Reset Form

TD Ameritrade Institutional

ACCOUNT TRANSFER FORM

TO TRANSFER YOUR EXISTING ACCOUNT TO TD AMERITRADE

Account # ____________________

Advisor Code ____________________

Case # ____________________

PLEASE ATTACH A COPY OF YOUR LATEST STATEMENT.

1 TD AMERITRADE ACCOUNT INFORMATION

Account Title/Registration:

Social Security Number/Tax ID:

Clearing Number: 0188

☐ Individual *(Non-Qualified)* ☐ Personal Trust ☐ Limited Liability Company ☐ Roth IRA ☐ Qualified Retirement Plan Employer Plan Type: ____________________

☐ Joint ☐ Estate ☐ Partnership/Investment Club ☐ SEP IRA ☐ Simple IRA

☐ UTMA/UGMA ☐ Corporate ☐ Traditional IRA/Rollover IRA ☐ Coverdell ESA ☐ Beneficiary IRA

☐ Other: ____________________

2 INFORMATION ON THE ACCOUNT YOU ARE TRANSFERRING FROM

Account Title/Registration as shown on your statement:

Account Number:

Name of Delivering Firm:

Physical Address of Firm *(no PO BOX)*:

Telephone Number *(required)*:

☐ Individual *(Non-Qualified)* ☐ Personal Trust ☐ Limited Liability Company ☐ Roth IRA ☐ Qualified Retirement Plan Employer Plan Type: ____________________

☐ Joint ☐ Estate ☐ Partnership/Investment Club ☐ SEP IRA ☐ Simple IRA
Has SIMPLE IRA been funded for at least two years? ☐ Yes ☐ No

☐ UTMA/UGMA ☐ Corporate ☐ Traditional IRA/Rollover IRA ☐ Coverdell ESA ☐ Beneficiary IRA

☐ Other: ____________________

3 LIST THE ASSETS YOU WANT TO TRANSFER

A. Transfer from an ACAT eligible Brokerage Firm, Bank, Insurance/Annuity Co., Trust Co., or Transfer Agent – Check box for full or partial transfer. For partial transfers, list descriptions of assets and shares. Unless otherwise indicated, TD Ameritrade will transfer in full. *Please note – The **ACAT** system does not allow for liquidation requests. To place trades, please contact your current custodian prior to submitting the transfer request. Most banks, insurance/annuity, and trust companies require original wet-ink signature mailed to TD Ameritrade.*

If transferring in Alternative Investments, please obtain a copy of the Transfer In Only Alternative Investment Client Custody Agreement from your Advisor, the terms of which will apply to our custody of your Alternative Investments. No signature is required.

☐ Full Transfer – To transfer entire account, check box and skip to Section 4 (if applicable), then to the Signature Section.

☐ Partial Transfer – List specific security. If bonds are being transferred, please supply the Bond CUSIP.

Description of Asset *(Partial transfers only)*	**Quantity** *(Indicate # of shares or "ALL")*	**Description of Asset** *(Partial transfers only)*	**Quantity** *(Indicate # of shares or "ALL")*

For additional securities, see attached list. ☐

Annuity/Life Insurance Policy: I have an annuity or life insurance policy I wish to liquidate and have the proceeds sent to TD Ameritrade.
Please choose one option:

☐ Please redeem and terminate entire contract or policy on my behalf. I understand that penalties may apply.

☐ Please redeem and terminate entire contract or policy on my behalf. The entire contract or policy is penalty-free.

☐ Please redeem only the penalty-free amount of $_____________.

☐ Please withdraw a partial amount of $____________. The entire contract or policy is penalty-free.

Certificates of Deposit (CDs):

☐ **Redeem my CD immediately.** I understand that penalties may apply for any withdrawals prior to maturity.

☐ **Redeem my CD at maturity.** Maturity date:_____________________ Submit request at least 21 days prior to maturity. Please advise your bank not to roll over the CD to a new term.

Dividend Reinvestment Plan:

☐ I am transferring positions in Book Entry form and liquidating accumulated fractional shares.

B. Transfer from a Mutual Fund company – Unless otherwise indicated, TD Ameritrade will transfer all shares in kind and reinvest your dividends and capital gains. I acknowledge that ineligible proprietary mutual funds and all no-load money market funds cannot be transferred in kind and must be liquidated by the mutual fund company.

