



Employer Disclosure Authorization

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

Please open in:
Office Code: 777
Rep ID: _____

This form should be used by a TD Ameritrade Account Owner that is an employee of a non-member firm (employees of a FINRA member or exchange member firm should use form TDA 731) that requires the employee to notify their employer of all brokerage transactions that occur in the employee's TD Ameritrade Account. Please complete, sign, and submit this form to authorize TD Ameritrade to send the information to the employer (or designated third-party firm) named below.

1. ACCOUNT OWNER INFORMATION

Account Number (if known): _____

Full Legal Name:	U.S. Social Security Number: (SSN) _____
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2. EMPLOYER INFORMATION

Name: _____

Address: _____

City:	State:	ZIP Code: _____
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Company Contact: _____

Phone Number: _____	Email Address: _____
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3. DELIVERY INFORMATION

Send duplicate printed statements and confirms to the following address:

Name: _____

Address: _____

City:	State:	ZIP Code: _____
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Contact: _____


4. TRADE CONFIRMATIONS AND ACCOUNT STATEMENTS

I authorize TD Ameritrade to send to the employer (or designated third-party firm) named above, account information ("Information") as described in Section 3 of this form or as requested by my employer under separate agreement. I understand and acknowledge that this Information may include account information that is confidential and privileged.

I understand that TD Ameritrade does not attempt to verify the address I have provided, and therefore TD Ameritrade will not be responsible for non-submission of information due to an inaccurate address. If the delivery address provided by me or my employer is the address of a third-party firm, I authorize TD Ameritrade to disclose the Information to the third party.

TD Ameritrade retains the right to follow its privacy and security policies in attempting to deliver the Information to the address provided, but I understand that TD Ameritrade will not be responsible for the Security or Privacy of the Information, nor will TD Ameritrade be responsible for any claims or losses due to disclosure of Information after either: i) printed statements and confirms have been delivered to an authorized mail carrier, or ii) the Information has been posted to the electronic address provided by my employer to TD Ameritrade under separate agreement.

I acknowledge that the sole remedy for any and all claims against TD Ameritrade, my employer, or any authorized agent, arising from the fulfillment of this request to disclose Information to my employer are those remedies provided for in the TD Ameritrade Client Agreement governing my TD Ameritrade Account.

 Account Owner's Signature:	Date: _____
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Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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