

Letter of Authorization for Affiliated Account Owners



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

Please complete this form if you are associated with a Financial Industry Regulatory Authority (FINRA) or Exchange Member Firm. You must complete Section 1, and your employer must complete Section 2. Return completed form with your Account Application to the New Accounts department at the address or fax listed to the right. Failure to return this form may cause a delay in opening your account.

If you have any questions, please call us at 800-276-8746.

1

Account Owner Affiliation Notification

By my signature below, pursuant to conduct rules for FINRA and the securities exchanges, I acknowledge that my employer is a FINRA or Exchange Member Firm and notify my employer of my intention to open a brokerage account with TD Ameritrade, Inc.

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

Sign Here

Printed Name:

Account Owner's Signature:

Date:

X

U.S. Social Security Number:

Account Number:

____-____-_____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

____-____-____

2

Member Firm Authorization

Please accept this as authorization to open a brokerage account for

Name of Employee (*Account Owner*):

Employer Name:

Employer Address (*no PO box or mail drop*):

City:

State:

Zip Code:

Country:

Company Phone Number:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Check here if your firm requires duplicate confirmations and statements. If this box is not checked, duplicate confirmations and statements will not be sent.

Sign Here

Printed Name of Compliance Officer:

Signature of Compliance Officer:

Date:

X

____-____-____

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

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