Fund Name or Symbol	Fund Account Number	Quantity *(Indicate # of shares or "All")*	Handling *(Check one)*	Credit Gains and Dividends as *(Check one if transferring shares)*
			☐ Transfer my shares ☐ Sell my shares, transfer cash	☐ Reinvested shares ☐ Cash
			☐ Transfer my shares ☐ Sell my shares, transfer cash	☐ Reinvested shares ☐ Cash
			☐ Transfer my shares ☐ Sell my shares, transfer cash	☐ Reinvested shares ☐ Cash
			☐ Transfer my shares ☐ Sell my shares, transfer cash	☐ Reinvested shares ☐ Cash
			☐ Transfer my shares ☐ Sell my shares, transfer cash	☐ Reinvested shares ☐ Cash

For additional mutual funds, see attached list. ☐

To transfer Money Markets, please indicate the Money Market name or symbol if available:	Liquidate Money Market: ☐ All ☐ Only: $______________

4 DISCREPANCIES OF ACCOUNT NAME AND TYPE *(IF APPLICABLE)*

If the account you are transferring is not like titled, please complete the following authorization. We hereby authorize a transfer from the account of ____ to the account at TD Ameritrade for ____________________________________.

(Delivering Account Title/Registration) *(TD Ameritrade Account Title/Registration)*

Account Owner's Signature: ____ Date: ____________________

Account Co-Owner's Signature: ____ Date: ____________________

When transferring from a joint account at a contra firm to an individual account at TD Ameritrade, the party losing ownership of the assets must sign section 4. If the party losing ownership does not have an account at TD Ameritrade, please attach a notarized letter of authorization signed by the party losing ownership of the assets. If the discrepancy is a result of a name change for an account owner, please provide a copy of the legal document such as a marriage certificate, divorce decree, etc. Further documentation may be required, depending on the situation.

5 SIGNATURE(S): PLEASE READ AND SIGN THIS SECTION *(A COPY OF YOUR LATEST STATEMENT IS REQUIRED)*

If this account is a qualified retirement account, I have amended the applicable plan so that it names TD Ameritrade Clearing, Inc. as a successor custodian.

Unless otherwise indicated in the instructions above, please transfer all assets in my account in kind to TD Ameritrade. I understand that to the extent any assets in my account are not readily transferable, with or without penalties, such assets may not be transferred within the time frames required by applicable regulations.

Unless otherwise indicated in the instructions above, I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to TD Ameritrade Clearing, Inc. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you 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, you will cancel all open orders for my account on your books.

Account Owner's Printed Name: ____

Account Owner's Signature: ____ Date: ____________________

Account Co-Owner's Printed Name *(if necessary)*: ____

Account Co-Owner's Signature *(if necessary)*: ____ Date: ____________________

Account Co-Owner's Printed Name *(if necessary)*: ____

Account Co-Owner's Signature *(if necessary)*: ____ Date: ____________________

Plan Administrator Signature *(optional)*: ____ Date: ____________________

6 LETTER OF ACCEPTANCE FOR RETIREMENT PLANS *(TD AMERITRADE COMPLETES)*

To the prior trustee or custodian: Please be advised that TD Ameritrade Clearing, Inc. will accept the above-captioned account as successor custodian.

Successor Custodian Authorized Signature: ____ Date: ____________________

FOR TD AMERITRADE USE ONLY:

Receiving Firm Information

Clearing Firm: TD Ameritrade Clearing, Inc.
Tax ID Number: 47-0533629
Name and Address: TD Ameritrade, Inc.
Attn: Transfer of Accounts Department
200 S 108th Ave
Omaha, NE 68154

All deliveries MUST include client name and TD Ameritrade, Inc. ("TD Ameritrade") account number.

