

Use this form to:

Change the amount, date or bank information on an existing deduction, begin an automatic deduction, or stop an automatic deduction from your checking or savings account.

Instructions:

- Complete all sections, even if the information has not changed. Automatic deductions are for checking and savings accounts only.
- Please do not attach deposit slips to this form.
- **This form supersedes all previous forms for this account.**

1 ACCOUNT INFORMATION

| | |
|---|---------------------|
| Account Owner's Name (First, Middle Initial, Last): | Account Number: |
| Account Owner's Phone Number: | Beneficiary's Name: |

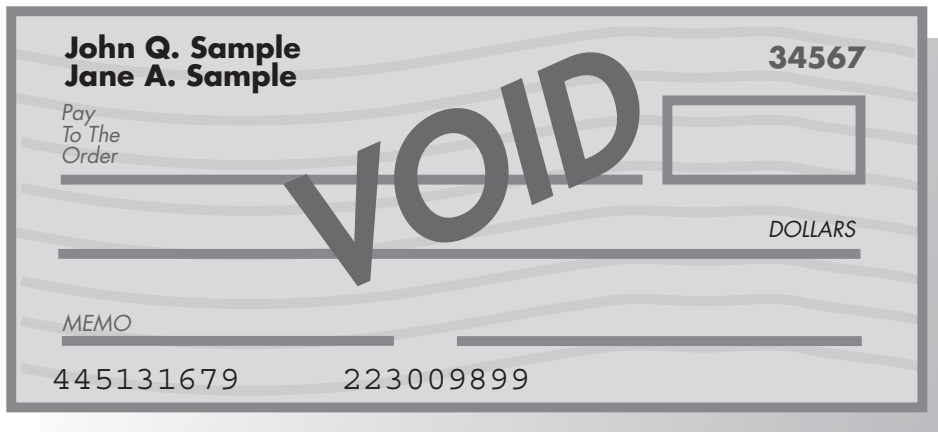
2 ACTION TO BE TAKEN

Change the amount of your deduction
 Change the date of your deduction
 Change bank information on an existing deduction
 Begin an automatic deduction

Amount to be deducted: \$, .

Check the date for the deduction:
 5th of the month
 20th of the month
 5th and 20th of the month

Please tape a voided check for the account from which you wish the deduction to come. You must sign below.



CHECK ONE:

- Checking account
- OR
- Savings account

Please indicate your savings account number.

With a minimum ACH investment of \$25 per month, your account will receive a one-time \$10 fee credit.

Checking or savings accounts only. Please do not attach deposit slips.

3 AUTHORIZATION

I hereby authorize the Program Manager to initiate debit entries to the bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until the Program Manager has received written notification from me of its termination in such time as to afford the Program Manager 10 business days to act on it. In the case of unsuccessful debits, I understand that the Program Manager reserves the right to cancel this authorization and that the Program Manager will notify me in writing of such action. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of applicable law. Authorization must be received approximately 10 business days prior to the date of the first transfer. The Program Manager, on behalf of the TD AMERITRADE 529 College Savings Plan, will provide you a copy of this authorization.

Signature of Bank Account Owner: _____ Date: _____

Signature of Joint Bank Account Owner: _____ Date: _____

Stop an automatic deduction

By signing below I authorize the termination of the previously established automatic deductions from my checking or savings account to the TD AMERITRADE 529 College Savings Plan. The Program Manager has 10 business days from the receipt of this written notification to terminate the deductions.

Signature of Account Owner: _____ Date: _____

TD AMERITRADE Institutional
4075 Sorrento Valley Blvd., Suite A
San Diego, CA 92121

TDAI 3158 REV. 05/07