



IRA Change of Beneficiary Form

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

If wanting to designate beneficiaries for a non-IRA account, please submit a Transfer on Death Agreement Beneficiary (TOD) Agreement TDA 097 located within the forms library: <https://www.tdameritrade.com/form-library>

Please complete all sections.

1. ACCOUNT INFORMATION

Account Number:

Account Owner:

Date of Birth:
(MM-DD-YYYY)

U.S. Social Security Number:
(SSN)

2. DESIGNATION OF BENEFICIARY

You must designate at least one primary beneficiary. If you select co-primary beneficiaries, indicate the percentage of your account you are designating to each. If a primary beneficiary dies prior to the Account Owner, the remaining portion shall be payable proportionately to any surviving primary beneficiaries. You may also designate contingent beneficiaries in the event that your primary beneficiaries do not outlive you. In the event that TD Ameritrade Clearing, Inc. is unable to identify the beneficiaries from the documents provided, the Custodial Agreement will control.

State IRA and trust laws may vary as to the legality of IRA beneficiaries naming beneficiaries to their inherited account. Please consult a qualified tax advisor or attorney regarding the applicable IRA and trust laws for your state of residence. TD Ameritrade Clearing, Inc. is not liable for any tax or legal consequences as a result of designating a beneficiary on an inherited IRA.

Percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries. If percentages are not indicated, they will be deemed equal shares. If percentages indicate an attempt to distribute as equal shares, but do not add up to 100%, the first named beneficiary will receive a slightly higher percentage (for instance, if you indicate 33%, 33.3% or 33.33% for all three beneficiaries, TD Ameritrade will round the first beneficiary's percentage up to 33.34% and the other two beneficiaries will each receive 33.33%). Further, when securities cannot be evenly distributed, or there are unclaimed securities, the Account Owner requests that such securities be liquidated and any proceeds from the liquidation be distributed in the percentages requested to the named Beneficiaries.

Subject to the condition(s) set forth in this section, I designate the following as the beneficiary(ies) of my IRA:

DESIGNATE YOUR PRIMARY BENEFICIARY(IES)

Primary Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:
Primary Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:
Primary Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:
Primary Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:



Primary Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:

Total: _____ % **Total must add up to 100%**

DESIGNATE YOUR CONTINGENT BENEFICIARY(IES)

Contingent Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:

Contingent Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:

Contingent Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:

Contingent Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:

Contingent Share %:	Beneficiary Is: <input type="checkbox"/> An individual <input type="checkbox"/> A trust <input type="checkbox"/> Other (custodianship, charity, corporation, etc.)	<input type="checkbox"/> Per Stirpes
	Beneficiary's Name:	SSN/TIN:
	Relationship:	Date of Birth/UA Date/Date of Formation:

Total: _____ % **Total must add up to 100%**

3. DIRECTIONS FOR DISTRIBUTION OF ASSETS TO MINOR BENEFICIARIES

Please transfer any minor's assets to a Custodial account at TD Ameritrade, managed by the custodian(s) designated below. In each instance that the assets pass to the designated custodian as the custodian for the designated minor, the assets shall be transferred under the Uniform Transfer to Minors Act (UTMA), or the Uniform Gifts to Minors Act (UGMA) or any other similar statute in effect as specified below.

I understand and accept that a court-appointed guardian may have to be appointed to manage the minor's assets under ongoing court supervision if I do not designate a custodian below.

Custodian's First Name:	Middle Name:	Last Name:	As custodian for (name of minor beneficiary):
Custodian's First Name:	Middle Name:	Last Name:	As custodian for (name of minor beneficiary):
Custodian's First Name:	Middle Name:	Last Name:	As custodian for (name of minor beneficiary):
Custodian's First Name:	Middle Name:	Last Name:	As custodian for (name of minor beneficiary):

4. SIGNATURE

The undersigned Account Owner hereby states that all previous designation(s) of beneficiary(ies), with respect to the above-designated IRA, are hereby revoked. Account Owner understands that this Change of Beneficiary will be effective on the date of receipt by TD Ameritrade Clearing, Inc., and that, upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. Account Owner retains the right to revoke this designation of beneficiary and to designate a new beneficiary at any time by written communication to: TD Ameritrade, Inc., 200 S 108th Ave, Omaha, NE 68154.

Please submit along with this form a copy of a current government issued photo ID containing your signature or you may submit the form with a TD Ameritrade branch stamp.

 Account Owner's Signature:	Date:
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Original signature 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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