



# Check Request Form

For Non-Retirement Accounts

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

Please fax request to 866-468-6268. Requests will take 24 hours from the time of receipt to process. This form cannot be used for IRA distribution. Please complete the IRA Distribution Request Form.

Date: _____	Account Title: _____
Account Number: _____	Amount: _____

Make check payable to (Note: Checks not made payable to all account holders will be assessed a \$5 fee.):

☐ Check here to add the account title to the check stub. (This note would inform the payee who the check is from.)

**Please send check to:**

- ☐ Address on record      ☐ Pick up at branch  
(Please note that checks must be picked up on the date indicated or the check will be voided and the request canceled.)      ☐ Other address (**please specify below**)  
Note: there is a \$5 fee for the request of mailing to an address that is not on record for your account.
- Date of Pickup: \_\_\_\_\_ (minimum of two business days)
- Name of Branch: \_\_\_\_\_

Address: \_\_\_\_\_

City: _____	State: _____	ZIP Code: _____
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**SIGNATURES (if you are making this selection, all parties on the account must sign below.)**

Please send check by: ☐ Regular Mail      ☐ Overnight Mail      Note: Actual cost of shipping will be charged to your account.

<b>X</b> Account Owner Signature: _____	Date: _____
<b>X</b> Account Co-Owner Signature: _____	Date: _____

If this withdrawal is to also serve as an account closure, please check here. ☐

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

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