

Required Account Information Update Form



Return Options:

Electronically via Message Center:

Log in and go to Client Services > Message Center to attach the file

Regular Mail:

PO Box 2760, Omaha, NE 68103-2760

Overnight Mail:

200 South 108th Avenue
Omaha, NE 68154-2631

Fax: 866-468-6268

Use this form to update information for current account owners. Please write your account number (*required*) and complete sections below based on your account type. Once all applicable sections are complete, return the form by fax or mail using the contact information at the top of this form.

For a Trust Account, complete Sections 1, 2, 3, and 6.

For an Entity Account, complete Sections 3, 4, 5, and 6 (*signed by a current authorized agent*).

For all other account types, complete Sections 1, 2 (*if applicable*), and 6.

Account Number:



Account Owner/Trustee/Minor Information

Name Prefix (*optional*): Mr. Mrs. Ms. Dr. Rev.

First Name: Middle Name: Last Name:

Date of Birth: U.S. Social Security Number/Estate Tax ID: OR

Home Address: (*no PO box or mail drop*)

City: State: Zip Code: Country:

Primary Phone number:
 Check here if this is not a U.S. phone number

Secondary Phone number:
 Check here if this is not a U.S. phone number

Fax number:

Email (*required for electronic delivery of your account statement and trade confirmations*):

Please specify if you are:

Employed Unemployed Retired Homemaker Student Self-Employed

Employer Name (*if Self-Employed, provide the name of your business*):

Please choose from the list provided on page 8 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code: Industry of Occupation Code:

Employer Address:

City: State: Zip Code: Country:



Section 1, Account Owner/Trustee/Minor Information continued

Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type:

Visa Number:

Expiration:

*Nonresident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

Answer the following questions:

If applicable, answer these questions on behalf of the trust.

Annual Income:

- \$0-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$249,999 \$250,000+

Approximate Net Worth: (not including primary residence)

- \$0-\$14,999 \$15,000-\$49,999 \$50,000-\$99,999 \$100,000-\$249,999 \$250,000-\$499,999 \$500,000-\$999,999 \$1,000,000-\$1,999,999 \$2,000,000+

What best describes the ongoing source of funds for this account?

- Employment/Wages Retirement Funds Gift Savings Inheritance/Trust Investments Unemployment/Disability Legal Settlement Lottery/Gaming Spousal/Parental Support Other (describe source of funds): _____

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Account Co-Owner/Co-Trustee (Custodian's Information if UTMA/UGMA)

Guardian, Conservator, or Custodian (collectively, "Appointed Fiduciary") information should be entered here.

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

First Name:

Middle Name:

Last Name:

Date of Birth:

U.S. Social Security Number/Estate Tax ID:

Grid for date and SSN/ID with OR separator

Home Address: (no PO box or mail drop)

City:

State:

Zip Code:

Country:

Primary Phone number:

Check here if this is not a U.S. phone number

Grid for primary phone number

Secondary Phone number:

Check here if this is not a U.S. phone number

Grid for secondary phone number

Fax number:

Grid for fax number

Email (required for electronic delivery of your account statement and trade confirmations):

Line for email address

Section 2, Account Co-Owner/Co-Trustee continued

Please specify if you are:

- Employed Unemployed Retired Homemaker Student Self-Employed

Employer Name (if Self-Employed, provide the name of your business):

Please choose from the list provided on page 8 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code:

Industry of Occupation Code:

Employer Address:

City:

State:

Zip Code:

Country:

Check here if you are NOT a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type:

Visa Number:

Expiration:

*Nonresident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8. This form can be found on the TD Ameritrade Forms Library: https://www.tdameritrade.com/form-library.

Answer the following questions:

If applicable, answer these questions on behalf of the trust.

Annual Income:

- \$0-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$249,999 \$250,000+

Approximate Net Worth: (not including primary residence)

- \$0-\$14,999 \$15,000-\$49,999 \$50,000-\$99,999 \$100,000-\$249,999 \$250,000-\$499,999 \$500,000-\$999,999 \$1,000,000-\$1,999,999 \$2,000,000+

What best describes the ongoing source of funds for this account?

- Employment/Wages Retirement Funds Gift Savings Inheritance/Trust Investments Unemployment/Disability Legal Settlement Lottery/Gaming Spousal/Parental Support Other (describe source of funds):

Section 4, Control Person continued

Date of Birth: _____ U.S. Social Security Number: _____
[][]-[][]-[][][][][][][][] [][][][][]-[][]-[][][][][][][][]
 Check here if you are **NOT** a U.S. citizen. | Country of Citizenship: _____
Country of Dual/Secondary Citizenship (if applicable): _____ | Country of Birth: _____

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type: _____ Visa Number: [][][][][][][][][][] Expiration: [][][][][][][][][][][][][][][][][][][]

*Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

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Beneficial Owners

Beneficial Owner means each individual, if any, who, directly or indirectly, owns 25% or more of the equity interest of a legal entity customer (10% or more if the legal entity customer is foreign).

