

**IMPORTANT:** This form is not to be used to request Individual Retirement Account (IRA) Distributions. If an IRA Distribution is needed, please submit an IRA Distribution form.

Account # \_\_\_\_\_  
Advisor # \_\_\_\_\_

**1 ELECTRONIC FUNDS TRANSFER INSTRUCTIONS**

Establish new instructions       Update existing instructions

**2 DIRECTION OF TRANSFER**

To TD AMERITRADE from bank or financial institution  
 To bank or financial institution from TD AMERITRADE Account\*  
\*If the transferring account is a retirement account, please submit an IRA Distribution form.

**3 PERSONAL BANK ACCOUNT INFORMATION**

Bank Account Owner Name (First, Middle Initial, Last):	Social Security Number:
Bank Joint Account Owner Name (First, Middle Initial, Last):	Type of Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Account Number:	Bank Transit Routing Number (the nine digits on the lower-left corner of your check or savings deposit slip):
Bank Name	
Bank Account Title (Please provide the full title of the account):	Bank Phone Number:

**4 TRANSFER INFORMATION**

Start Date of Transfer (Month, Date):	Frequency of Transaction: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Amount of Transaction:
Date of Birth (For TD AMERITRADE Retirement Account Clients Only):	Type of TD AMERITRADE Retirement Account: <input type="checkbox"/> IRA <input type="checkbox"/> SEP-IRA <input type="checkbox"/> ROTH <input type="checkbox"/> COVERDELL (ESA)	

**5 ELECTRONIC FUND TRANSFER CLIENT INFORMATION**

I agree to be bound by the terms and conditions of the TD AMERITRADE Electronic Funds Transfer, as these may change from time to time.

Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Joint Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAMPLE**

**Please attach a voided check, deposit slip or a copy of a bank statement here.**

**MONEY TRANSFER PLAN INSTRUCTIONS**  
 Establish new instructions       Update existing instructions

**PERSONAL BANK ACCOUNT INFORMATION**

Bank Account Holder Name (First, Middle Initial, Last): <i>John Q. Sample</i>	Social Security Number: <i>123-45-6789</i>
Bank Joint Account Holder Name (First, Middle Initial, Last): <i>Jane A. Sample</i>	Type of Bank Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Account Number: <i>223009899</i>	Bank Transit Routing Number (the nine digits on the lower-left corner of your check or savings deposit slip): <i>445131679</i>

**TRANSFER INFORMATION**

Start Date of Transfer (Month, Date):	Frequency of Transaction: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount of Transaction:
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John Q. Sample  
Jane A. Sample      34567

Pay to The Order: \_\_\_\_\_

MEMO

445131679      223009899

Bank Transit Routing Number      Your Bank Account Number

Please allow four to six weeks for your initial transaction. All transactions will appear on your monthly statement. If you have any questions, please call TD AMERITRADE at 800-431-3500.