

Power of Attorney Affidavit and Indemnification



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

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

Please use this form to add a Durable Power of Attorney (POA) to one or more accounts. Include the following documents:

- A copy of this form must be signed and completed (notary is not required).
- A copy of your Durable POA documents.
- If the POA is "springing" (effective only upon the incapacitation of the Account Owner) you must also submit proper evidence of the Account Owner's incapacity as provided in the POA document.

This form cannot be used to add an individual who will be paid for the investment management of the account(s). To establish a Registered Investment Advisor relationship, please contact TD Ameritrade Institutional at 800-431-3500.

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Account Owner Information

Account Owner Full Legal Name:

Account Owner Social Security Number:

____-____-____

Eligible accounts include individual and joint accounts (provided agent is Attorney-in-Fact for all owners), and IRAs (excluding Minor IRAs).

Unless otherwise indicated below, your Attorney-in-Fact will be added to all eligible accounts currently maintained at TD Ameritrade that are either owned by you, either individually or jointly, as evidenced by the fact that your Social Security Number noted above is associated with the account.

- ☐ ONLY add my Attorney-in-Fact to certain accounts: *Check this box if you **don't** want this form to apply to all TD Ameritrade accounts owned by you. Please list all accounts for which you want your Attorney-in-Fact granted Power of Attorney.* To appoint a different Attorney-in-Fact for other accounts, use another copy of this form.

Account Number:

____-____-____

Account Number:

____-____-____

Account Number:

____-____-____

Account Number:

____-____-____

Account Number:

____-____-____

Account Number:

____-____-____

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Attorney-in-Fact Information

Agent's General Information

Please provide information on the Agent ("Attorney-in-Fact") being granted POA.

First Name:

Middle Initial:

Last Name:

Are you (the Attorney-in-Fact) known by another name? *Please Specify.*



Section 2: Attorney-in-Fact-Information, Continued

U.S. Social Security Number:

Date of Birth:

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Securities industry regulations require that we collect this information. Include mailing address if different from your home/legal address.

Home Address: (no PO Box or mail drop)

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

Mailing Address: (if different from above)

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

Primary Phone number:

☐ Check here if this is not a U.S. phone number

A horizontal number line with 15 tick marks, labeled from 0 to 14. The line is used for plotting the data points from the frequency table.

Secondary Phone number:

☐ Check here if this is not a U.S. phone number

A horizontal number line with 15 tick marks, labeled from 0 to 14. The line is used for plotting the data from the frequency table.

Email:

Attorneys-in-Fact must be U.S. citizens or U.S. resident aliens with a U.S. mailing address.

Country(ies) of Citizenship. *Please list all.*

○ USA ○ Other(s)

Country of Citizenship 1

Country of Citizenship 2, if applicable

Country(ies) of legal residence. *Please select only one box.*

○ USA ○ Other(s)

Other Country of Legal Residence

Answers are required to the next questions.

☐ Check here if you, your spouse, any member of your immediate family living in the same household, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company.

Specify the company name, ticker symbol, address, city, and state:

☐ Check here if you, your spouse, any member of your immediate family living in the same household, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application. **Specify the entity below:**

☐ Check here if you, your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is employed by, a federal or state registered Investment Advisor.

☐ Check here if you are being compensated for providing investment advice, placing trades, or otherwise managing this account.

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Duplicate Materials

If you would like to receive copies of account statements and/or transaction confirmations, check the appropriate boxes below. All duplicate materials will be sent by U.S. mail.

If you indicate above that you are associated with a firm engaged in the securities business, TD Ameritrade must also send copies of your account statements to that firm. **If you do not authorize TD Ameritrade to send duplicate statements** to those parties, TD Ameritrade will be unable to process this POA.

- Account statements

- Transaction confirmations

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Attorney-in-Fact Terms and Conditions

By signing below, you:

- Affirm that you have read, and that you understand and agree to be bound by, the provisions of this form as well as the terms and conditions set forth in all applicable customer agreements between the Account Owner and TD Ameritrade (collectively, the “Agreement”), including the Client Agreement and other documents governing the Account Owner’s accounts indicated in Section 1 of this form.
- Affirm that you are the Attorney-in-Fact appointed in the attached Durable Power of Attorney.
- Agree that any information provided by you on this Power of Attorney Affidavit and Indemnification Form (“POA Affidavit”) is true, accurate and complete, and subject to verification and further agree to notify TD Ameritrade if any such information becomes materially inaccurate, false or misleading, and to promptly provide any additional information reasonably requested by TD Ameritrade concerning the accounts identified in Section 1 or relating to compliance with this POA Affidavit and/or the attached Durable Power of Attorney. You authorize TD Ameritrade and its agents, affiliates, assigns, control persons, employees, officers and directors (collectively, “TD Ameritrade”) to act on all instructions given on this form.
- **To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or is granted authority to act on an account. What this means for you: When you are granted authority to act on an account at TD Ameritrade, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver’s license or other identifying documents.**
- Represent that you are familiar with the Account Owner’s investment objectives, financial situation, and needs, and will invest in a manner consistent with these objectives.
- Affirm that the Account Owner is not deceased, has not partially or totally revoked, suspended, or terminated the attached Durable POA and that there is no petition pending to determine the incapacity of or to appoint a guardian for the Account Owner.
- Agree not to issue or relay any instructions that you believe to be inconsistent with your powers or responsibilities as Attorney-in-Fact.
- Agree to avoid conflicts that would impair your ability to act in the Account Owner’s best interest.
- Agree to keep the Account Owner’s property separate from any assets you own or control, unless otherwise permitted by law.
- Agree to keep a record of all receipts, payments, and transactions conducted for the Account Owner.
- Agree to identify yourself as Attorney-in-Fact when signing documents or checks on behalf of the Account Owner, using either of these accepted forms: “[Account Owner name] by [your signature] as Agent,” or “[your signature] as Agent for [Account Owner name].”
- In the event that more than one Attorney-in-Fact is named, represent that you are authorized to act severally or individually, and that TD Ameritrade may follow any of your instructions independent of all other Attorneys-in-Fact, including the delivery of assets to you personally.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by an Account Owner and an Attorney-in-Fact, TD Ameritrade may restrict the account until it has received joint written instructions that it finds satisfactory.
- Indemnify and hold harmless TD Ameritrade from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys’ fees) resulting from transactions made in accordance with your instructions.
- Agree that TD Ameritrade may, in its sole discretion, restrict or suspend your ability to remove money from, and/or otherwise refuse to honor your instructions relating to, the accounts listed in Section 1.
- Agree to serve as Attorney-in-Fact, and acknowledge that the attached Durable POA remains in full force and effect, until TD Ameritrade has received what it considers to be satisfactory written notice of either the Account Owner’s death or your removal or resignation as Attorney-in-Fact. Written notice to the Account Owner and to any co-Attorney-in-Fact, successor agent, or the Account Owner’s guardian (if one has been appointed), will ordinarily constitute satisfactory notice of resignation.
- Agree to immediately notify TD Ameritrade and cease acting as Attorney-in-Fact if you know, or have reason to know, that your capacity to act as Attorney-in-Fact has been limited or terminated for any reason.
- Certify that you will not be paid for the investment management related to the account(s). If you are looking to establish a Registered Investment Advisor relationship, please contact TD Ameritrade Institutional.

This durable POA shall be governed by Nebraska law, except with respect to conflict of laws provisions.

Signature of Attorney-in-Fact:

Date:

Sign Here

X

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

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

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