Beneficial Owner #1

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: (no PO box or mail drop)

City: _____ State: _____ Zip Code: [][][][][][][][][][]- [][][][][][][][][][] Country: _____

Date of Birth: _____ U.S. Social Security Number: _____
[][]-[][]-[][][][][][][][] [][][][][]-[][]-[][][][][][][][]
 Check here if you are **NOT** a U.S. citizen. | Country of Citizenship: _____
Country of Dual/Secondary Citizenship (if applicable): _____ | Country of Birth: _____

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type: _____ Visa Number: [][][][][][][][][][] Expiration: [][][][][][][][][][][][][][][][][][][]

*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

Section 5, Beneficial Owners continued

Beneficial Owner #4

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

First Name: Middle Name: Last Name:

Home Address: (no PO box or mail drop)

City: State: Zip Code: Country:

Date of Birth: U.S. Social Security Number:

Check here if you are NOT a U.S. citizen. Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable): Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type: Visa Number: Expiration:

*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

If additional beneficial owners need to be disclosed, please copy this page as needed.

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Signature (Only One Signature Required)

Account Owner's/Co-Owner's/Trustee's/ Appointed Fiduciary's/Authorized Agent's Signature:

Account Owner's/Co-Owner's/Trustee's/ Appointed Fiduciary's/Authorized Agent's Printed Name:

Sign Here

X Date:

Original signatures are required; electronic signatures and/or signature fonts are not authorized

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

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Occupation Codes

A42 Accountant/Auditor/Bookkeeper	C82 Compliance/Regulatory Professional	N21 Nurse
A62 Adjuster	C92 Consultant	O11 Office Associate
A82 Advertiser/Marketer/PR Professional	C43 Counselor/Therapist	O21 Other; If Other, include a description in the Occupation box.
A33 Air Traffic Controller	C53 Customer Service Representative	P81 Pharmacist
A43 Ambassador/Consulate Professional	D11 Dealer	P91 Physical Therapist
A53 Analyst	D61 Dentist	P22 Pilot
A63 Appraiser	D31 Distributor	P32 Police Officer/Firefighter/Law Enforcement Professional
A73 Architect/Designer	D41 Doctor/Surgeon/Physician	P42 Politician
A83 Artist/Performer/Actor/Dancer	D51 Driver	P52 Project Manager
A93 Assistant/Executive Assistant	E51 Engineer	R81 Real Estate Professional
A44 Athlete	E71 Exterminator	R71 Researcher
A64 Attorney/Judge/Legal Professional	F71 Factory/Warehouse Worker	S41 Salesperson
A74 Auctioneer	F81 Farmer/Rancher	S51 Scientist
L51 Banker/Lending Professional	F91 Financial Planner/Advisor	S61 Seamstress/Tailor
B21 Barber/Beautician/Hairstylist	F22 Flight Attendant	S71 Security Guard
B31 Broker/Registered Rep	F32 Human Resources Professional	S81 Social Worker
B41 Business Executive (VP, Director, etc.)	I41 Importer/Exporter	T41 Teacher/Professor
B51 Business Owner	I51 Inspector/Investigator	T51 Technician
C81 Caregiver	I81 Investor	T61 Teller
C91 Carpenter/Construction Worker/Contractor	I91 IT Professional/IT Associate	T71 Tradesperson/Craftsperson
C22 Cashier	J31 Janitor	T81 Trainer/Instructor
C32 Chef/Cook	J41 Jeweler	U21 Underwriter
C42 Chiropractor	L31 Laborer	V11 Veterinarian
C52 Civil Servant	L41 Landscaper	W21 Writer/Journalist/Editor
C62 Clergy	M91 Mechanic	
C72 Clerk	M22 Military, Officer or Associated	
	M32 Mortician/Funeral Director	

Industry of Occupation Codes

A11 Accounting	F11 Fashion/Clothing	O31 Other; If Other, include a description in the Industry of Occupation box
A21 Advertising/Marketing	F21 Financial Services	P11 Parking and Car Washes
A31 Aerospace/Defense	F51 Firearms and Explosives	P21 Pawn Shops/Brokers
A41 Agriculture/Forestry	G11 Gaming/Casino/Card Club	P31 Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51 Amusement and Recreation	G21 Government/Public Administration	P41 Pharmaceuticals
A61 Animal Services and Veterinary	G31 Grocery/Supermarket	P51 Printing/Publishing
A71 Architecture/Design	H11 Healthcare/Medical Services	P71 Professional/Civic Organizations (Non-Retail)
A81 Arts/Antiques	H21 Hotel/Hospitality	R11 Real Estate
A91 Athletics/Fitness	I11 Import/Export	R21 Religious Organization
A32 Automotive	I21 Information Technology (IT)	R31 Repair Services - Home, Auto, and Other
B11 Aviation	I31 Insurance	R41 Restaurant/Food Service
C11 Bar/Nightclub/Adult Entertainment Club	J11 Jewelry, Gems, and Precious Metals	R51 Retail Sales/Retail Trade
C21 Childcare	L11 Legal Services/Public Safety	S11 Science and Biotechnology
C31 Cleaning/Janitorial/Housekeeping	L21 Logistics/Supply Chain	S21 Security
C41 Communications/Telecommunications	M11 Manufacturing	T11 Transportation
C51 Construction/Carpentry/Landscaping	M21 Maritime	T31 Travel
C61 Convenience Store/Liquor Store/Gas Station	M31 Media/Entertainment	U11 Utilities (Public)
C71 Customer Service and Support	M41 Mining, Oil, and Gas	W11 Wholesale Sales/Trade
E11 Education	M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)	
E21 Embassy/Consulate	N11 Non-Profit/NGO (Non-Government Agency)/Charity	
E31 Energy		
E41 Engineering		