

Complete and return to:
TD AMERITRADE Institutional
4075 Sorrento Valley Blvd., Suite A
San Diego, CA 92121

USE THIS FORM TO UPDATE PERIODIC PAYMENT
INSTRUCTIONS—IF YOU ARE ESTABLISHING
PERIODIC PAYMENT FOR THE FIRST TIME, YOU
MUST COMPLETE A DISTRIBUTION FORM.

1 ACCOUNT HOLDER INFORMATION

Name:	Type of IRA: <input type="checkbox"/> Traditional <input type="checkbox"/> Rollover <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE
Account Number: [] [] [] - [] [] [] [] [] - [] []	Social Security Number: [] [] [] - [] [] - [] [] [] []
Daytime Phone Number:	Date of Birth:

2 PERIODIC PAYMENT INFORMATION

Amount of Periodic Payment (\$):	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
Start the periodic payments in _____ (month) on the _____ day of the month.	

3 PERIODIC PAYMENT DISTRIBUTION TYPE

Normal Distribution (Roth IRAs greater than 5 years) Disability Distribution Death Distribution
 Normal Distribution (withdrawal after age 59½) Substantially Equal Periodic Payment (72(t) payments initiated before age 59½)


4 FEDERAL WITHHOLDING ELECTION (SUBSTITUTE FORM W4P/OMB NO. 1545 0415)

A. Federal Withholding: <input type="checkbox"/> I do not want Federal Income Tax withheld from my distribution. <input type="checkbox"/> I do want Federal Income Tax withheld from my distribution. Ten percent (10%) of the distribution will be withheld. If you want a percentage greater than 10% withheld please indicate percentage. _____ % OR \$ _____	B. State Withholding: <input type="checkbox"/> I do not want State Income Tax withheld from my distribution. <input type="checkbox"/> I do want State Income Tax withheld from my distribution. _____ *Name of State % OR \$ amount *Contact your Regional Service Team for your specific state to determine if state tax is eligible.
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5 DISTRIBUTION METHOD

A. Electronic deposit to my TD AMERITRADE brokerage account _____.

B. Electronic deposit to my bank account.

Bank Account Holder Name:	Joint Bank Account Holder Name:
Name of Bank:	Type of Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Please attach a voided check or savings statement. 	ABA Routing Transit Number:
	Bank Account Number:

C. Mail distribution to account holder address.

6 CUSTOMER AUTHORIZATION

Please distribute cash from my traditional, rollover, Roth, SEP, or SIMPLE IRA in the manner and for the reasons stated above. I certify that this withdrawal complies with the provisions of the traditional, rollover, Roth, SEP, or SIMPLE IRA and the Internal Revenue Service Code. TD AMERITRADE and its affiliates may rely on my certification without further investigation or inquiry.

Account Holder Signature X _____	Date _____
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