



Required Account Information Update Form

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

Account #: _____

Use this form to update information for current account owners. Please write your account number (**required**) and complete sections below per your account type. Once all applicable sections are complete, return the form by fax or mail to the contact information at the top of this form.

If a Trust Account, complete Sections 1, 2, 3, and 6.

If an Entity Account, complete Sections 3, 4, 5, and 6 (*signed by a current authorized agent*).

All other account types, complete Sections 1, 2 (*if applicable*), and 6.

1. ACCOUNT OWNER/TRUSTEE/MINOR INFORMATION

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

Full Legal Name (*required*):

Date of Birth: (MM-DD-YYYY)	Social Security Number/Estate Tax ID: (SSN/TIN)
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Home Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
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Primary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number	Secondary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number
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Fax Number:

Email Address (*required for electronic delivery of your account statement and trade confirmations*):

Please specify if you are:
 Employed Unemployed Retired Homemaker Student Self-Employed

Employer Name (*If Self-Employed, provide the name of your business*):

Please choose from the list provided on page 6 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation:	Industry of Occupation:
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Employer Street Address:

City:	State:	ZIP Code:	Country:
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Annual Income: \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000+

Approximate net worth: (not including primary residence)	<input type="checkbox"/> \$0 - \$14,999	<input type="checkbox"/> \$15,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$249,999
	<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$1,000,000 - \$1,999,999	<input type="checkbox"/> \$2,000,000+

What best describes the ongoing source of funds for this account?	<input type="checkbox"/> Employment/Wages	<input type="checkbox"/> Retirement Funds	<input type="checkbox"/> Gift	<input type="checkbox"/> Savings
	<input type="checkbox"/> Inheritance/Trust	<input type="checkbox"/> Investments	<input type="checkbox"/> Unemployment/Disability	<input type="checkbox"/> Legal Settlement
	<input type="checkbox"/> Lottery/Gambling	<input type="checkbox"/> Spousal/Parental Support	<input type="checkbox"/> Other (<i>describe source of funds</i>):	

<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:
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Country of Dual or Secondary Citizenship:	Country of Birth:
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Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:
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Nonresident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

Check here if you, any member of your immediate family, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making official of a publicly traded company. Specify the company ticker symbol, name, address, city and state.

Check here if you, 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. If checked, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application):



2. ACCOUNT CO-OWNER/CO-TRUSTEE (CUSTODIAN'S INFORMATION IF UTMA/UGMA).

Guardian, Conservator, or Custodian (collectively, "Appointed Fiduciary") information should be entered here.

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

Full Legal Name (required):

Date of Birth:
(MM-DD-YYYY)Social Security Number/Estate Tax ID:
(SSN/TIN)Home Address:
(no PO box or mail drop)

City: State: ZIP Code: Country:

Primary Phone: Check here if this is not a U.S. phone number Secondary Phone: Check here if this is not a U.S. phone number

Fax Number:

Email Address (required for electronic delivery of your account statement and trade confirmations):

Please specify if you are:
 Employed Unemployed Retired Homemaker Student Self-Employed

Employer Name (If Self-Employed, provide the name of your business):

Please choose from the list provided on page 6 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation: Industry of Occupation:

Employer Street Address:

City: State: ZIP Code: Country:

Annual Income: \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000+Approximate net worth: (not including primary residence) \$0 - \$14,999 \$15,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999 \$500,000 - \$999,999 \$1,000,000 - \$1,999,999 \$2,000,000+What best describes the ongoing source of funds for this account? Employment/Wages Retirement Funds Gift Savings Inheritance/Trust Investments Unemployment/Disability Legal Settlement Lottery/Gambling Spousal/Parental Support Other (describe source of funds): Check here if you are NOT a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

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 W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>. Check here if you, any member of your immediate family, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making official of a publicly traded company. Specify the company ticker symbol, name, address, city and state. Check here if you, 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. If checked, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application):**3. ENTITY INFORMATION**

Title of Entity:

Tax ID Number:
(U.S. Social Security Number, if applicable)Date of Formation:
(MM-DD-YYYY)Business 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: <input type="checkbox"/> Check here if this is not a U.S. phone number		Secondary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number	
Fax Number:			

Email Address (required for electronic delivery of your account statement and trade confirmations):

<input type="checkbox"/> U.S. Entity <input type="checkbox"/> Foreign Entity – Country of Formation: (complete appropriate Form W-8)	State/Province of Formation:
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Type of Business: (Please choose from the list provided on page 6 the industry of occupation code that most accurately describes your situation)

If this is a trust account, please specify name of Grantor and date of formation:	If this entity is a publicly traded company, please specify the stock symbol:
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4. CONTROL PERSON

Control Person means a single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (for example, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> 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. BENEFICIAL OWNERS

