

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 816-243-3769

IRA Owner Information

IRA Owner Name (First, Middle Initial, Last, Suffix): _____

Account Number: _____

Street Address: _____

City: _____ State/Province: _____ ZIP: _____

Revocation Information

You are allowed, under federal regulations, to revoke your IRA within seven (7) calendar days from the date you establish your IRA. The date the IRA is established is considered the date the IRA account is opened.

The date my IRA was established is: _____.

Signature

By signing below, I am electing to revoke my IRA. A revocation entitles an IRA owner to a full return of contributions. TD AMERITRADE Clearing, Inc. will return all contributions without charging any administrative expenses. The amount of the deposit will be recorded on IRS form 5498. As a result of this revocation, TD AMERITRADE Clearing, Inc. will issue IRS form 1099-R.

Social Security Number: _____

Account Owner's Signature _____ Date: _____

Account Owner's Printed Name (First, Middle Initial, Last, Suffix): _____

