

**1. Designated Beneficiary (Student) Information**

Check here if new address.

Full Legal Name: \_\_\_\_\_

U.S. Social Security Number/ITIN: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address (No PO Box or Mail Drop): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**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: \_\_\_\_\_

U.S. Social Security Number/ITIN: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address (No PO Box or Mail Drop): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth (MM-DD-YYYY): \_\_\_\_\_ 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 PLEASE! This document must be signed at the time of obtaining a Signature Guarantee.**

**Please note: A notary public cannot provide a Signature Guarantee.**

Signature of Responsible Individual \_\_\_\_\_ Date \_\_\_\_\_

Signature Guarantee Required

