

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

1. IRA OWNER INFORMATION

Account Number:		U.S. Social Security Number: (SSN)	
Full Legal Name:			
Street Address: (no PO box or mail drop)			
City:	State:	ZIP Code:	
Primary Phone:		Email Address:	

Should TD Ameritrade need to contact you in regards to this request, your preferred method of contact is: Email Primary Phone

2. REVOCATION INFORMATION

You are allowed, under federal regulations, to revoke your IRA within seven calendar days from the date you establish your IRA. The date the IRA is established is considered the date the IRA account is opened.

Date IRA was established:
(MM-DD-YYYY)

3. SIGNATURE

By signing below, I am electing to revoke my IRA. A revocation entitles an IRA owner to a full return of contributions. TD Ameritrade Clearing, Inc. will return all contributions without charging any administrative expenses. The amount of the deposit will be recorded on IRS Form 5498. As a result of this revocation, TD Ameritrade Clearing, Inc. will issue IRS Form 1099-R.

Printed Name:

 Account Owner's Signature:	Date:
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Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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