

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

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

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

**1 ACCOUNT INFORMATION**

Account Registration: _____	Social Security Number: _____
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**2 AUTHORIZATION TO ADD LIMITED POWER OF ATTORNEY**

I hereby authorize: Firm Name: _____	Primary Contact: _____
<input type="checkbox"/> Check here and complete this section if you are removing an existing Advisor from your Account.	<input type="checkbox"/> Check here and complete this section if you are adding an Advisor and transferring your TD Ameritrade Retail Self-Directed Brokerage Account to TD Ameritrade Institutional. By completing this section, you are certifying there are no checks written against your TD Ameritrade Retail brokerage account.
Prior IA Firm Name: _____	TD Ameritrade Retail Brokerage Account Number: _____ Advisor ID: _____

to be my agent and attorney-in-fact ("Agent"), to buy, sell (including short sales), and trade in stocks, bonds, and any other securities and/or contracts relating to the same on margin (if I have signed a margin agreement) or otherwise in accordance with your terms and conditions for the undersigned's account and risk and in the undersigned's name, or number on your books. My Agent is authorized to effect such transactions in my account via any available medium, electronic or otherwise, including but not limited to electronic access via personal computer or touch-tone telephone. If I have signed an options agreement, my Agent is specifically authorized to effect options transactions in my account, within the approval limits for my account, as such terms are defined in the booklet "Characteristics and Risks of Standardized Options," a copy of which I have received. I hereby agree to indemnify and hold harmless TD Ameritrade, its affiliates and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorney's fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon.

In all such purchases, sales, or trades you are authorized to follow the instructions of my Agent in every respect concerning my account with you; and my Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales, or trades as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales, or trades, including without limitation the delivery of securities or monies from the account in the Account Owner's or Owners' name and the provision of securities cost basis method selection and/or information for purposes of cost basis or tax reporting.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by my Agent for my account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between the undersigned and TD Ameritrade.

This authorization is a continuing one and shall remain in full force and effect until (i) you are notified by a written notice delivered to TD Ameritrade of my death or incapacity or (ii) I change or revoke this authorization by a written notice to TD Ameritrade. You shall have no duty of inquiry. Until you receive such written revocation, you are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before you receive written notice of revocation. This authorization and indemnity shall inure to the benefit of your firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of your present firm or any successor firms.

**I have carefully read this power of attorney and indemnity and understand that it authorizes my Agent named herein to exercise rights and powers over my accounts as if I had exercised them myself and my Agent's actions and instructions with respect to my account are fully binding on me. I also understand and agree that TD Ameritrade has no duty or responsibility to monitor trading in my accounts by my Agent or notify me prior to accepting instructions from my agent.**

**I AGREE TO HAVE MY AGENT RECEIVE DUPLICATE STATEMENTS AND TRADE CONFIRMATIONS.**

**LIMITED POWER OF ATTORNEY – LIMITED TO PURCHASE AND SALE OF SECURITIES – INCLUDING THE TRADING OF OPTIONS, IF APPLICABLE.**

Signature of Account Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Additional Account Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**3 AUTHORIZATION TO PAY FEES TO AGENT**

To: TD Ameritrade, Inc. ("TD Ameritrade")  
 I hereby authorize you to pay the above named advisor ("Agent") from my account the Agent's management fees as invoiced by Agent. I also authorize you to liquidate shares of any money market mutual fund I may hold in my account to the extent necessary to pay such fees. You shall rely on Agent's invoices. You have no responsibility for the calculation or verification of fees.

I will indemnify and hold TD Ameritrade and its affiliates, directors, officers, and employees harmless from all losses, claims, damages, liabilities, and costs, including attorney fees, which TD Ameritrade may incur by relying upon representation of Agent or upon this authorization.

This authorization will remain in full force and effect until revoked by me by a written notice addressed and delivered to TD Ameritrade. This authorization shall extend to the benefit of your successors and assigns.

Signature of Account Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Additional Account Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

TDAI 9002 REV. 02/17

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

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