

Account # \_\_\_\_\_

Advisor # \_\_\_\_\_

**1 ACCOUNT INFORMATION**

Account Title: \_\_\_\_\_

I hereby make the following designation of beneficiary pursuant to the provisions of the TD AMERITRADE qualified plan document. In the event of my death, pay any interest I may have under said Account in proportions as indicated to the following Primary beneficiary or beneficiaries.

**2 PRIMARY BENEFICIARY OR BENEFICIARIES**

Name	Relationship	Date of Birth	Social Security Number	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If none of the above-named Primary beneficiaries survives me, pay any interest I may have under the Account in proportions as indicated to the following Alternative beneficiary or beneficiaries or the survivor(s) thereof.

**3 ALTERNATIVE BENEFICIARY OR BENEFICIARIES**

Name	Relationship	Date of Birth	Social Security Number	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that the beneficiaries named herein may be changed or revoked by me at any time by filing a new designation in writing with the Custodian on a form accepted by it.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.) Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

Signature of Participant's Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

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