

## ADVISORCLIENT.COM ACCESS FORM

Account #	
Advisor Code	
Case #	

Use this form to authorize TD Ameritrade to provide electronic view only access of all account information to an interested party.

ACCOUNT INFORMATION			
Provide the account number(s) you are requ	uesting to have set up for electronic access to your TD Ameritrade acco	ount(s).	
Account Nu	ımber	Account Title	
	+		
	+		
Please list any additional accounts on separa			
INTERESTED PARTY INFORMAT			
I (We) hereby request view only access via v	www.advisorclient.com be made available to the parties below.	Т	
Name (First, Middle, Last)	Does the Party below require a new user ID? If no, please mark below and provide the existing user ID.	Company (if any)	
·	☐ Yes ☐ No Existing User ID:		
	☐ Yes ☐ No Existing User ID:		
	☐ Yes ☐ No Existing User ID:		
	☐ Yes ☐ No Existing User ID:		
	☐ Yes ☐ No Existing User ID:		
	☐ Yes ☐ No Existing User ID:		
AUTHORIZATION AND SIGNATU	RES		
All account owners must sign the form to	o authorize the above instructions.		
Print Name of Authorized Individual/Trustee/Co-Owner:	Signature:	Date:	
Print Name of Authorized	Signature:		
Print Name of Authorized Individual/Trustee/Co-Owner:	Signature:	Date:	
Print Name of Authorized Individual/Trustee/Co-Owner:	Signature:	Date:	
Print Name of Authorized Individual/Trustee/Co-Owner:	Signature:	Date:	
Print Name of Authorized Individual/Trustee/Co-Owner:	Signature:	Date:	

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

TDAI 3083 REV. 02/21

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

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