



# Ownership Structure Form for Entities

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**Questions? Call a Client Services representative at 800-669-3900.**

Update to an existing account       New Account

This form is used to provide ownership structure for an entity that is a beneficial owner for another entity.

## 1. ACCOUNT INFORMATION

Account Number:	Tax ID Number:
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Title of Entity:

Select Current Account Type:  S Corporation       C Corporation       Foreign Corporation  
 Non-Incorporated Organization       Limited Liability Company  
 Partnership       Limited Partnership

## 2. BENEFICIAL OWNER ENTITY INFORMATION

Title of Entity/Trust:

Select Beneficial Owner Entity Type:  S Corporation       C Corporation       Foreign Corporation  
 Non-Incorporated Organization       Limited Liability Company  
 Partnership       Limited Partnership

## 3. BENEFICIAL OWNERS *(This section should be completed by beneficial owners of the entity listed in Section 2)*

Beneficial Owner means each individual, if any, who, directly or indirectly, owns 25% or more of the equity interest of a legal entity customer (10% or more if the legal entity customer is foreign).

### BENEFICIAL OWNER #1

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

Full Legal Name:

Home Street Address:  
(no PO Box or mail drop)

City:	State:	ZIP Code:	Country:
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Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)*
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<input type="checkbox"/> Check here if you are <b>NOT</b> a U.S. citizen.	Country of Citizenship:
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Country of Dual or Secondary Citizenship:	Country of Birth:
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Non-U.S. citizens**: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:
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\*If none, I will submit a photocopy of my passport.

\*\*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

### BENEFICIAL OWNER #2

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

Full Legal Name:

Home Street Address:  
(no PO Box or mail drop)

City:	State:	ZIP Code:	Country:
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Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)*
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<input type="checkbox"/> Check here if you are <b>NOT</b> a U.S. citizen.	Country of Citizenship:
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Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens**: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:

\*If none, I will submit a photocopy of my passport.

\*\*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

### BENEFICIAL OWNER #3

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

Full Legal Name:

Home Street Address:  
(no PO Box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)		U.S. Social Security Number: (SSN)*	
<input type="checkbox"/> Check here if you are <b>NOT</b> a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens**: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
		Expiration:	

\*If none, I will submit a photocopy of my passport.

\*\*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

### BENEFICIAL OWNER #4

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

Full Legal Name:

Home Street Address:  
(no PO Box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)		U.S. Social Security Number: (SSN)*	
<input type="checkbox"/> Check here if you are <b>NOT</b> a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens**: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
		Expiration:	

\*If none, I will submit a photocopy of my passport.

\*\*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

*If additional beneficial owners need to be disclosed, please copy this page as needed.*

### 4. SIGNATURE (Authorized Agent of the Entity Listed in Section 1)

 Authorized Agent's Signature:	Date:
 Authorized Agent's Printed Name:	Title:

*Original Signature required; electronic signatures and/or signature fonts are not authorized.*

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

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