

# Ownership Structure Form for Entities



## Return Options:

### Electronically via Message Center:

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

### Regular Mail:

PO Box 2209, Omaha, NE 68103-2209

### Overnight Mail:

200 South 108th Avenue  
Omaha, NE 68154-2631

Fax: 866-468-6268

This form is used to provide ownership structure for an entity that is a beneficial owner for another entity.

Questions? Call a Client Services representative at 800-669-3900.

Update to an existing account  New Account

# 1

## Account Information

Account Number:

Tax ID Number:

Title of Entity:

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Select Current Account Type:

- S Corporation  C Corporation  Foreign Corporation  Non-Incorporated Organization  
 Limited Liability Company  Partnership  Limited Partnership

# 2

## Beneficial Owner Entity Information

Title of Entity/Trust:

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Select Beneficial Owner Entity Type:

- S Corporation  C Corporation  Foreign Corporation  Non-Incorporated Organization  
 Limited Liability Company  Partnership  Limited Partnership



# 3

## Beneficial Owners

(This section should be completed by beneficial owners of the entity listed in Section 2)

Beneficial Owner means each individual, if any, who, directly or indirectly, owns 25% or more of the equity interest of a legal entity customer (10% or more if the legal entity customer is foreign).

### Beneficial Owner #1

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

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: (no PO box or mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

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.

### Beneficial Owner #2

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

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: (no PO box or mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

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.

### Beneficial Owner #3

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

First Name: | Middle Name: | Last Name:

Home Address: (no PO box or mail drop)

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

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

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.

### Beneficial Owner #4

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

First Name: | Middle Name: | Last Name:

Home Address: (no PO box or mail drop)

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

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

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.

**If additional beneficial owners need to be disclosed, please copy this page as needed.**

# 4

## Signature (Authorized Agent of the Entity Listed in Section 1)

Sign Here

Authorized Agent's Signature:

X

Account Agent's Printed Name:

X

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

Date:

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Title:

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

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