



P.O. Box 3288
Omaha, NE 68103-0288

ACCOUNT NUMBER _____

Agent Authorization Limited to Account Inquiry

The undersigned hereby authorizes (the "Inquiring Agent") (whose signature appears below) as the undersigned's agent to inquire about account status, transfers, positions and balances for the undersigned's account and in the undersigned's name or number on TD AMERITRADE Financial Services, Division of TD AMERITRADE, Inc. ("TD AMERITRADE") books in accordance with the terms and conditions set forth in the Standard Account Agreement, and those terms and conditions otherwise established by TD AMERITRADE. If the undersigned is a fiduciary on the account, then the undersigned hereby states and affirms that this authority is granted in such fiduciary capacity and within the fiduciary powers consistent with the fiduciary duties of said fiduciary. The undersigned hereby agrees to indemnify and hold TD AMERITRADE harmless from and to pay promptly on demand any and all losses arising therefrom or debit balances due thereon.

This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which TD AMERITRADE may have under any other agreement or agreements between the undersigned, the Introducing Broker, and TD AMERITRADE.

This authorization and indemnity is a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to the Introducing Broker and delivered to its office. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to receipt by the Introducing Broker and the Clearing Broker of written notice of such revocation. This authorization and indemnity shall inure to the benefit of the Introducing Broker and TD AMERITRADE and of any successor firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever and of the assigns of the Introducing Broker and TD AMERITRADE of any successor firm(s).

This authorization supersedes any prior inquiring authorization the undersigned may have executed with regard to his/her account with the Introducing Broker and TD AMERITRADE.

Account Owner

Date
Print Name (First, Middle Initial, Last, Suffix)
<input checked="" type="checkbox"/> Signature
Street Address
City, State/Province, ZIP/Postal Code
Phone

Account Co-Owner

Date
Print Name (First, Middle Initial, Last, Suffix)
<input checked="" type="checkbox"/> Signature
Street Address
City, State/Province, ZIP/Postal Code
Phone

Authorized Agent

Date
Print Name (First, Middle Initial, Last, Suffix)
<input checked="" type="checkbox"/> Signature
Street Address
City, State/Province, ZIP/Postal Code
Phone

Birth Date (Month/Day/Year)
Employer
Occupation
Email Address

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