

1. DESIGNATED BENEFICIARY (STUDENT) INFORMATION Check here if new address.

Full Legal Name: _____

Phone Number: _____

U.S. Social Security Number:
(SSN) _____Street Address:
(no PO Box or Mail Drop) _____

City: _____

State: _____

ZIP Code: _____

2. PRIMARY DEATH BENEFICIARY DESIGNATION

The following is hereby designated as the beneficiary in the case of death of the above-designated beneficiary:

Full Legal Name: _____

Date of Birth:
(MM-DD-YYYY) _____U.S. Social Security Number:
(SSN) _____Street Address:
(no PO Box or Mail Drop) _____

City: _____

State: _____

ZIP Code: _____

Phone Number: _____

Relationship to Account Owner: _____

3. SIGNATURE

The undersigned responsible individual hereby states that all previous designation(s) of death beneficiary(ies), with respect to the above-designated ESA, are hereby revoked. The responsible individual understands that this change of designated death beneficiary will be effective on the date of receipt by TD AMERITRADE, and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. The responsible individual retains the right to revoke this designation of death beneficiary and to designate a new death beneficiary at any time by written communication to: TD AMERITRADE, Inc., 1005 N. Ameritrade Place, Bellevue, Nebraska 68005.

Stop here! Must be signed at time of Medallion signature guarantee.**Please obtain a Medallion signature guarantee from a commercial bank, savings and loan, trust company or credit union.****X** Signature of Responsible Individual: _____

Date: _____

Signature Guarantee: