



Sole Proprietorship Certification

Account Number: _____

Tax ID: _____

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

To: TD Ameritrade Clearing, Inc.

I, (*Proprietor: First, Middle Initial, Last, Suffix*): _____, hereby certify that
I am engaged in business under the assumed name and style of (*Entity*): _____
(*Tax ID*): _____ at the following address:

Street Address: _____

City: _____ **State/Province:** _____ **ZIP/Postal Code:** _____

I am the sole proprietor of the business so conducted, and no other person, partnership, or corporation has any ownership interest therein.

All securities and other property in the name of (*Entity*): _____ are owned solely by me.

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

Signature of Sole Proprietor: _____ **Date:** _____

Printed Name of Sole Proprietor (*First, Middle Initial, Last, Suffix*): _____

Printed Name of Assumed Name/Entity: _____

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

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