

Account # _____

Advisor # _____

Case # _____

IMPORTANT: Third party and International wire requests may require phone verification. International wire requests may also require disclosure of fees. If we cannot reach you by phone, your International wire request will be canceled. If an IRA Distribution is needed, please submit an IRA Distribution form.

1 ACCOUNT INFORMATION

Account Title/Registration: _____

2 PAYMENT DETAILS

Amount: _____ (if sufficient funds are not available for payout in full, non-payment may result)

Current Available Cash Balance (TD Ameritrade will disburse only funds that are available at the time of processing)

Additional Options (Select all that apply, if any)

Maintain on file for my future use

By selecting this option, I am instructing TD Ameritrade to maintain the instructions provided in section 4 on file for my future use. Only I, the account owner(s), may request future disbursements using the instructions provided in section 4 unless I have also granted my agent authorization.

Maintain on file for my future use and grant Agent authorization. Advisor Firm Name (Required): _____

By granting standing authority to my agent, I am authorizing my agent to have continuing authority, to act on instructions provided in section 4. I, the undersigned, hereby grant Agent listed authority to direct disbursement of funds from my TD Ameritrade, Inc. ("TD Ameritrade") account by wire, as directed or consistent with the below instructions. I will indemnify and hold TD Ameritrade and its directors, officers, and employees harmless from all liabilities and costs, including attorney's fees, which TD Ameritrade may incur by relying upon the representations of Agent or upon their authorization. This authorization will remain in full force and effect until revoked by me by a written notice delivered personally or sent by registered mail or certified mail to the TD Ameritrade office serving my account. **This authorization shall extend to the benefit of my Agent's successors and assigns.** This authorization shall extend to the benefit of your successors and assigns.

3 FREQUENCY

One Time Only Request (Proceed to Section 4) Standing Instructions Only (Proceed to Section 4) Periodically (complete the below)
* If no choice is selected, default will be One Time Only

PERIODIC DETAILS (Select One)

Monthly First Business Day of Month Last Business Day of Month

Quarterly Semi-annually Annually

Start Date (if recurring) _____ End Date (optional) _____

Mark here if this request is to update your current systematic payments. Please provide details of the current setup, below.

Bank Name:	Bank Account #:
Amount:	Frequency:



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DELIVERY DETAILS**DOMESTIC WIRE INFORMATION**

Receiving Bank Name:

Bank City/State:

Bank Telephone #:

ABA/Routing #:

Receiving Bank Account #:

Name on Receiving Bank Account (*list name as it appears at Bank and if name contains initials, please provide full name*):**Please provide the following information if this request is for an escrow/mortgage or brokerage account:**For Further Credit to Name (*if name contains initials, please provide full name*):

For Further Credit to:

 Escrow/Mortgage File # _____ Brokerage Account # _____**OPTIONAL: Intermediary Bank** (*Please verify this information with the receiving bank above if applicable*)

Intermediary Bank Name:

Intermediary Bank ABA/Routing #:

Intermediary Bank City/State:

INTERNATIONAL WIRE INFORMATION (*to ensure accuracy, please contact financial institution for correct routing information*)

International Bank Name:

Bank Street Address:

Bank City/Country:

Bank Telephone #:

SWIFT/BIC Code:

Additional Bank Routing Information – (*for example, Sort – U.K., IBAN – Euro, Transit – Canada, CLABE – Mexico, etc.*):Name on Receiving Bank Account (*List name as it appears at Bank and if name contains initials, please provide full name*):

Receiving Bank Account #:

Recipient Address:

City:

Country:

For Further Credit Name and Account # (*if applicable*):Purpose of Wire (**REQUIRED**) *Providing a non-specific purpose may cause delays in processing the wire request.*

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ACCOUNT OWNER(S) SIGNATURE(S)

I/We certify that the foregoing is correct, and that TD Ameritrade may rely on the foregoing and this certification with no further inquiry. Any Agent authorization granted in Section 2 will remain in full force and effect until revoked by me by a written notice delivered to TD Ameritrade.

All Account Owner(s)/Holder(s) must sign if setting up Agent standing authorization and/or delivering assets to a third party.

Some exceptions may apply. Please contact your financial advisor for details.

Account Owner Printed Name: _____

Account Owner Signature: _____ Date: _____

Account Co-Owner Printed Name: _____

Account Co-Owner Signature (if applicable): _____ Date: _____

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

TDAI 9020 REV. 02/17

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

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