TD Ameritrade Institutional

Reset Form

ADVISOR AUTHORIZATIONS

Account # Account number

Advisor Code Shared Rep Code w/AD

Case # N/A

1 ACCOUNT INFORMATION

Account Registration:	Social Security Number:
Client's Account Name	Client's SSN

2 ADVISOR AUTHORIZATIONS

I hereby authorize:

Firm Name: Asset Dedication, LLC

Primary Contact: Your name and phone number

☐ Check here and complete this section if you are removing an existing Advisor from your Account.

Prior IA Firm Name: ______________________

☐ 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 [illegible] your TD Ameritrade Retail brokerage account.

TD Ameritrade Retail Brokerage Account Number: ______________________

Limited Disbursement and Journal Authorization

By my signature below on this application, I hereby authorize TD Ameritrade to: disburse assets to me at my address of record at the direction of my Advis[illegible]rnal assets [illegible]een my TD A[illegible]rade accounts [illegible]ntical [illegible]t the di[illegible]tion of my Ad[illegible]ided in the TD Amerit[illegible]e Institutional Client [illegible]ment.

Please initi[illegible]rther authorizatio[illegible] belo[illegible] as applica[illegible]e.

Directed Trading [illegible]horizati[illegible]

I authorize TD Ameri[illegible]e to [illegible]in my A[illegible]ount a[illegible]he d[illegible]ction [illegible] my Adv[illegible]r as provided in [illegible] TD Ameritra[illegible] Institutional Client Agreement.

Account Own[illegible] ________ Account Co-Own[illegible]nitials: ________

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.

Account Owner Initials: ________ Account Co-Owner Initials: ________

These choices can be modified or revoked at any time by notice to TD Ameritrade Institutional at PO BOX 650567, Dallas, TX 75265-0567 or 800-431-3500.

✗ Signature of Account Owner: ______________________ Date: ____________

Account Owner Name *(printed)*: Client Name, Signature above, Date on the right

✗ Signature of Additional Account Owner: ______________________ Date: ____________

Additional Account Owner Name *(printed)*: Client Name, Signature above, Date on the right

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

TDAI 9002 REV. 02/18

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