We understand that I/we can terminate or change these instructions at any time by contacting TD Ameritrade. I/We hereby agree to indemnify and hold harmless TD Ameritrade, Inc., its affiliates and their directors, officers, employees and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to reliance on these authorizations and TD Ameritrade's execution of Advisor's instructions and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon.

**5 SIGNATURES**

Signature of Delivering Account  
Owner or Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Co-Signature of Delivering  
Account Owner or Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**Receiving Account Owner(s) must sign below if (1) accepting debt and/or (2) accepting short position(s).**

Signature of Receiving Account  
Owner or Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Co-Signature of Receiving  
Account Owner or Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_



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

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

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