



Email: ZSDPSProcessing@tdameritrade.com

ADVISOR AUTHORIZATIONS - SDPS

Account # _____

Advisor Code/OIP _____

1

ACCOUNT INFORMATION

Account Registration:		Social Security Number:
Plan Name:	Plan ID/Plan Number (optional):	

2

ADVISOR AUTHORIZATIONS

I hereby authorize: Firm Name: _____	Primary Contact: _____ RIA email address: _____ RIA contact phone number: _____
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☐ Check here and complete this section if you are removing an existing Advisor from your Account.

Prior IA
Firm Name: _____

By my signature below on this form, I hereby authorize TD Ameritrade to:

Please initial authorizations below as applicable.

Directed Trading Authorization

I authorize TD Ameritrade to execute trades in my Account at the direction of my Advisor as provided in the TD Ameritrade Institutional [Client Agreement TDAI 182](#).

Account Owner Initials: _____ Plan Representative Initials: _____

Fee Deduction and Payment Authorization

I authorize TD Ameritrade to pay investment advisory fees and related fees (collectively, "Advisory Fees") to my Advisor from my Account(s) in the amounts instructed by my Advisor as provided in the TD Ameritrade Institutional [Client Agreement TDAI 182](#).

Account Owner Initials: _____ Plan Representative Initials: _____

3

Account Agreement

I acknowledge that I have received and read the "Client Agreement," available at www.tdameritrade.com/retail-en_us/resources/pdf/SDPS182.pdf or by calling 866-766-4015, that will govern my account. I agree to be bound by the "Client Agreement," which may be amended from time to time and which is incorporated by this reference. I have received and read the TD Ameritrade Privacy Statement. I release and agree to indemnify and hold harmless TD Ameritrade from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account be opened in the name(s) set forth below.

All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc., unless otherwise instructed.

I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade.

I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below.

I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested.

☐ 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.

Please note: By accepting the Client Agreement, you agree to have all free credit balances held in your retirement account systematically swept into a money market fund, FDIC-insured bank deposit or other products available under TD Ameritrade, Inc.'s sweep program. A terms sheet or prospectus detailing the sweep vehicle will be sent to your address of record at account opening. This Self-Directed Brokerage Account ("SDBA") is a part of a retirement plan. TD Ameritrade has an agreement with your TPA/Recordkeeper regarding tax reporting, contribution allocation, and other administrative matters. Pursuant to the agreement, your TPA/Recordkeeper is responsible for much of the administrative tracking. For example, if you have a Roth SDBA, your TPA/Recordkeeper will track your holding period for the Roth contributions. If you have specific questions regarding SDBA administration, please contact your TPA/Recordkeeper.



Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. **Successors and Heirs.** This Authorization supplements and in no way limits or restricts rights which the Clearing Firm may have under any other agreement with me. This Authorization will bind my heirs, executors, administrators, successors, and assigns and will benefit the Clearing Firm's successors and assigns.

The "Client Agreement" applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement, including the arbitration agreement located in Section 10 of the Client Agreement, on page 7.

These choices can be modified or revoked at any time by notice to TD Ameritrade Self-Directed Plan Services at PO BOX 2226, Omaha, NE 68103-2226 or 866-766-4015

I certify by signing below I am of legal age and capacity, and have legal authority to execute this form.

X Signature of Plan Participant: _____ Date: _____

Plan Participant Name (*printed*): _____

X Signature of Plan Representative: _____ Date: _____

Plan Representative Name (*printed*): _____

Mailing Address:

TD Ameritrade Self-Directed Plan Services

PO BOX 2226

Omaha, NE 68103-2226

SDPS 5502 REV. 06/21

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

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