



Ownership Structure Form for Entities

PO Box 2209 ■ Omaha, NE 68103-2209

Fax: 866-468-6268

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 NOT 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 NOT 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 NOT 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 NOT 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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