

BENEFICIARY DESIGNATION FORM FOR QUALIFIED ACCOUNTS

Account #	
Advisor#	
Case #	

For taxable accounts, please use the Non-Probate (T.O.D) Account Registration Form.

of my death, pay any inter	est I may have under said acc	ount in proportions	as indicated to the fo	itrade qualified plan document. I llowing primary beneficiary or be	eneficiaries
				essed in dollar amounts. If a trus ght to require additional informat	
				he right to request whatever doc	
	making distributions to a bene ies, with respect to the above			Account Owner states that all p	revious
	•	quaimed account, a	are nereby revoked.		
PRIMARY BENEFICIAI	RY OR BENEFICIARIES				
Name	Per Stirpes*	Relationship	Date of Birth/ Trust UA Date	Social Security Number	Shar
	☐ Per Stirpes				
	Per Stirpes				
	Per Stirpes				
					o the follow
Special instructions: If none of the above-named alternative beneficiary or be	Primary beneficiaries survive m	ne, pay any interest l	may have under the ac	count in proportions as indicated to be in equal percentage	
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Special instructions: If none of the above-named alternative beneficiary or be	Primary beneficiaries survive m	ne, pay any interest l	may have under the ac se noted, proportions ar	count in proportions as indicated t	ges.
Special instructions: If none of the above-named alternative beneficiary or be ALTERNATIVE BENEF	Primary beneficiaries survive m neficiaries or the survivor(s) then ICIARY OR BENEFICIARI Per Stirpes*	ne, pay any interest l reof. Unless otherwi	may have under the ac se noted, proportions ar Date of Birth/	count in proportions as indicated to be in equal percentage	ges.
Special instructions: If none of the above-named alternative beneficiary or be ALTERNATIVE BENEF	Primary beneficiaries survive meficiaries or the survivor(s) the ICIARY OR BENEFICIARI Per Stirpes* Per Stirpes Per Stirpes	ne, pay any interest l reof. Unless otherwi	may have under the ac se noted, proportions ar Date of Birth/	count in proportions as indicated to be in equal percentage	
Special instructions: If none of the above-named alternative beneficiary or be ALTERNATIVE BENEF Name	Primary beneficiaries survive meficiaries or the survivor(s) the ICIARY OR BENEFICIARI Per Stirpes* Per Stirpes Per Stirpes Per Stirpes Per Stirpes	ne, pay any interest l reof. Unless otherwi	may have under the ac se noted, proportions ar Date of Birth/	count in proportions as indicated to be in equal percentage	ges.
Special instructions: If none of the above-named alternative beneficiary or be ALTERNATIVE BENEF Name	Primary beneficiaries survive meficiaries or the survivor(s) the ICIARY OR BENEFICIARI Per Stirpes* Per Stirpes Per Stirpes Per Stirpes Per Stirpes Per Stirpes	ne, pay any interest l reof. Unless otherwi	may have under the ac se noted, proportions ar Date of Birth/	count in proportions as indicated to be in equal percentage	ges.
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Special instructions: If none of the above-named alternative beneficiary or be ALTERNATIVE BENEF Name	Primary beneficiaries survive meficiaries or the survivor(s) then in the survivor (s) the survivor (s) then in the survivor (s)	ne, pay any interest l reof. Unless otherwise ES Relationship	may have under the ac se noted, proportions ar Date of Birth/	count in proportions as indicated to be in equal percentage	ges.
Special instructions: If none of the above-named alternative beneficiary or be ALTERNATIVE BENEF Name	Primary beneficiaries survive meficiaries or the survivor(s) then in the survivor (s) the survivor (s) then in the survivor (s)	ne, pay any interest l reof. Unless otherwise ES Relationship	may have under the ac se noted, proportions ar Date of Birth/	count in proportions as indicated to be in equal percentage	ges.

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*Per Stirpes shall mean: each branch of the decedent's family shall inherit in equal parts a designation carries certain legal and tax implications, and may not be available in all state appropriate for the Account Owner's tax or estate planning. Please consult an estate plan	es. TD Ameritrade cannot advise whether a "Per Stirpes" election is
Signature of Participant:	Date:
(Note: Consent of the Participant's spouse may be required in a community property or than or in addition to the Participant's spouse.) Disclaimer For Community and Marital P interest in the account and the right to dispose of the interest by will. Therefore, the Cus Participant's beneficiary designation or as to the ownership of the account after the dea consult your legal advisor.	Property States: The Participant's spouse may have a property stodian disclaims any warranty as to the effectiveness of the
Signature of Participant's Spouse:	Date:

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

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