

# Foreign Entity Account Addendum & Declaration Regarding Correspondent Accounts



## Return Options:

### Electronically via Message Center:

Log in and go to Client Services > Message Center to attach the file

### Regular Mail:

PO Box 2760, Omaha, NE 68103-2760

### Overnight Mail:

200 South 108th Avenue  
Omaha, NE 68154-2631

Fax: 866-468-6268

Certification for Purposes of Sections 5318(j) and 5318(k) of Title 31 United States Code

The information contained in this certification is sought pursuant to Sections 5318(j) and 5318(k) of Title 31 of the United States Code, as added by sections 313 and 319(b) of the USA PATRIOT Act of 2001 (Public Law 107-56).

To help fulfill our legal and regulatory obligations, we require that you complete these additional questions regarding your entity, its beneficial ownership, and its account objectives. This form is to be completed by an officer of the entity.

## 1 Account Information

Entity Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

## 2 Scope of Business

Commercial/Retail business – List line of business: \_\_\_\_\_

Financial Services business \_\_\_\_\_

Bank  Securities Firm  Insurance Company  Mutual Fund  Currency House  Investment Company

Other Financial Institution – List line of business: \_\_\_\_\_

Other – Indicate type: \_\_\_\_\_

Indicate Ownership Structure:

Registered share ownership  Bearer share ownership  Other \_\_\_\_\_

## 3 Account Objectives

Describe the primary source of funds deposited to account: (Check all that apply)

Corporate Income  Investment Capital  Salary/wages/savings  Other \_\_\_\_\_

Describe the source of expected future deposits: (Check all that apply)

Corporate Income  Investment Capital  Salary/wages/savings  Other \_\_\_\_\_

What primary type of activity do you plan to conduct in your account? (Check all that apply)

Active Trading  Long-term Investing  Other \_\_\_\_\_

Describe the expected withdrawals from the account: (Check all that apply)

Frequent  Occasional  Rare



# 4

## Beneficial Owners (Shareholders)

Information must be submitted for each beneficial owner. You must submit additional copies of this form if there are additional beneficial ownership interests. If the entity is a publicly traded corporation, provide this information only for beneficial owners holding 10% or more interest in the entity. The entity is required to give immediate notice of any change to beneficial ownership interest.

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

First Name:	Middle Name:	Last Name:
-------------	--------------	------------

Date of Birth:	Number of Dependents:	U.S. Social Security Number:
-     -		-     -

Home Address: (no PO box or mail drop)

City:	State:	Zip Code:	Country:
		-	

Check here if you are **NOT** a U.S. citizen. Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):	Country of Birth:
--	-------------------

Non-U.S. citizens\*: Do you hold a current U.S. immigration visa?  Yes  No

Specify visa type:	Visa Number:	Expiration:

\*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

First Name:	Middle Name:	Last Name:
-------------	--------------	------------

Date of Birth:	Number of Dependents:	U.S. Social Security Number:
-     -		-     -

Home Address: (no PO box or mail drop)

City:	State:	Zip Code:	Country:
		-	

Check here if you are **NOT** a U.S. citizen. Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):	Country of Birth:
--	-------------------

Non-U.S. citizens\*: Do you hold a current U.S. immigration visa?  Yes  No

Specify visa type:	Visa Number:	Expiration:

\*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

Section 4, Beneficial Owners Continued

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

First Name: | Middle Name: | Last Name:

Date of Birth: | Number of Dependents: | U.S. Social Security Number:

Home Address: (no PO box or mail drop)

City: | State: | Zip Code: | Country:

Check here if you are **NOT** a U.S. citizen. | Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable): | Country of Birth:

Non-U.S. citizens\*: Do you hold a current U.S. immigration visa?  Yes  No

Specify visa type: | Visa Number: | Expiration:

\*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

5

Foreign Entity (check appropriate box)

- The undersigned Foreign Entity, Name of Entity: \_\_\_\_\_, has established one or more accounts with TD Ameritrade, Inc., and hereby certifies, by an individual authorized to make such certification, as follows: The Foreign Entity is not acting in the capacity of a Foreign Bank, and will not receive deposits from, make payments on behalf of, or handle other financial transactions related to the capacity of a "Foreign Bank" as defined in 31 CFR 104.10(d).
- The undersigned Financial Institution, Name of Financial Institution: \_\_\_\_\_, a "Foreign Bank" as defined in 31 CFR 104.10(d), has established one or more accounts with TD Ameritrade, Inc. to receive deposits from, make payments on behalf of, or handle other financial transactions related to a Foreign Bank (the "correspondent accounts") as defined in 31 CFR 104.10(d).

# 6

## Signature

Original signatures are required; electronic signatures and/or signature fonts are not authorized

Printed Name:

Title:

Authorized Owner's Signature:

X

Sign Here

Date:

□□□ - □□□ - □□□□□□

Printed Name:

Title:

Authorized Owner's Signature:

X

Sign Here

Date:

□□□ - □□□ - □□□□□□

Printed Name:

Title:

Authorized Owner's Signature:

X

Sign Here

Date:

□□□ - □□□ - □□□□□□

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

TD Ameritrade, Inc., member FINRA/SIPC, a subsidiary of The Charles Schwab Corporation.  
TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank.  
©2021 Charles Schwab & Co. Inc. All rights reserved.