

Account # _____

Advisor # _____

TO ESTABLISH DIRECT DEPOSIT, SUBMIT THIS FORM TO YOUR PAYOR

Please Note: Some payors, such as Social Security, will require you to use their form for direct deposit. Please use the pre-printed checking information in Section 2 and your TD AMERITRADE cash management services (CMS) Checking Account Number to complete the payor's form. **(If you do not have a CMS account, please contact your financial advisor for more information to complete this application.)** To enroll in the Social Security Administration's Direct Deposit program, you can also call 1-800-772-1213. We do not require a copy of the payor's or Social Security's form.

1

PERSONAL INFORMATION

Name (First, Middle Initial, Last):		Social Security Number	
Name of Payor (eg., employer or government agency):			
Payor Address:			
City:	State:	ZIP Code:	
I want the following amount deposited into my TD AMERITRADE account through direct deposit: (Your money will be swept into the sweep vehicle you originally designated.)			
<input type="checkbox"/> Please deposit my entire check		<input type="checkbox"/> Please deposit \$ _____ (\$100 minimum)	

2

TD AMERITRADE INSTITUTIONAL ACCOUNT INFORMATION

Your TD AMERITRADE Institutional Brokerage Account Name:	
Your TD AMERITRADE Institutional CMS Checking Account Number:	TD Bank USA, N.A. Routing Transit Number: 021912915
Account Type (must be designated as checking for ACH electronic regulation): CHECKING	Name of Financial Institution: TD Bank USA, N.A. for the Account of above - TD AMERITRADE Client

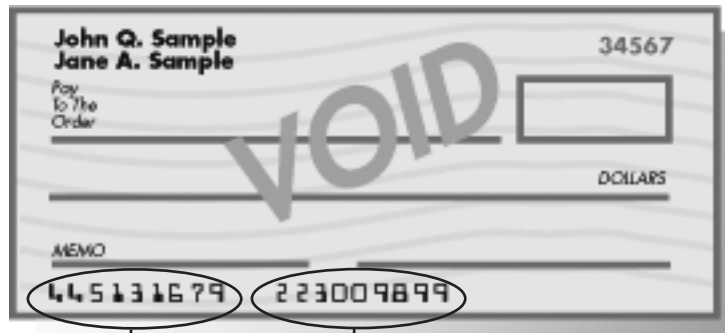
3

CLIENT AUTHORIZATION

I authorize you, the designated Payor, to make payments into my account at TD AMERITRADE in the amount per payment specified above.

Account Holder Signature: _____ Date: _____

Please allow four to six weeks for your initial direct deposit transaction.



TD Bank USA, N.A.
Bank Routing
Transit Number

Your CMS Checking
Account Number

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

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