

Mail or Fax to:

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

Receiving Firm DTC Clearing Number: 0188

Please use the Direct Registration System (DRS) Transfer Form TDA 100557 for transfer from a transfer agent.

Instructions: Attach a complete copy of your most recent statement, of the account you are requesting the transfer from, (dated within 90 days) in order for the transfer to be processed. Please submit the completed form to TD Ameritrade Attn: TD Ameritrade, PO Box 2760, Omaha, NE 68103-2760 or fax to 866-468-6268. To submit the completed and signed form(s) electronically through our secure Message Center, scan it, along with any other material you're sending. Then log in to your account and go to Client Services > Message Center to write us, and attach the scanned document(s) to your message.

***If you are requesting to transfer from your Qualified Retirement Plan, please contact your plan administrator; this form may not be required. If you are transferring between two TD Ameritrade accounts, please use the Internal transfer form. Please note you cannot use this form to transfer from a standard checking account and/or savings account from a bank/credit union. For IRAs, and Beneficiary IRAs where the original owner was 70½ years or older at death, please attach a copy of your end of year statement to enable us to calculate the required minimum distribution for the account.*

1. ACCOUNT INFORMATION

Your TD Ameritrade Account

(The registration of the account being transferred should match your TD Ameritrade account and the Tax ID for both the TD Ameritrade account and account being transferred.)

Account Number (Required):
(Only one per form)

Account Registration/Title:

Social Security/Tax ID Number:

Social Security/Tax ID Number:
(Secondary, If applicable)

Account Type (select one)

- | | |
|---|---|
| <input type="checkbox"/> Individual – (Non IRA) | <input type="checkbox"/> Traditional or Rollover IRA |
| <input type="checkbox"/> Joint | <input type="checkbox"/> Roth IRA |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Beneficiary IRA |
| <input type="checkbox"/> Corp/Business | <input type="checkbox"/> Beneficiary Roth IRA |
| <input type="checkbox"/> UGMA/UTMA | <input type="checkbox"/> Qualified Plan (401k, 403B, PSP, etc.) |
| <input type="checkbox"/> Estate | <input type="checkbox"/> SIMPLE IRA |
| | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Other: _____ | |

2. PLEASE PROVIDE INFORMATION ABOUT THE DELIVERING ACCOUNT

*(As directed in Section 1 both registration and Tax IDs for the TD Ameritrade account and account being transferred **should match**.)*

Account Number (Required):
(Only one per form)

Account Registration/Title:

Social Security/Tax ID Number:

Social Security/Tax ID Number:
(Secondary, If applicable)

Contra/Delivering Firm Name (Required):

Contra/Delivering Firm Address:

Contra/Delivering Firm Phone Number (Required):

Contra/Delivering Firm Email:

Account Type (select one)

- | | |
|---|---|
| <input type="checkbox"/> Individual – (Non IRA) | <input type="checkbox"/> Traditional or Rollover IRA |
| <input type="checkbox"/> Joint | <input type="checkbox"/> Roth IRA |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Beneficiary IRA |
| <input type="checkbox"/> Corp/Business | <input type="checkbox"/> Beneficiary Roth IRA |
| <input type="checkbox"/> UGMA/UTMA | <input type="checkbox"/> Qualified Plan (401k, 403B, PSP, etc.) |
| <input type="checkbox"/> Estate | <input type="checkbox"/> SIMPLE IRA |
| | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Other: _____ | |

If the registrations do not match, you may either establish a new account online at www.tdameritrade.com or you must supply additional documentation and all delivering account owners must sign section 4. For unlike title/registration transfer, please call the transfer department at 888-723-8504, option 4 for additional requirements. *Please note if there are any issues with processing your transfer, we will communicate that to you via your secure message center when you log in to your account.



3. TRANSFER INSTRUCTIONS—PLEASE COMPLETE ONLY ONE OF THE FOLLOWING SECTIONS (A,B, OR C)

A. BROKERAGE FIRM TRANSFER (Unless otherwise indicated, TD Ameritrade will transfer in Full)

- Full Transfer**—To transfer entire account, check here and skip to Section 4.
- Partial Transfer**—List specific security and/or cash amount below. If bonds are being transferred, please supply the CUSIP.

Only whole shares can be requested as fractional shares cannot be transferred. Please contact the delivering firm regarding your options.

Asset Description (CUSIP or symbol) (Partial Transfers Only)	Quantity (Indicate # of whole shares or "ALL")	Asset Description (CUSIP or symbol) (Partial Transfers Only)	Quantity (Indicate # of whole shares or "ALL")
1.		5.	
2.		6.	
3.		7.	
4.		8.	

B. BANK/CREDIT UNION & ANNUITY TRANSFER

Transfer cash only. Unless otherwise indicated, all cash will be transferred. Banks, Annuity, and Trust Companies require Original Client Signature. Please mail the Original form to complete the transfer request.

IRA Savings Accounts—Typically held with Bank/Credit Union.

- Total Transfer** (Transfer entire account)
 - Partial Transfer** (Transfer part of account) Portion to transfer \$ _____
- Wire**
(fees may apply)
 Check

Certificates of Deposit (CDs).

- Redeem my CD immediately.**
I am aware of, and acknowledge, that I am responsible for any penalties that I may incur from any early withdrawal.
- Redeem my CD at maturity. Maturity Date:** _____
Submit request at least 21 days prior to maturity. Please advise your bank not to roll over your CD to a new term.

Indicate in this section whether you wish to liquidate the CD immediately or at maturity. For any investment instruments that have a renewal deadline, maturity date, surrender charge period/window, etc., paperwork must be received by TD Ameritrade in good order **three weeks** prior to the firm deadline to allow for proper processing times. To liquidate a CD held in a non-retirement account, contact the bank or credit union at which the assets are being held.

