

TD WIN Transaction Reporting Worksheet

TD Wealth Management Services Inc.

HOME OFFICE USE ONLY

Trans ID # _____

P-to-A Initials _____

All original signed documents must be sent to NJ5-017-180 when:

- **Paper Life Insurance:** Immediately after you've signed with your client
- **EBIX Applications:** Once your application status in EBIX is TRANSMITTED, SUBMITTED or CLOSED

Date: _____

Work Phone Number # _____

Client Name: _____

Your FSMM: _____

SSN/TIN # _____

Store Manager: _____

FSR Name: _____

Store State: _____

Workforce ID # _____

Store Name: _____

Was this sale a result of a referral from another Store? Y or N

Referring Store RC # _____
The Referring Store RC indicated will receive the shadow volume credit for TD WIN reporting.

Product Type: ANNUITY or LIFE INSURANCE

Total Transaction Amount: \$ _____

Source of funding: INSIDE OR OUTSIDE

If Paper Life Insurance Application

- Is a check included and made payable to the Carrier? Y or N

If EBIX Application (AnnuityNet/LifeSpeed)

- Did you attach your TDWMSI file to the E-App? Y or N
- Did you attach your Carrier file to the E-App? Y or N
- Did you rename your **TDWMSI** file as the client's last name, first name & date **ex. (TDWMSI Smith John 05032015)?** Y or N
- Did you rename your **CARRIER** file as the client's last name, first name & date **ex. (CARRIER Smith John 05032015)?** Y or N

Market (Circle one):

ME North/Cent/South // NH East/South

Suburban NY

South NJ & Coastal

NH Cent/West // VT North/South // UpNY

NYC

Pennsylvania

NE MA/Boston/Cape Cod/RI

Northern NJ

North FL

Connecticut // Cen/West MA

Central New Jersey

South FL

Mid South/DE // Upstate/Mid & Coast SC

AMCBFSRPrincipalReview.Account@td.com
800-368-4675

Helping you reach your financial goals

Customer Name

Date



Tell us about yourself					
Primary Customer Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms			Secondary Customer Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms		
Street Address (P.O box not permitted)			Street Address (P.O box not permitted)		
City	State	Zip	City	State	Zip
Mailing Address (if different from home address; P.O. boxes may be used)			Mailing Address (if different from home address; P.O. boxes may be used)		
Phone Numbers: Home	Cell	Work	Phone Numbers: Home	Cell	Work
Email Address			Email Address		
Social Security/TIN #		Date of Birth	Social Security/TIN #		Date of Birth
Are you only a U.S. Citizen? <input type="checkbox"/> Yes-Skip to employment <input type="checkbox"/> No-Complete Next Section			Are you only a U.S. Citizen? <input type="checkbox"/> Yes-Skip to employment <input type="checkbox"/> No-Complete Next Section		
Non-US Citizenship Information/Dual Citizenship Information Country or Countries of citizenship: _____ Are you a permanent U.S. Resident? <input type="checkbox"/> Yes-Alien Registration Number: _____ <input type="checkbox"/> No-Indicate Visa Type _____			Non-US Citizenship Information/Dual Citizenship Information Country or Countries of citizenship: _____ Are you a permanent U.S. Resident? <input type="checkbox"/> Yes-Alien Registration Number: _____ <input type="checkbox"/> No-Indicate Visa Type _____		
Employment Information <input type="checkbox"/> Employed-List Occupation _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed			Employment Information <input type="checkbox"/> Employed-List Occupation _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
Employer (if self-employed list occupation)			Employer (if self-employed list occupation)		
Employer Address			Employer Address		
DUE TO THE PASSAGE OF THE "USA PATRIOT ACT", WE ARE REQUIRED TO NOTIFY OUR CUSTOMERS OF THE FOLLOWING: Verification Of Customer Identity - Federal laws and regulations require us to request information from you prior to opening an account or adding an additional signatory to an account. The information we request may vary depending on the circumstances, but at a minimum, will include your name, address, an identification number such as your social security or taxpayer identification number, and for individuals, your date of birth. We are also required to verify the information you provide to us. This verification process may require you to provide us with supporting documentation that we deem appropriate. We may also seek to verify the information by other means. We reserve the right to request additional information and/or signatures from you from time to time. Based on the information collected, TD Wealth Management Inc. may reject or cancel your application. In all cases, the protection of our customer's identity and confidentiality is our pledge to you.					
ID Type <input type="checkbox"/> Driver's License (US Citizens Only) <input type="checkbox"/> US Gov't/Military (US Citizens Only) <input type="checkbox"/> Passport		ID No. _____ Issuer of ID _____ Expiration Date _____		ID Type <input type="checkbox"/> Driver's License (US Citizens Only) <input type="checkbox"/> US Gov't/Military (US Citizens Only) <input type="checkbox"/> Passport	
ID No. _____ Issuer of ID _____ Expiration Date _____		ID No. _____ Issuer of ID _____ Expiration Date _____		ID No. _____ Issuer of ID _____ Expiration Date _____	
Financial Information: Required for all sales					
1. Gross Annual Household Income Please include income from wages, Social Security, pension/retirement benefits and investments. \$ _____					
2. Total Net Worth Including existing assets, real estate, investment and cash value life insurance holdings, cash, savings, etc. \$ _____					
3. Liquid Net Worth Checking, Savings, CDs under 1 year to maturity, bonds, annuities with no surrender fee, etc. \$ _____					
4a. If purchasing an annuity, are you able to access sufficient funds to cover your living expenses and emergencies without incurring a penalty? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4b. Annual Living Expenses (Monthly Expenses x 12 = Annual Expenses) \$ _____					
5a. Source of funds used to purchase this Annuity or Life Insurance (Check all that apply) <input type="checkbox"/> Other Annuity <input type="checkbox"/> Inheritance <input type="checkbox"/> Reverse Mortgage <input type="checkbox"/> Life Insurance Surrender <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> IRA <input type="checkbox"/> Sale of Stocks/Bonds/Mutual Funds _____ <input type="checkbox"/> Employer Retirement Plan <input type="checkbox"/> Certificate of Deposit _____					
5b. For Annuities Only: even if you are not using a reverse mortgage as a source of funds to purchase this annuity, please indicate if you have a reverse mortgage. <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain the use of the reverse mortgage funds: _____					
6. Federal income tax bracket: <input type="checkbox"/> Exempt <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35% +					
Investment and insurance products are: not a deposit; not FDIC insured; not insured by any federal government agency; not guaranteed by TD Bank, N.A. or any of its affiliates; and, may be subject to investment risk, including possible loss of value. Investment and insurance products and services are offered through TD Wealth Management Services Inc., a subsidiary of TD Bank, N.A. TD Wealth Management Services Inc. represents the insurer in placing your insurance, and may provide services to you for that insurer. TD Wealth Management Services Inc. will receive compensation from the insurer in connection with placement of your insurance.					

