

## DUPLICATE ACCOUNT INFORMATION REQUEST FORM

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

		Advisor #:	
Use this form to authorize TD Ameritrade to send d information, to another individual ("interested party	uplicate trade confirmations and account statements, and	l/or provide access to all account	
ACCOUNT INFORMATION			
	have duplicate trade confirmations, statements and/or ac	ccess to all account information mailed o	
Brokerage Accounts:			
ACCESS LEVEL (PLEASE CHECK ONE)			
□ Duplicate Statements and Confirmations □ Electronic A	ccess Through AdvisorClient		
DUPLICATE TRADE CONFIRMATION, ACCOUI	NT STATEMENT AND OTHER ACCOUNT INFORMAT	ION AUTHORIZATION	
I (We) hereby request duplicate trade confirmations means) be sent or otherwise made available to the p	s, account statements and/or access to all account inform: parties indicated below.	ation (either on paper or via electronic	
Please send to:			
Name (First, Middle, Last):	Company (if any):	Electronic User ID:	
Mailing Address:		I	
City:	State:	ZIP Code:	
Name (First, Middle, Last):	Company (if any):	Electronic User ID:	
Mailing Address:		I	
City:	State:	ZIP Code:	
AUTHORIZATION AND SIGNATURES			
All account owners must sign the form to authorize	the above instructions.		
Signature of Co-owner/Trustee/Authorized Individual		Date:	
Print Name of Co-owner/Trustee/Authorized Individual			
Signature of Co-owner/Trustee/Authorized Individual		Date:	
runt ivanie of Co-owner/ Hustee/Authorizea Individual			

## **TD Ameritrade Institutional**

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

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

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