



Please direct mail to:
 FTJ FundChoice
 2300 Litton Lane, Suite 102
 Hebron, KY 41048
 Phone (800)379-2513
 Fax (859)426-2050

BENEFICIARY DESIGNATION FORM FOR QUALIFIED ACCOUNTS

Account # _____
 Advisor # _____
 Case # _____

For taxable accounts, please use the Non-Probate (T.O.D) Account Registration Form.

1 ACCOUNT INFORMATION

Account Title: _____

I hereby make the following designation of beneficiary pursuant to the provisions of the TD Ameritrade qualified plan document. In the event of my death, pay any interest I may have under said account in proportions as indicated to the following primary beneficiary or beneficiaries. Unless otherwise noted, proportions are deemed to be in equal percentages and cannot be expressed in dollar amounts. If a trust is designated as a beneficiary, then the trust title and UA date must be provided. TD Ameritrade reserves the right to require additional information upon my death to verify the identity or interests of a beneficiary or beneficiaries. TD Ameritrade reserves the right to request whatever documentation it deems appropriate before making distributions to a beneficiary or beneficiaries. The undersigned Account Owner states that all previous designations of beneficiaries, with respect to the above qualified account, are hereby revoked.

2 PRIMARY BENEFICIARY OR BENEFICIARIES

Name	Per Stirpes*	Relationship	Date of Birth/ Trust UA Date	Social Security Number	Share %
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____

Special instructions: _____

If none of the above-named Primary beneficiaries survive me, pay any interest I may have under the account in proportions as indicated to the following alternative beneficiary or beneficiaries or the survivor(s) thereof. Unless otherwise noted, proportions are deemed to be in equal percentages.

3 ALTERNATIVE BENEFICIARY OR BENEFICIARIES

Name	Per Stirpes*	Relationship	Date of Birth/ Trust UA Date	Social Security Number	Share %
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____
_____	<input type="checkbox"/> Per Stirpes	_____	_____	_____	_____

Special instructions: _____

I understand that the beneficiaries named herein may be changed or revoked by me at any time by filing a new designation in writing with the Custodian on a form accepted by it.



*Per Stirpes shall mean: each branch of the decedent's family shall inherit in equal parts and by way of representation. Please note that the "Per Stirpes" designation carries certain legal and tax implications, and may not be available in all states. TD Ameritrade cannot advise whether a "Per Stirpes" election is appropriate for the Account Owner's tax or estate planning. Please consult an estate planner for details regarding this designation.

Signature of Participant: _____ Date: _____

(Note: Consent of the Participant's spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's spouse.) Disclaimer For Community and Marital Property States: The Participant's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's spouse. For additional information, please consult your legal advisor.

Signature of Participant's Spouse: _____ Date: _____

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

TDAI 0994 REV. 02/17

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

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