

Mail or Fax to:

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

Receiving Firm DTC Clearing Number: 0188

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.

***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)

- Individual – (Non IRA)
- Joint
- Trust
- Corp/Business
- UGMA/UTMA
- 403B
- Other: _____
- SIMPLE IRA
- SEP IRA
- Traditional or Rollover IRA
- Roth IRA
- Beneficiary IRA
- Beneficiary Roth IRA
- Estate
- Qualified Plan (**See above)

2. PLEASE PROVIDE INFORMATION ABOUT THE ACCOUNT TO BE TRANSFERRED

*(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):

Account Type (select one)

- Individual – (Non IRA)
- Joint
- Trust
- Corp/Business
- UGMA/UTMA
- 403B
- Other: _____
- SIMPLE IRA
- SEP IRA
- Traditional or Rollover IRA
- Roth IRA
- Beneficiary IRA
- Beneficiary Roth IRA
- Estate
- Qualified Plan (**See above)

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 5. For unlike title/registration transfer, please call the transfer department at 888-723-8504 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 INSTRUCTION

Please review the following instructions and complete the proper section(s) for your transfer request. Only one sub-section (such as, A, B, C, or D) can be selected per transfer.

Check box for Full or Partial Transfer. Only whole shares can be requested, as fractional shares cannot be transferred. Please contact the delivering firm regarding your options. For Partial Transfers, list descriptions of assets and shares. Unless otherwise indicated, TD Ameritrade will transfer in Full.

***Please note—TD Ameritrade cannot request Mutual Funds held at Brokerage Firms to be liquidated. To place trades for liquidation, please contact the delivering firm prior to submitting the transfer request. Some money market funds are self-liquidating. To liquidate others, please contact the delivering firm.**

A. BROKERAGE FIRM TRANSFER

- Full Transfer**—To transfer entire account, check here and then skip to the Signature Section 4, and complete Section 5 and/or Section 6 (if applicable).
- Partial Transfer**—List specific security and/or cash amount in the lines given below. If bonds are being transferred, please supply the Bond 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")

B. MUTUAL FUND COMPANY TRANSFER

- Full Transfer**—To transfer entire account, check here.
- Partial Transfer**—List specific mutual funds in the lines given below.

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
			<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**

C. BANK/CREDIT UNION & ANNUITY/LIFE INSURANCE TRANSFER

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

*Each section will have additional information.

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

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

- Transfer my Life Insurance**
I have a life insurance 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.
- Transfer my Annuity**
 Full Partial \$ _____ **Wire**
(fees may apply)
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. **Check**

Select only one: Liquidate annuity in full or partial liquidation. If partial is selected, amount for partial must be included. Contact the insurance company to determine whether surrender forms are required before submitting the transfer form to TD Ameritrade. Attach surrender form if applicable. TD Ameritrade is not responsible for the timing or execution of liquidations processed by the delivering firm.

D. TRANSFER AGENT

Check box for In-kind transfer from a Transfer Agent. This section is specifically for transfers from a Transfer Agent via the Direct Registration System or DRS transfer. DRS transfers must be between like-titled accounts. Please provide the **MOST** recent copy of your delivering account statement dated within **90 days**.

*Note: All shares **MUST** be held in Book-Entry form at the Transfer Agent, prior to initiating the transfer.

- Transfer all of my WHOLE shares to my TD Ameritrade account and liquidate any fractional shares.**
I understand the cash proceeds of any liquidation will be mailed directly to the address on file for my account. This option will leave your account open at the Transfer Agent.
- Transfer all of my WHOLE shares to my TD Ameritrade account and liquidate any fractional shares.**
I understand the cash proceeds of any liquidation will be mailed directly to the address on file for my account and close my account at the delivery firm.
- Transfer all of my WHOLE shares to my TD Ameritrade account. Do not liquidate any fractional shares in my account.**
I understand my account at the delivery firm will remain open and I will continue to accrue shares if I am enrolled in a DRIP program.
- Transfer only Part of the assets listed (below).**
I understand my account at the delivery firm will remain open and I will continue to accrue shares if I am enrolled in a DRIP program.

Share Amount _____

4. TD AMERITRADE CLIENT AUTHORIZATION

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: _____

5. REGISTRATION DIFFERENCES AND DELIVERY ACCOUNT OWNERS' SIGNATURES

**Note: this section is not applicable to transfers requested in Section 3.D., requests to transfer from a Transfer Agent, which must be like-titled.*

Registration Difference

For unlike titled or type transfers, I authorize the transfer from _____ account to _____ account.

All parties on the delivering account must sign below.

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

6. ONE AND THE SAME LETTER

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.

I, _____ (please print name), am One and the Same as _____ (please print name) as shown on the delivering firm account.

Please sign name BOTH ways.

<input checked="" type="checkbox"/> Signature:	<input checked="" type="checkbox"/> Signature:
--	--

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: _____	

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