



MOVE MONEY ADVISOR AUTHORIZATION

Account # _____
Advisor Code _____
Case # _____

For Taxable accounts:

Use this form to authorize your Advisor to initiate any of the following on your behalf:

- Third party internal journals between TD Ameritrade accounts;
- Electronic fund transfers (ACH); or
- Wire transfers.

You may revoke any of these authorizations at any time by contacting TD Ameritrade Institutional at 800-431-3500.

For IRA accounts:

DISTRIBUTIONS: Traditional, Roth, SEP, SIMPLE, and Beneficiary Only

CONTRIBUTIONS: Traditional and Roth Only

IRA Move Money authority is limited to Normal, Premature, Premature w/exception (72t), Death, and Disability distributions from Traditional, Roth, SEP, SIMPLE, and Beneficiary IRA accounts.

There are certain types of distribution instructions that can not be authorized with this form. An appropriate Distribution Request Form with your signature is required for the following requests:

- Distribution Checks to third party address
- Distributions related to a divorce
- Roth conversions
- IRA transfers, rollovers, or in-kind distributions
- IRA re-characterizations

1 INVESTMENT ADVISOR AUTHORITY (REQUIRED)

Name of the Advisory Firm you wish to have Move Money authorization on your behalf:

2 TYPE OF REQUEST

- New instructions *(complete applicable section(s) below and sign)*
- Replace existing instructions *(complete applicable section(s) below and sign)*
- Terminate ALL authorizations
(sign below—all existing ACH, Wire, and Internal Transfer Move Money Investment Advisor authorizations on account will be removed)

3 ACCOUNT OWNER INFORMATION

Name <i>(First, Middle Initial, Last)</i> :		Social Security Number:
Primary Telephone Number:	Secondary Telephone Number:	
Account Number(s) <i>(Multiple accounts may be listed only if they are identically registered)</i> :	Account Registration:	

4 IRA DISBURSEMENT AUTHORIZATION

If this account is an IRA, by my signature below on this authorization, 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.

5 THIRD PARTY INTERNAL JOURNAL AUTHORIZATION

By my/our signature in Section 8 below and completion of this section, I/we authorize Advisor to move funds and securities between my/our TD Ameritrade accounts and TD Ameritrade accounts of third parties as specified below. I/We understand that I/we can terminate or change this instruction at any time by contacting TD Ameritrade or checking termination in Section 2.

THIRD PARTY INTERNAL JOURNAL INSTRUCTIONS

Destination Account Number:	Account Registration:
Destination Account Number:	Account Registration:
Destination Account Number:	Account Registration:
Destination Account Number:	Account Registration:



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ELECTRONIC FUNDS MOVEMENT (ACH)

Complete this section and sign in Section 8 below if you wish to grant your Advisor standing authorization to initiate electronic funds transactions (ACH) between your TD Ameritrade accounts and accounts at another financial institution specified by you on your behalf from time to time. *Note: third party requests may require phone verification. IRA ACH contributions limited to Traditional and Roth IRA accounts only.*

By my/our signature in Section 8 below and completing this Section 6, I/we authorize Advisor to initiate electronic funds transactions (ACH) from time to time between my/our TD Ameritrade account(s) and the accounts specified below. I/We understand that I/we can terminate or change this instruction at any time by contacting TD Ameritrade or checking termination in Section 2. By completing this section, I/we acknowledge and agree to the terms of the ACH Transaction Client Agreement located in the TD Ameritrade Institutional Client Agreement.

FINANCIAL INSTITUTION ACCOUNT INFORMATION

Authorize ACH Direction (Select one or both): TD Ameritrade to Bank Bank to TD Ameritrade
Select one: Checking Savings

Bank Name:	ABA (Routing) Number:
Bank City/State:	Bank Phone Number:
Name on Bank Account (list name as it appears at Bank and if name contains initials, please provide full name):	Bank Account Number:

Please attach voided check.

ADDITIONAL BANK (OPTIONAL)

Authorize ACH Direction (Select one or both): TD Ameritrade to Bank Bank to TD Ameritrade
Select one: Checking Savings

Bank Name:	ABA (Routing) Number:
Bank City/State:	Bank Phone Number:
Name on Bank Account (list name as it appears at Bank and if name contains initials, please provide full name):	Bank Account Number:

Please attach voided check.

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WIRE TRANSFERS

Complete this section and sign in Section 8 if you wish to grant your Advisor standing authorization to transfer funds from your TD Ameritrade account to other financial institutions by wire. Note: certain wires may be subject to Federal Reserve Board Regulation E, which requires the disclosure of certain transaction related fees and information. By completing this section and signing in Section 8, you authorize your Advisor to receive wire disclosures on your behalf and (when applicable) exercise your right to cancel a wire. If you wish to receive disclosures and exercise right to cancel wires yourself, contact TD Ameritrade Institutional. Note: Third party requests may require phone verification.

By my/our signature in Section 8 below and completing this section, I/we authorize my/our Advisor to transfer funds by wire from time to time between my/our TD Ameritrade account(s) and the other financial institutions designated by me/us in WIRE INFORMATION below. I/We understand that: (i) I/we can terminate or change this instruction at any time by contacting TD Ameritrade or checking termination in Section 2 and (ii) TD Ameritrade may refuse to act upon an instruction it cannot verify as accurate and authorized by me/us.

WIRE INFORMATION

DOMESTIC WIRE INFORMATION

Bank Name:	
Bank City/State:	Bank Telephone #:
ABA/Routing #:	Bank Account #:
Name on 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 bank above if applicable)

Intermediary Bank Name:	Intermediary Bank ABA/Routing #:
Intermediary Bank City/State:	

INTERNATIONAL WIRE INFORMATION <i>(to ensure accuracy, please contact financial institution for correct routing information)</i> International wires requests may require disclosure of fees. If we cannot reach you by phone, your International wire request may be canceled.		
International Bank Name:		
Bank Street Address:		
Bank City/Country:	Bank Telephone #:	
SWIFT/BIC Code:		
Additional Bank Routing Information – <i>(such as, Sort – U.K., IBAN – Euro, Transit – Canada, CLABE – Mexico, etc.):</i>		
Name on Bank Account <i>(List name as it appears at Bank and if name contains initials, please provide full name):</i>		
Bank Account #:		
Recipient Address:	City:	Country:
For Further Credit Name and Account # <i>(if applicable):</i>		
Purpose of Wire (REQUIRED) <i>Providing a non-specific purpose may cause delays in processing the wire request:</i>		

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ACCOUNT OWNER AUTHORIZATION

Please read, sign, and date.

I/We authorize TD Ameritrade, Inc. to accept instructions from Advisor as designated in the sections completed above. If this account is an IRA account we further authorize TD Ameritrade to accept distribution and tax withholding instructions from Advisor. My advisor has no authority or ability to designate or change the identity of any third party, the address, or any other information about the third party contained in these instructions. I/We understand that we can terminate or change these instructions at any time by contacting TD Ameritrade Institutional. I/We agree to indemnify and hold harmless TD Ameritrade, Inc., its affiliates, directors, officers, employees, and agents from and against any and all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to (i) their reliance on these standing instructions and authorizations and (ii) TD Ameritrade's execution of Advisor's instructions.

Account Owner Signature: _____ Date: _____
 Account Owner Printed Name: _____

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

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

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

TDAI 9341 REV. 02/18

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

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