



ADVISOR AUTHORIZATIONS

Account # _____
Advisor Code _____
Case # _____

1	ACCOUNT INFORMATION	
	Account Registration: _____	Social Security Number: _____
2	ADVISOR AUTHORIZATIONS	
	I hereby authorize:	
	Firm Name: _____	Primary Contact: _____
	<input type="checkbox"/> Check here and complete this section if you are removing an existing Advisor from your Account.	<input type="checkbox"/> Check here and complete this section if you are adding an Advisor and transferring your TD Ameritrade Retail Self-Directed Brokerage Account to TD Ameritrade Institutional. By completing this section, you are certifying there are no checks written against your TD Ameritrade Retail brokerage account.
	Prior IA Firm Name: _____	TD Ameritrade Retail Brokerage Account Number: _____
Limited Disbursement and Journal Authorization		
By my signature below on this application, I hereby authorize TD Ameritrade to: disburse assets to me at my address of record at the direction of my Advisor and; journal assets between my TD Ameritrade accounts of identical registration at the direction of my Advisor as provided in the TD Ameritrade Institutional Client Agreement.		
Please initial further authorizations below as applicable.		
Directed Trading Authorization		
I authorize TD Ameritrade to execute trades in my Account at the direction of my Advisor as provided in the TD Ameritrade Institutional Client Agreement.		
Account Owner Initials: _____ Account Co-Owner Initials: _____		
Fee Deduction and Payment Authorization		
I authorize TD Ameritrade to pay investment advisory fees and related fees (collectively, "Advisory Fees") to my Advisor from my Account(s) in the amounts instructed by my Advisor as provided in the TD Ameritrade Institutional Client Agreement.		
Account Owner Initials: _____ Account Co-Owner Initials: _____		
These choices can be modified or revoked at any time by notice to TD Ameritrade Institutional at PO BOX 650567, Dallas, TX 75265-0567 or 800-431-3500.		
	<input checked="" type="checkbox"/> Signature of Account Owner: _____	Date: _____
	Account Owner Name (printed): _____	
	<input checked="" type="checkbox"/> Signature of Additional Account Owner: _____	Date: _____
	Additional Account Owner Name (printed): _____	

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

TDAI 9002 REV. 02/18

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

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