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.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> 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 #2Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> 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 #3Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> 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 #4Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

6. SIGNATURE (ONLY ONE SIGNATURE REQUIRED)

Account Owner's/Co-Owner's/Trustee's/
Appointed Fiduciary's/Authorized Agent's printed name:

Account Owner's/Co-Owner's/Trustee's/
Appointed Fiduciary's/Authorized Agent's signature:

Date:

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

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

Occupation Codes

A42	Accountant/Auditor/Bookkeeper	C82	Compliance/Regulatory Professional	N21	Nurse
A62	Adjuster	C92	Consultant	O11	Office Associate
A82	Advertiser/Marketer/PR Professional	C43	Counselor/Therapist	O21	Other; If Other, include a description in the Occupation box.
A33	Air Traffic Controller	C53	Customer Service Representative	P81	Pharmacist
A43	Ambassador/Consulate Professional	D11	Dealer	P91	Physical Therapist
A53	Analyst	D61	Dentist	P22	Pilot
A63	Appraiser	D31	Distributor	P32	Police Officer/Firefighter/Law Enforcement Professional
A73	Architect/Designer	D41	Doctor/Surgeon/Physician	P42	Politician
A83	Artist/Performer/Actor/Dancer	D51	Driver	P52	Project Manager
A93	Assistant/Executive Assistant	E51	Engineer	R81	Real Estate Professional
A44	Athlete	E71	Exterminator	R71	Researcher
A64	Attorney/Judge/Legal Professional	F71	Factory/Warehouse Worker	S41	Salesperson
A74	Auctioneer	F81	Farmer/Rancher	S51	Scientist
L51	Banker/Lending Professional	F91	Financial Planner/Advisor	S61	Seamstress/Tailor
B21	Barber/Beautician/Hairstylist	F22	Flight Attendant	S71	Security Guard
B31	Broker/Registered Rep	F32	Human Resources Professional	S81	Social Worker
B41	Business Executive (VP, Director, etc.)	I41	Importer/Exporter	T41	Teacher/Professor
B51	Business Owner	I51	Inspector/Investigator	T51	Technician
C81	Caregiver	I81	Investor	T61	Teller
C91	Carpenter/Construction Worker/Contractor	I91	IT Professional/IT Associate	T71	Tradesperson/Craftsperson
C22	Cashier	J31	Janitor	T81	Trainer/Instructor
C32	Chef/Cook	J41	Jeweler	U21	Underwriter
C32	Chef/Cook	L31	Laborer	V11	Veterinarian
C42	Chiropractor	L41	Landscaper	W21	Writer/Journalist/Editor
C52	Civil Servant	M91	Mechanic		
C62	Clergy	M22	Military, Officer or Associated		
C72	Clerk	M32	Mortician/Funeral Director		

Industry of Occupation Codes

A11	Accounting	F11	Fashion/Clothing	O31	Other; If Other, include a description in the Industry of Occupation box
A21	Advertising/Marketing	F21	Financial Services	P11	Parking and Car Washes
A31	Aerospace/Defense	F51	Firearms and Explosives	P21	Pawn Shops/Brokers
A41	Agriculture/Forestry	G11	Gaming/Casino/Card Club	P31	Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51	Amusement and Recreation	G21	Government/Public Administration	P41	Pharmaceuticals
A61	Animal Services and Veterinary	G31	Grocery/Supermarket	P51	Printing/Publishing
A71	Architecture/Design	H11	Healthcare/Medical Services	P71	Professional/Civic Organizations (Non-Retail)
A81	Arts/Antiques	H21	Hotel/Hospitality	R11	Real Estate
A91	Athletics/Fitness	I11	Import/Export	R21	Religious Organization
A32	Automotive	I21	Information Technology (IT)	R31	Repair Services - Home, Auto, and Other
B11	Aviation	I31	Insurance	R41	Restaurant/Food Service
C11	Bar/Nightclub/Adult Entertainment Club	J11	Jewelry, Gems, and Precious Metals	R51	Retail Sales/Retail Trade
C21	Childcare	L11	Legal Services/Public Safety	S11	Science and Biotechnology
C31	Cleaning/Janitorial/Housekeeping	L21	Logistics/Supply Chain	S21	Security
C41	Communications/Telecommunications	M11	Manufacturing	T11	Transportation
C51	Construction/Carpentry/Landscaping	M21	Maritime	T31	Travel
C61	Convenience Store/Liquor Store/Gas Station	M31	Media/Entertainment	U11	Utilities (Public)
C71	Customer Service and Support	M41	Mining, Oil, and Gas	W11	Wholesale Sales/Trade
E11	Education	M51	Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)		
E21	Embassy/Consulate	N11	Non-Profit/NGO (Non-Government Agency)/Charity		
E31	Energy				
E41	Engineering				