

**AUTHORIZATION TO MAIL PROXIES
TO FINANCIAL ADVISOR (AGENT)**

Account # _____
Advisor # _____
Case # _____

To TD Ameritrade, Inc. ("TD Ameritrade"):

I (the undersigned) hereby authorize TD Ameritrade to forward proxy soliciting materials, annual reports and other related issuer material, normally sent to me, to _____ (Agent) and to allow Agent to vote Proxies on my behalf. Print Financial Advisor's Name

Agent holds discretionary authority over my account pursuant to an advisory contract with the Agent. I understand that this authorization may be rescinded at any time for any reason, by a written notice addressed to TD Ameritrade and delivered to your office.

This authorization shall extend to the benefit of your successors and assigns.

Account Owner: Check the box if you would like to receive informational copies (non-votable)

By signing in the space below, each Account Owner accepts the terms described in this form and authorizes TD Ameritrade to implement the changes requested in the form. I further agree to indemnify and hold harmless TD Ameritrade from any loss, claim or other liability for any instructions provided to TD Ameritrade on this form.

ACCOUNT NUMBER(S)	ACCOUNT REGISTRATION(S)

For additional accounts, please attach a piece of paper and list them.

Please note that all Account Owners listed must sign this form.

Account Owner/Trustee _____ Date: _____
 Additional Account Owner/Trustee _____ Date: _____
 Additional Account Owner/Trustee _____ Date: _____
 Additional Account Owner/Trustee _____ Date: _____
 Additional Account Owner/Trustee _____ Date: _____
 Additional Account Owner/Trustee _____ Date: _____

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

TDAI 9034 REV. 02/17

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

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