



PO Box 3288
Omaha, NE 68103-0288

ACCOUNT NUMBER _____

Fund Disbursement Verification Form

Ameritrade Financial Services is required to verify additional information prior to initiating a funds disbursement. Please complete the information listed on this form in order to initiate your funds transfer. This form may be faxed to 816-243-3761.

Name <i>First, Middle Initial, Last, Suffix</i>			
Street Address <i>No PO boxes</i>			
City	State/Province	ZIP/Postal Code	Country
Current Employer <i>If unemployed, please state your source of income</i>			
Employer Street Address			
City	State/Province	ZIP/Postal Code	Country
Occupation	Nature of Business/Industry		
Length of Employment	Previous Employer	Annual Income	
<input type="checkbox"/> Check here if you, a member of your immediate family or any business associate is a senior political figure (SPF). <i>Specify the name of the SPF, political title, relationship and country of office:</i>			

<input checked="" type="checkbox"/> Account Owner's (Custodian) Signature	Date
<input checked="" type="checkbox"/> Account Co-Owner's (Custodian) Signature	Date

If this is a Joint account, all Account Owners must sign.

This form must be resubmitted to Ameritrade Financial Services every six months.

