

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

Advisor Code: \_\_\_\_\_

Case # \_\_\_\_\_

This form may be used to designate one or more beneficiaries for a QRP or an IRA account. For taxable accounts, please use the Non-Probate (T.O.D) Account Registration Form.

### ACCOUNT INFORMATION

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

**1**

### DESIGNATION OF BENEFICIARY(IES)

I hereby make the following designation of beneficiary pursuant to the provisions of the TD Ameritrade qualified plan document or the IRA application. In the event of my death, all assets in this account will be transferred according to allocation identified below.

**At least one Primary Beneficiary must be designated.** If all Primary Beneficiaries are deceased, or have chosen to disclaim their shares, the assets in my account will be distributed to the Contingent Beneficiary(ies) designated below, and will be divided in the specified share amounts indicated below.

**Percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries.** If percentages are not indicated, they will be deemed equal shares. If percentages indicate an attempt to distribute as equal shares, but do not add up to 100%, the first named beneficiary will receive a slightly higher percentage (for instance, if you indicate 33%, 33.3% or 33.33% for all three beneficiaries, TD Ameritrade will round the first beneficiary's percentage up to 33.34% and the other two beneficiaries will each receive 33.33%). Further, when securities cannot be evenly distributed, or there are unclaimed securities, the Account Owner requests that such securities be liquidated and any proceeds from the liquidation be distributed in the percentages requested to the named Beneficiaries.

If the "Per Stirpes" box is checked and that Beneficiary dies before the Account Owner, that Beneficiary's share will pass to his or her living descendants, instead of being reallocated to the other remaining named Beneficiaries. Please note that the "Per Stirpes" designation carries certain legal and tax implications, and may not be available in all states. TD Ameritrade cannot advise whether a "Per Stirpes" election is appropriate for the Account Owner's tax or estate planning. Please consult a qualified tax advisor or attorney for details regarding this designation.

**For IRAs**

**If Account Owner is married and lives in a state with community property statutes and does not designate his/her spouse as the sole primary beneficiary, Account Owner represents and warrants that his/her spouse has consented to such designation.**

**If this is a Minor IRA, Account Owner understands that only the Minor's estate can be the beneficiary until such time as the Minor reaches the age of termination and assumes control of the IRA assets by converting the IRA assets to a standard individual IRA Account.**

**If you name a trust, estate or entity as your beneficiary, additional documentation and certifications will be required to request distribution beyond the named trust, estate, or entity. Contact TD Ameritrade Institutional for details.**

**For QRPs (Please provide your current marital status)**

**I Am Not Married**

I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary Form, and my spouse consents to my designation.

**I Am Married**

If you are married, your Plan requires that you designate your spouse as the primary beneficiary. **To name a primary beneficiary other than your spouse or in addition to your spouse, your spouse must sign on Section 3 - Spousal Consent and the signature must be witnessed by a notary public.**

First Name:	Middle Initial:	Last Name:
Trust/Estate/Entity Name:		
Social Security Number:	Date of Birth (or UA Date if a Trust):	
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Per Stirpes      Share %:
First Name:	Middle Initial:	Last Name:
Trust/Estate/Entity Name:		
Social Security Number:	Date of Birth (or UA Date if a Trust):	
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Per Stirpes      Share %:



First Name:	Middle Initial:	Last Name:	
Trust/Estate/Entity Name:			
Social Security Number:	Date of Birth (or UA Date if a Trust):		
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Per Stirpes	Share %:
First Name:	Middle Initial:	Last Name:	
Trust/Estate/Entity Name:			
Social Security Number:	Date of Birth (or UA Date if a Trust):		
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Per Stirpes	Share %:
First Name:	Middle Initial:	Last Name:	
Trust/Estate/Entity Name:			
Social Security Number:	Date of Birth (or UA Date if a Trust):		
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Per Stirpes	Share %:
First Name:	Middle Initial:	Last Name:	
Trust/Estate/Entity Name:			
Social Security Number:	Date of Birth (or UA Date if a Trust):		
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Per Stirpes	Share %:
First Name:	Middle Initial:	Last Name:	
Trust/Estate/Entity Name:			
Social Security Number:	Date of Birth (or UA Date if a Trust):		
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Per Stirpes	Share %:

**2 DIRECTIONS FOR DISTRIBUTION OF ASSETS TO MINOR BENEFICIARIES**

Please transfer any minor's assets to a Custodial account at TD Ameritrade, managed by the custodian(s) designated below. In each instance that the assets pass to the designated custodian as the custodian for the designated minor, the assets shall be transferred under the Uniform Transfer to Minors Act (UTMA), or the Uniform Gifts to Minors Act (UGMA) or any other similar statute in effect as specified below. I understand and accept that a court-appointed guardian may have to be appointed to manage the minor's assets under ongoing court supervision if I do not designate a custodian below.

**Note: Only one custodian can be named per minor beneficiary. If multiple custodians are listed for the same beneficiary, the first named custodian will be added.**

**\*Minors must be designated in Section 1 to be added to the account.**

Custodian's First Name:	Middle Initial:	Last Name:	As custodian for (name of minor beneficiary):	UTMA/UGMA State of:
Custodian's First Name:	Middle Initial:	Last Name:	As custodian for (name of minor beneficiary):	UTMA/UGMA State of:
Custodian's First Name:	Middle Initial:	Last Name:	As custodian for (name of minor beneficiary):	UTMA/UGMA State of:
Custodian's First Name:	Middle Initial:	Last Name:	As custodian for (name of minor beneficiary):	UTMA/UGMA State of:

**3 SPOUSAL CONSENT FOR QRPs (ONLY REQUIRED IF SPOUSE IS NOT NAMED 100% PRIMARY BENEFICIARY IN SECTION 1)**

I, the undersigned spouse of the Participant, hereby certify that I have read this Retirement Beneficiary Designation Form and fully understand that the property subject to the designation is my spouse's accrued benefit under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the above beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the beneficiary designation or designates me to receive 100% of the accrued benefit.

**This section must be signed in the presence of a Notary Public ONLY if your spouse is not named 100% primary beneficiary.**

Spouse's Printed Name: \_\_\_\_\_

**X** Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>(Notary Public use only)</b></p> <p>County of: _____ )</p> <p>_____ ) ss</p> <p>State of: _____ )</p> <p>Subscribed to and sworn to before me this</p> <p>_____ day of _____.</p> <p>Notary Public: _____</p>	<p>[SEAL]</p>
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**4 SIGNATURES**

The undersigned Account Owner hereby states that all previous designation(s) of beneficiary(ies), with respect to the above-designated QRP/IRA, are hereby revoked. Account Owner understands that this Change of Beneficiary will be effective on the date of receipt by TD Ameritrade Clearing, Inc., and that, upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. Account Owner retains the right to revoke this designation of beneficiary and to designate a new beneficiary at any time by written communication to: TD Ameritrade Institutional, PO BOX 650567 Dallas, TX 75265-0567.

Account Owner/Participant's Printed Name: \_\_\_\_\_

**X** Account Owner/Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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