Depository Trust Company	DTC # 0188	
Physical Delivery of Securities	TD Ameritrade Clearing, Inc. FBO Client Name and Account Number PO Box 2226 Omaha, NE 68103-2226 200 S 108th Ave Omaha, NE 68154-2631	
Book-Entry GNMA Securities	PTC Instructions are: BKNYCATP	
Federal Book Entry *(for example, Treasury Notes)*	BK of NYC/Ameritrade ABA #021000018	
Fed Wired Monies	**If your financial institution is located in the United States, wire to:** Wells Fargo Bank, NA 420 Montgomery Street San Francisco, CA 94104 ABA transit routing # 121000248 **For credit to:** TD Ameritrade Clearing, Inc. Account # 4123214561 ***For benefit of:** Your nine-digit TD Ameritrade account number Your name Your address ** Required for timely and accurate processing of your wire request.*	**If your financial institution is located outside the United States, wire to:** First National Bank of Omaha 16th & Dodge Streets Omaha, NE 68102 ABA # 104000016 Swift Code / BIC: FNBOUS44XXX (If your bank requires it) **For credit to:** TD Ameritrade Clearing, Inc. Account # 16424641 ***For benefit of:** Your nine-digit TD Ameritrade account number Your name Your address ** Required for timely and accurate processing of your wire request.*
	Contact TD Ameritrade, and not the banks, with questions about wire transfers.	
Forward Checks	TD Ameritrade Clearing, Inc. FBO Client Name and Account Number PO BOX 650572 Dallas, TX 75265-0572 7801 Mesquite Bend Drive, Suite 112 Irving, TX 75063-6043	
Mutual Fund Registration	TD Ameritrade, Inc. Tax ID Number: 47-0533629 FBO Client's Name and Account Number PO Box 2226 Omaha, NE 68103-2226 Broker/Dealer: TD Ameritrade, Inc. 200 S 108th Ave Omaha, NE 68154-2631	
Options	Options Clearing Corporation: OCC #0777	
Cost Basis Information (Required**)** **TD Ameritrade is a CBRS Participant**	Mailing Address (for Transfer Statements and general questions) TD Ameritrade PO Box 2209 Omaha, NE 68103-2209 Or Fax Number: 1-866-468-6268 *Please include the client's name and TD Ameritrade account number in all correspondence.*	

TD Ameritrade Institutional

ACCOUNT TRANSFER FORM

Instructions to transfer securities, mutual funds, or other assets to your TD Ameritrade Institutional account:

- Complete **Sections 1-5** of the attached Transfer Form. For new accounts, a new account application must also be completed.
- **Section 1 –** TD Ameritrade Institutional Account Information — complete your TD Ameritrade account registration information.
- **Section 2 –** Delivering Firm Information — complete Delivering Firm's account registration information.
- **Section 3 –** Transfer details; see below for requirements. Depending on where the assets are coming in from, please complete section 3A or 3B.
  - **Section 3A – Brokerage Firm Transfer**
    - For full account transfers, complete **Section 3A**, then the Discrepancies of Account Name and Type **Section 4** (if applicable) and sign in **Section 5**.
    - For partial account transfers, complete **Section 3A**, list description of asset, number of shares or "all," then the Discrepancies of Account Name and Type **Section 4** (if applicable) and sign in **Section 5**.
    - If you're transferring part of your account, list only the assets you want transferred to TD Ameritrade in section.

    Brokerage Firm, Bank, Insurance/Annuity Co., Trust Co., or Transfer Agent
    - To transfer a Money Market Account, please complete this section.
    - To transfer the proceeds of a maturing CD, initiate your transfer at least two to three weeks before the maturity date.
    - To transfer an Annuity or Life Insurance Policy, please check the appropriate box.
    - To transfer shares in book entry form, usually associated with a Dividend Reinvestment Plan, check the appropriate box.

    Please note: fractional shares will be liquidated and transferred as cash.
  - **Section 3B – Mutual Fund Company Transfer**
    - For full transfers – indicate all and mark transfer shares "in-kind" or liquidate and send proceeds.
    - For partial transfers – list individual fund name, number of shares, transfer in-kind, or liquidate and send proceeds.
    - Call TD Ameritrade Institutional at 800-431-3500 to make sure the mutual fund is transferable to TD Ameritrade. Over 13,000 funds are available.
    - Send a separate Transfer Form for each mutual fund company (for example, Vanguard, Fidelity, Berger, etc.) from which you're transferring. Photocopy our form if necessary or call for additional forms.
- **Section 4 –** Discrepancies of Account type and name, if applicable. Please note that not all carrying firms will accept this section to allow a transfer between unlike titles. The ultimate discretion to allow a transfer between unlike titles lies with the carrying custodian.
- **Section 5** – Signatures – all parties listed on the account registration information must sign. Please verify that the Social Security Number and the title of the account at TD Ameritrade are exactly the same as the account at the other institution.
- **Section 6** – Letter of Acceptance to be completed by TD Ameritrade if needed.

IMPORTANT
- **Please attach a *COPY* of the most recent statement from the institution you are transferring from. The statement should be from within the past six months to best display the most accurate holdings.** Please note the statement is used to process your request so an accurate statement allows for best results.
- Do not use this form to transfer between TD Ameritrade accounts.
- Roth IRA – In order to convert your Traditional IRA at another firm to a Roth IRA at TD Ameritrade, please convert to the Roth IRA with your existing custodian and then complete a transfer to a Roth IRA at TD Ameritrade.

IF YOU HAVE ANY QUESTIONS, PLEASE Contact your advisor.
Need more forms? Photocopy this form, call us, or visit our website at ***advisorclient.com*** *for additional forms.*

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

TDAI 9582 REV. 02/17

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

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