**TD Ameritrade** Institutional

# ACCOUNT TRANSFER FORM

TO TRANSFER YOUR EXISTING ACCOUNT TO TD AMERITRADE

Account # 56982001 4
Advisor Code 50982001 4
Case # ______

PLEASE ATTACH A COPY OF YOUR LATEST STATEMENT.

## 1 TD AMERITRADE ACCOUNT INFORMATION

Account Title/Registration: Antonio M Anderson

Social Security Number/Tax ID: 404711495

Clearing Number: 0188

☐ Individual (Non-Qualified) ☐ Personal Trust ☐ Limited Liability Company ☐ Roth IRA ☐ Qualified Retirement Plan Employer Plan Type: ______

☐ Joint ☐ Estate ☐ Partnership/Investment Club ☑ SEP IRA ☐ Simple IRA

☐ UTMA/UGMA ☐ Corporate ☐ Traditional IRA/Rollover IRA ☐ Coverdell ESA ☐ Beneficiary IRA

☐ Other: ______

## 2 INFORMATION ON THE ACCOUNT YOU ARE TRANSFERRING FROM

Account Title/Registration as shown on your statement: Antonio M Anderson

Account Number: 88774587

Name of Delivering Firm: ADP

Physical Address of Firm (no PO BOX): 89 Ash Street, LOUISVILLE, Kentucky

Telephone Number (required): (541) 754-3014

☐ Individual (Non-Qualified) ☐ Personal Trust ☐ Limited Liability Company ☐ Roth IRA ☐ Qualified Retirement Plan Employer Plan Type ______

☐ Joint ☐ Estate ☐ Partnership/Investment Club ☑ SEP IRA ☐ Simple IRA
Has SIMPLE IRA been funded for at least two years? ☐ Yes ☐ No

☐ UTMA/UGMA ☐ Corporate ☐ Traditional IRA/Rollover IRA ☐ Coverdell ESA ☐ Beneficiary IRA

☐ Other: ______

## 3 LIST THE ASSETS YOU WANT TO TRANSFER

A. **Transfer from an ACAT eligible Brokerage Firm, Bank, Insurance/Annuity Co., Trust Co., or Transfer Agent** – Check box for full or partial transfer. For partial transfers, list descriptions of assets and shares. Unless otherwise indicated, TD Ameritrade will transfer in full. *Please note – The **ACAT** system does not allow for liquidation requests. To place trades, please contact your current custodian prior to submitting the transfer request. Most banks, insurance/annuity, and trust companies require original wet-ink signature mailed to TD Ameritrade.*

**If transferring in Alternative Investments, please obtain a copy of the Transfer In Only Alternative Investment Client Custody Agreement from your Advisor, the terms of which will apply to our custody of your Alternative Investments. No signature is required.**

☑ Full Transfer – To transfer entire account, check box and skip to Section 4 (if applicable), then to the Signature Section.

☐ Partial Transfer – List specific security. If bonds are being transferred please supply the Bond CUSIP.

| Description of Asset (Partial transfers only) | Quantity (Indicate # of shares or "ALL") | Description of Asset (Partial transfers only) | Quantity (Indicate # of shares or "ALL") |
|---|---|---|---|
| | | | |
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| | | | |

*For additional securities, see attached list.* ☐



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## 4 DISCREPANCIES OF ACCOUNT NAME AND TYPE *(IF APPLICABLE)*

If the account you are transferring is not like titled, please complete the following authorization. We hereby authorize a transfer from the account of Antonsen M Andersson / ~~Tradition~~ SEP IRA IF *(Delivering Account Title/Registration)* to the account at TD Ameritrade for Antonio M Andersson / SEP IRA *(TD Ameritrade Account Title/Registration)*

Account Owner's Signature: ________________ Date: 04/07/2020

Account Co-Owner's Signature: ________________ Date: ________

When transferring from a joint account at a contra firm to an individual account at TD Ameritrade, the party losing ownership of the assets must sign section 4. If the party losing ownership does not have an account at TD Ameritrade, please attach a notarized letter of authorization signed by the party losing ownership of the assets. If the discrepancy is a result of a name change for an account owner, please provide a copy of the legal document such as a marriage certificate, divorce decree, etc. Further documentation may be required, depending on the situation.

## 5 SIGNATURE(S): PLEASE READ AND SIGN THIS SECTION *(A COPY OF YOUR LATEST STATEMENT IS REQUIRED)*

If this account is a qualified retirement account, I have amended the applicable plan so that it names TD Ameritrade Clearing, Inc. as a successor custodian.

**Unless otherwise indicated in the instructions above, please transfer all assets in my account in kind to TD Ameritrade.** I understand that to the extent any assets in my account are not readily transferable, with or without penalties, such assets may not be transferred within the time frames required by applicable regulations.

Unless otherwise indicated in the instructions above, I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to TD Ameritrade Clearing, Inc. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, you will cancel all open orders for my account on your books.

Account Owner's Printed Name: Antonio M Andersson

Account Owner's Signature: ________________ Date: 04/07/2020

Account Co-Owner's Printed Name *(if necessary)*: ________________

Account Co-Owner's Signature *(if necessary)*: ________________ Date: ________

Account Co-Owner's Printed Name *(if necessary)*: ________________

Account Co-Owner's Signature *(if necessary)*: ________________ Date: ________

Plan Administrator Signature *(optional)*: ________________ Date: ________

## 6 LETTER OF ACCEPTANCE FOR RETIREMENT PLANS *(TD AMERITRADE COMPLETES)*

To the prior trustee or custodian: Please be advised that TD Ameritrade Clearing, Inc. will accept the above-captioned account as successor custodian.

Successor Custodian Authorized Signature: ________________ Date: ________