

Account # _____
 Advisor Code _____
 Case # _____

1 ACCOUNT(S) TO UPDATE	
Account Number:	Account Title:
Account Number:	Account Title:
Account Number:	Account Title:
Account Number:	Account Title:

2 NEW ADDRESS INFORMATION		
New Physical Address (No PO boxes or mail drops):		
City:	State/Province:	ZIP/Postal Code:
<input type="checkbox"/> Please update my mailing address to match my Physical Address. <input type="checkbox"/> Do <u>not</u> update my Mailing Address. Note: If this box is not checked, both Mailing and Physical Address will be updated.		
New Mailing Address:		
City:	State/Province:	ZIP/Postal Code:
New Primary Telephone Number:	New Secondary Telephone Number:	

3 NEW/UPDATED EMAIL ADDRESS INFORMATION
New Email Address (if applicable):
<p>I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail.</p> <p>In the event that no email address is provided or an email sent to the address above is returned as undeliverable, TD Ameritrade will send paper statements and trade confirmations to the address of record.</p> <p>If I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.</p>
Account Statement: <input type="checkbox"/> Monthly Electronic Statements <input type="checkbox"/> Monthly Paper Statements
Trade Confirmation: <input type="checkbox"/> Electronic Trade Confirmations <input type="checkbox"/> Paper Trade Confirmations
<input type="checkbox"/> Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

4 SIGNATURES
Please note: For accounts listed in Section 1, all Account Owners must sign below.
Account Owner Printed Name: _____
Account Owner Signature: _____ Date: _____
Account Co-Owner Printed Name: _____
Account Co-Owner Signature: _____ Date: _____
Account Co-Owner Signature (If applicable): _____ Date: _____
Account Co-Owner Signature (If applicable): _____ Date: _____

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

TDAI 370 REV. 10/18

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

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