

Account # _____

Advisor # _____

Please select **EITHER** FULL ACCOUNT TRANSFER **OR** PARTIAL ACCOUNT TRANSFER by filling out Section 1 **OR** 2.

1	FULL ACCOUNT TRANSFER
<p>Please accept this letter as authorization to transfer ALL assets:</p> <p>FROM account number: _____</p> <p>in the name(s) of: _____</p> <p>TO account number: _____</p> <p>in the name(s) of: _____</p>	
2	PARTIAL ACCOUNT TRANSFER
<p>Please accept this letter as authorization to transfer the following securities:</p> <p>FROM account number: _____</p> <p>in the name(s) of: _____</p> <p>TO account number: _____</p> <p>in the name(s) of: _____</p> <p>Quantity: _____ Issue: _____ Security Name: _____ Symbol: _____</p> <p>Quantity: _____ Issue: _____ Security Name: _____ Symbol: _____</p> <p>Quantity: _____ Issue: _____ Security Name: _____ Symbol: _____</p> <p>Quantity: _____ Issue: _____ Security Name: _____ Symbol: _____</p>	
3	STANDING INSTRUCTIONS
<p>Please accept this letter as standing instructions to transfer assets:</p> <p>FROM account number: _____ in the name(s) of: _____</p> <p>TO account number: _____ in the name(s) of: _____</p> <p>I (We), the undersigned, hereby grant _____ (Agent) authority to direct movement of assets on my behalf, according to the instructions above. This authorization will remain in full force and effect until revoked by me with a written notice. I will indemnify and hold harmless TD Ameritrade its directors and employees harmless from all liabilities and costs, including attorney fees, which TD Ameritrade may incur by relying upon the representations of my Agent or upon his authorization.</p>	
4	SIGNATURES
<p>Signature of Delivering Account Owner or Authorized Person: _____ Date: _____</p> <p>Co-Signature of Delivering Account Owner or Authorized Person: _____ Date: _____</p> <p>Receiving Account Owner(s) must sign below if (1) accepting debt and/or (2) accepting short position(s).</p> <p>Signature of Receiving Account Owner or Authorized Person: _____ Date: _____</p> <p>Co-Signature of Receiving Account Owner or Authorized Person: _____ Date: _____</p>	

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

TDAI 9019 REV. 02/17

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

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