Annuity Transfer

- Transfer my Annuity**
 Full Partial \$ _____
I have an annuity policy that I wish to transfer. Please redeem and terminate on my behalf.
I am aware of, and acknowledge, that I am responsible for any penalties that I may incur from any early withdrawal.
- Wire**
(fees may apply)
 Check

Select only one: Liquidate annuity in full or partial liquidation. If partial is selected, amount for partial must be included.

TD Ameritrade is not responsible for the timing or execution of liquidations processed by the delivering firm.

C. MUTUAL FUND COMPANY TRANSFER

Check box for In-kind or Liquidation Transfer. Please list the Symbol or CUSIP for the Mutual Fund(s) you wish to move. Unless otherwise Indicated, TD Ameritrade will transfer shares in-kind. This section pertains only to shares of Mutual Funds held directly with the fund company, for brokerage accounts containing Mutual Funds and/or Stocks please complete the Brokerage Firm Transfer section (Section 3A, above).

*Proprietary Mutual Funds and all no-load Money Market funds cannot be transferred in-kind and must be liquidated.

Fund Name or Symbol	Mutual Fund Account #	Quantity (Indicate # of shares or "ALL")	Handling (Check one)	Gains & Dividends (Check one if In-kind)
			<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Reinvest <input type="checkbox"/> Cash
			<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Reinvest <input type="checkbox"/> Cash
			<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Reinvest <input type="checkbox"/> Cash

- *If you are transferring more funds than will fit above, please include an attached list for the complete list of funds.
 - *A statement **MUST** be included to ensure proper handling and processing of your Mutual Fund transfer.
 - *Unless otherwise indicated, I authorize the Transferor to liquidate any non-transferable proprietary money market and mutual fund assets that are part of my account and to transfer the resulting credit balance to my account with TD Ameritrade. If the fund is unable to be held by TD Ameritrade, I (please initial here) _____ authorize the Transferor to liquidate and transfer as cash.
- Wire**
(fees may apply)
 Check

4. REGISTRATION DIFFERENCES AND DELIVERY ACCOUNT OWNERS' SIGNATURES (IF APPLICABLE)

Registration Difference

For unlike titled or type transfers, such as Individual to Joint, I authorize the transfer from _____ account to _____ account. All parties on the delivering account must sign below. All TD Ameritrade parties must sign in section 6 for transfer authorization.

<input checked="" type="checkbox"/> Client Signature:	Date:
<input checked="" type="checkbox"/> Client Signature:	Date:
<input checked="" type="checkbox"/> Client Signature:	Date:

5. ONE AND THE SAME LETTER (IF APPLICABLE)

If you are transferring an account, and the name(s) at TD Ameritrade do not exactly match but are still one and the same person, please complete this section. This section should be utilized if your name has changed due to one or more of the following: Marriage, Divorce, Name Spelling Error, or any type of Name Change including Jr., Sr., etc. If last name difference, must supply legal documentation: that is, state issued driver's license, passport, or government ID. (Please specify account types, such as Individual to Joint)

I, _____ (please print name), am One and the Same as _____ (please print name) as shown on the delivering firm account. (Please specify account types, such as Individual to Joint)

Please sign name BOTH ways.

<input checked="" type="checkbox"/> Signature:	<input checked="" type="checkbox"/> Signature:
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6. TD AMERITRADE CLIENT AUTHORIZATION (REQUIRED)

All TD Ameritrade account holders (clients or trustees) as indicated by the account registration must sign this section.

Unless otherwise indicated in the instructions above, please transfer, in-kind, all assets into my account with TD Ameritrade. I understand that the extent any assets in my account are not readily transferable, with or without any penalties, such assets may not be transferred within the time frames required by applicable regulations. I understand I will be contacted by the carrying and/or receiving firm with regard to any assets that are not transferable. I authorize the Transferor to deduct any outstanding fees due to transfer from the credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees. If certificates or other instruments in my account are in your physical possession, I instruct Transferor to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, for a full account transfer, Transferor will freeze my account and cancel all open orders. I also understand that no new orders may/will be taken. I affirm that I have destroyed or returned to the Transferor all credit/debit cards and/or unused checks issued to me in connection with my account.

If this TD Ameritrade account is a qualified retirement account, I have amended the applicable plan to designate the successor custodian. Alternatively, if this TD Ameritrade account is an Individual Retirement Account (IRA), I have adopted an IRA plan so that it names the successor custodian.

<input checked="" type="checkbox"/> Client Signature:	Date:
<input checked="" type="checkbox"/> Co-Owner's Signature:	Date:
<input checked="" type="checkbox"/> Co-Owner's Signature:	Date:
<input checked="" type="checkbox"/> Co-Owner's Signature:	Date:

(Medallion Signature Guarantee – For TD Ameritrade Use Only)

7. LETTER OF ACCEPTANCE (FOR OFFICE USE ONLY)

The undersigned organization agrees to serve as successor custodian for the account of the above-named individual, and as custodian, we agree to accept the assets being transferred.

<input checked="" type="checkbox"/> Representative Signature:	Date:
Representative Printed Name:	

(Medallion Signature Guarantee – For TD Ameritrade Use Only)

For TD Ameritrade Clearing, Inc. use only

Please be advised that TD Ameritrade Clearing, Inc. is an "Approved 403(b)(7) Vendor" and/or has entered into an Information Sharing Agreement with the Employer for the above-captioned 403(b)(7) account. The Employer/Agent Signature above hereby authorizes TD Ameritrade Clearing, Inc. to accept this exchange.

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