

# INSTITUTIONAL WIRE REQUEST FORM

Account # \_\_\_\_\_  
 Advisor Code \_\_\_\_\_  
 Case # \_\_\_\_\_

**IMPORTANT:** Third party and International wire requests may require phone verification. International wire requests may also require disclosure of fees. If we cannot reach you by phone, your International wire request will be canceled. If an IRA Distribution is needed, please submit an IRA Distribution form.

<b>1</b>	<b>ACCOUNT INFORMATION</b>								
	Account Title/Registration: _____								
<b>2</b>	<b>PAYMENT DETAILS</b>								
	<input type="checkbox"/> Amount: _____ (if sufficient funds are not available for payout in full, non-payment may result) <input type="checkbox"/> Current Available Cash Balance (TD Ameritrade will disburse only funds that are available at the time of processing)  <b>Additional Options</b> (Select all that apply, if any) <input type="checkbox"/> Maintain on file for my future use  By selecting this option, I am instructing TD Ameritrade to maintain the instructions provided in section 4 on file for my future use. Only I, the account owner(s), may request future disbursements using the instructions provided in section 4 unless I have also granted my agent authorization via separate written instructions to TD Ameritrade.								
<b>3</b>	<b>FREQUENCY</b>								
	<input type="checkbox"/> One Time Only Request (Proceed to Section 4) <input type="checkbox"/> Standing Instructions Only (Proceed to Section 4) <input type="checkbox"/> Periodically (complete the below) <i>* If no choice is selected, default will be One Time Only</i>  <b>PERIODIC DETAILS</b> (Select One) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Monthly              <input type="checkbox"/> First Business Day of Month              <input type="checkbox"/> Last Business Day of Month  <input type="checkbox"/> Quarterly              <input type="checkbox"/> Semi-annually              <input type="checkbox"/> Annually         </div> <div>           Start Date (if recurring) _____            End Date (optional) _____         </div> </div> <input type="checkbox"/> Mark here if this request is to update your current systematic payments. Please provide details of the current setup, below. <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Bank Name: _____</td> <td style="border: none; width: 50%;">Bank Account #: _____</td> </tr> <tr> <td style="border: none;">Amount: _____</td> <td style="border: none;">Frequency: _____</td> </tr> </table>	Bank Name: _____	Bank Account #: _____	Amount: _____	Frequency: _____				
Bank Name: _____	Bank Account #: _____								
Amount: _____	Frequency: _____								
<b>4</b>	<b>DELIVERY DETAILS</b>								
	<b>DOMESTIC WIRE INFORMATION</b> Receiving Bank Name: _____  <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Bank City/State: _____</td> <td style="border: none; width: 50%;">Bank Telephone #: _____</td> </tr> <tr> <td style="border: none;">ABA/Routing #: _____</td> <td style="border: none;">Receiving Bank Account #: _____</td> </tr> </table> Name on Receiving Bank Account (list name as it appears at Bank and if name contains initials, please provide full name): _____  <b>Please provide the following information if this request is for an escrow/mortgage or brokerage account:</b> For Further Credit to Name (if name contains initials, please provide full name): _____  For Further Credit to: <input type="checkbox"/> Escrow/Mortgage File # _____ <input type="checkbox"/> Brokerage Account # _____  <b>OPTIONAL: Intermediary Bank</b> (Please verify this information with the receiving bank above if applicable) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Intermediary Bank Name: _____</td> <td style="border: none; width: 50%;">Intermediary Bank ABA/Routing #: _____</td> </tr> <tr> <td colspan="2" style="border: none;">Intermediary Bank City/State: _____</td> </tr> </table>	Bank City/State: _____	Bank Telephone #: _____	ABA/Routing #: _____	Receiving Bank Account #: _____	Intermediary Bank Name: _____	Intermediary Bank ABA/Routing #: _____	Intermediary Bank City/State: _____	
Bank City/State: _____	Bank Telephone #: _____								
ABA/Routing #: _____	Receiving Bank Account #: _____								
Intermediary Bank Name: _____	Intermediary Bank ABA/Routing #: _____								
Intermediary Bank City/State: _____									



**INTERNATIONAL WIRE INFORMATION** *(to ensure accuracy, please contact financial institution for correct routing information)*

International Bank Name: \_\_\_\_\_

Bank Street Address: \_\_\_\_\_

Bank City/Country: \_\_\_\_\_

Bank Telephone #: \_\_\_\_\_

SWIFT/BIC Code: \_\_\_\_\_

Additional Bank Routing Information – *(for example, Sort – U.K., IBAN – Euro, Transit – Canada, CLABE – Mexico, etc.):* \_\_\_\_\_Name on Receiving Bank Account *(List name as it appears at Bank and if name contains initials, please provide full name):* \_\_\_\_\_

Receiving Bank Account #: \_\_\_\_\_

Recipient Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

For Further Credit Name and Account # *(if applicable):* \_\_\_\_\_Purpose of Wire **(REQUIRED)** *Providing a non-specific purpose may cause delays in processing the wire request.* \_\_\_\_\_**5****ACCOUNT OWNER(S) SIGNATURE(S)**

I/We certify that the foregoing is correct, and that TD Ameritrade may rely on the foregoing and this certification with no further inquiry.

All Account Owners/Holders must sign.

Some exceptions may apply. Please contact your financial advisor for details.

Account Owner Printed Name: \_\_\_\_\_

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

Account Co-Owner Printed Name: \_\_\_\_\_

 Account Co-Owner Signature *(if applicable):* \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address:

**TD Ameritrade Institutional**

PO BOX 650567

Dallas, TX 75265-0567

TDAI 9020 REV. 02/18

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

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