



Letter of Authorization for Affiliated Account Owners

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

Please complete this form if you are associated with a Financial Industry Regulatory Authority (FINRA) or Exchange Member Firm. You must complete Section 1, and your employer must complete Section 2. Return completed form with your Account Application to the New Accounts department at the address or fax listed above. Failure to return this form may cause a delay in opening your account. If you have any questions, please call us at **800-276-8746**.

1. ACCOUNT OWNER AFFILIATION NOTIFICATION

By my signature below, pursuant to conduct rules for FINRA and the securities exchanges, I acknowledge that my employer is a FINRA or Exchange Member Firm and notify my employer of my intention to open a brokerage account with TD Ameritrade, Inc.

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

Printed Name:

X Account Owner's Signature:

Date:
(MM-DD-YYYY)

U.S. Social Security Number:
(SSN)

Account Number:

2. MEMBER FIRM AUTHORIZATION

Please accept this as authorization to open a brokerage account for

Name of Employee:
(account owner)

An Employee of:
(company of employment)

Street Address of Company:
(no PO box or mail drop)

City:

State:

ZIP Code:

Company Phone:

Check here if your firm requires duplicate confirmations and statements. If this box is not checked, duplicate confirmations and statements will not be sent.

Printed Name of Compliance Officer:

X Signature of Compliance Officer:

Date:
(MM-DD-YYYY)

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

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