

Account # _____
Advisor # _____
Case # _____

Use this form to authorize TD Ameritrade to provide electronic view only access of all account information to an interested party.

1 ACCOUNT INFORMATION

Provide the account number(s) you are requesting to have set up for electronic access to your TD Ameritrade account(s).

Account Number	Account Title

Please list any additional accounts on separate page.

2 INTERESTED PARTY INFORMATION

I (We) hereby request view only access via www.advisorclient.com be made available to the parties below.

Name (First, Middle, Last)	Does the Party below require a new user ID? If no, please mark below and provide the existing user ID.	Company (if any)
	<input type="checkbox"/> Yes <input type="checkbox"/> No Existing User ID: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Existing User ID: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Existing User ID: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Existing User ID: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Existing User ID: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Existing User ID: _____	

3 AUTHORIZATION AND SIGNATURES

All account owners must sign the form to authorize the above instructions.

Print Name of Authorized Individual/Trustee/Co-Owner: _____ Signature: _____ Date: _____

Print Name of Authorized Individual/Trustee/Co-Owner: _____ Signature: _____ Date: _____

Print Name of Authorized Individual/Trustee/Co-Owner: _____ Signature: _____ Date: _____

Print Name of Authorized Individual/Trustee/Co-Owner: _____ Signature: _____ Date: _____

Print Name of Authorized Individual/Trustee/Co-Owner: _____ Signature: _____ Date: _____

Print Name of Authorized Individual/Trustee/Co-Owner: _____ Signature: _____ Date: _____

Mailing Address:
TD Ameritrade Institutional
PO BOX 650567
Dallas, TX 75265-0567

TDAI 3083 REV. 02/17

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

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