

#### Mail or Fax to:

PO Box 2760 - Omaha, NE 68103-2760

Fax: 866-468-6268

### INTERNAL TRANSFER FORM

Use to transfer funds/securities from an existing TD Ameritrade brokerage account to another new or existing TD Ameritrade brokerage account. Not intended for withdrawals from an IRA account. Certain internal transfers and IRA distributions may be requested on the website, tdameritrade.com

ACCOUNT INFOR					
Can be in form of tra	nsfer (between two non-IR	A accounts), direct tran	sfer (between two like titled	IRA accounts) or Cont	ribution
FROM account numb	oer:				
Account title:					
TO account number:					
Account title:					
TRANSFER TYPE					
Please select EITHE	ER Full Account Transfer C	OR Partial Account Trai	nsfer		
	nsfer: Total transfer of all st to have the delivering a		lo need to list the securities internal transfer occurs.	s below).	
☐ Partial Account	Transfer:				
☐ All Cas	h				
	Cash – Specify Amount \$		e amount is a negative doli	lar amount Places not	a: Internal transfer
L			signatures in section 4 for		
	transferred to Retireme	ent Account Types.			
☐ All Sec	urities Securities (list as describe	ed below)			
			ents please utilize the optic	onal page 3 of this form	n
Symbol/CUSIP	Number of Shares	Symbol/CUSIP	Number of Shares	Symbol/CUSIP	Number of Share
- Cymbol/Coon	Number of offices	Gymbol/Goon	Number of Onares	Gymbol/GGGm	Number of Ghare
IDA FUNDING					
IRA FUNDING	unt is an IRA, please indic	cate the type of movem	ent:		
Contribution:	☐ Current Tax Year				
	r from another IRA	_ Ther tax rear			
_	or 60-day Rollover				
	•	n to 3 years to renay a	Coronavirus Related Distri	ibution (CPD) from the	day the funds were
distributed, if		p to 3 years to repay a	Coronavirus Relateu Distr	ibution (CRD) ironi trie	day the fullus were
Important Informat	ion:				
If no tax year is it	indicated, the contribution	on will be reported as	a current year contribut	ion.	
Per IRS regulation made in cash.	ons, securities cannot be	e used to satisfy pers	onal or employer contrib	outions. Contribution	s to an IRA must be
NOTE: IRS Guida accounts the indiv		RA to IRA rollover per	12 month period per indivi	dual regardless of the	number or types of IF

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#### SIGNATURES/AUTHORIZATIONS

I verify the instructions provided do not constitute a transfer for consideration (transfer of stock, funds, or any other assets for payment of goods or services). If the delivering account has multiple Authorized Agents (including Trustees), and all Authorized Agents are required to sign per the terms of the governing documents, then all Authorized Agents must sign. If a debit balance is being transferred, all receiving Account Owners/Trustees must also sign this form to accept the debit.

Unless otherwise indicated, I authorize the Transferor to liquidate any nontransferable proprietary money market fund assets that are part of my account and to transfer the resulting credit balance to my account with TD Ameritrade. I authorize the Transferor to deduct any outstanding fees due to Transferor 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, I authorize Transferor to liquidate 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 Transferor 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 purpose of sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, Transferor will cancel all open orders for my account.

By my signature below, I certify that the information and instructions provided, and the elections made are true and correct, TD Ameritrade Clearing, Inc., may justifiably reply upon the instructions and elections made herein and is authorized to deposit the funds or securities in the manner provided by this Internal Transfer Form. I release and agree to indemnify and hold harmless TD Ameritrade, Inc., and divisions thereof from liability for any adverse consequences that may result from this transaction. Please sign, print, and mail or fax this form to initiate the transfer request.

Signature of Delivering Account Owner or Authorized Person:  Printed Name:	
Co-Signature of Delivering Account Owner or Authorized Person:	Date:
Printed Name:  Personal contributions made to an IRA or Roth IRA must be signed by the IRA or Roth IRA account of negative balances, short options, and short stock (Non-IRA Accounts only).  Signature of Receiving Account	holder. Please also sign for acceptance
Owner or Authorized Person:  Printed Name:	
Co-Signature of Receiving Account Owner or Authorized Person:	
Printed Name:  Original signature required; electronic signatures and/or signature fonts are not authorized.	
Original Signature required, electronic Signatures andfor Signature fonts are not authorized.	

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

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## PARTIAL SECURITY MOVEMENTS

If requesting a partial security movement that exceeds the space available in section 2, please utilize the additional fields below:

Symbol/CUSIP	Number of Shares	Symbol/CUSIP	Number of Shares	Symbol/CUSIP	Number of Shares
<u> </u>					
	1		1		I