Financial Objective: Required for all Annuity Sales

Annuitant's current financial experience:

- None (In the past two years, the owner has not personally engaged in financial transactions.)
 Limited (Includes: credit card, bank account, and transactions for managing monthly expenses.)
 Moderate (Includes items above, plus: auto purchase/lease, retirement/pension accounts, certificate of deposit, etc.)
 Extensive (Includes items above, plus: stocks, bonds, mutual funds, real estate, or other material investments.)

Annuitant's risk tolerance:

- Conservative (Cautious investments with little volatility)
 Moderate (Cautious investments with some volatility)
 Moderately Aggressive (Investments that may fluctuate significantly short term)
 Aggressive (Investments that may fluctuate significantly)

What is the time horizon anticipated for the first withdrawal/disbursement from this annuity?

- Less than 1 year 1 to 5 years 6 to 9 years 10 or more years
 Combination (Please explain) _____

If the time horizon in the above question is within the annuity's surrender period, please indicate the reason for withdrawal/disbursement.

- Repetitive Payments
 Required Minimum Distribution
 Systematic Withdrawal (Please explain) _____
 Other (Please explain) _____
 Not Applicable

The purchase of this annuity is for (Check all that apply):

- Income now
 Future income
 Contract guarantees provided
 Pass inheritance to beneficiaries
 Tax-deferred growth
 Better interest rate than current contract
 10% maximum withdrawal per year
 Other (Specify) _____

Does the purchase of this annuity involve replacement of an existing annuity or life insurance?

- Yes No

If NO, please continue; If YES complete the TD Annuity Exchange Replacement Disclosure

Have you had another exchange or replacement of an annuity within the preceding 36 months?

- Yes No

If yes, enter the amount or the percentage of any surrender charge or fee incurred.
 \$ _____ or _____%

Family Insurance Portfolio: Required for all Life Insurance sales

Life Insurance — Are you adequately protected?

Policy Face Value	Premium Annual/Monthly	Current Cash Value	Insurance Company	Type of Coverage	Date of Issue	Insured	Beneficiaries: Primary/Contingent
1. \$	\$	\$			___/___/___		
2. \$	\$	\$			___/___/___		
3. \$	\$	\$			___/___/___		

Insurance: Required for all Life Insurance sales

What you will need for:	Customer 1	Customer 2
1. Total Liabilities	\$	\$
2. Income to be replaced for the duration of insurance	\$	\$
3. Total Insurance Need (add the above two lines)	\$	\$
What do you have?		
4. Total Savings, Investments, Benefits and current life insurance	\$	\$
5. Total Insurance Needed (Subtract line 4 from line 3)	\$	\$

Investment and insurance products are: not a deposit; not FDIC insured; not insured by any federal government agency; not guaranteed by TD Bank, N.A. or any of its affiliates; and, may be subject to investment risk, including possible loss of value. Investment and insurance products and services are offered through TD Wealth Management Services Inc., a subsidiary of TD Bank, N.A. TD Wealth Management Services Inc. represents the insurer in placing your insurance, and may provide services to you for that insurer. TD Wealth Management Services Inc. will receive compensation from the insurer in connection with placement of your insurance.

This is what we discussed as a possible solution for you and why it is suitable:

This is what we've learned about you:

Additional information:

_____	_____	_____	_____
Primary Customer's Signature	Date	Joint Customer's Signature	Date
_____	_____	_____	_____
Financial Services Representative Name		Financial Services Representative Signature	Date
_____	_____	_____	_____
Home Office Representative's Name		Home Office Representative's Signature	Date

Investment and insurance products are: not a deposit; not FDIC insured; not insured by any federal government agency; not guaranteed by TD Bank, N.A. or any of its affiliates; and, may be subject to investment risk, including possible loss of value. Investment and insurance products and services are offered through TD Wealth Management Services Inc., a subsidiary of TD Bank, N.A. TD Wealth Management Services Inc. represents the insurer in placing your insurance, and may provide services to you for that insurer. TD Wealth Management Services Inc. will receive compensation from the insurer in connection with placement of your insurance.



Insurance / Annuity Disclosure

Account Holder(s): _____ Social Security or Tax ID#: _____

Account and Product Information

The fixed annuity or life insurance product I am purchasing contains the following surrender charges.

Year	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Charge (%)										

- Subject to certain restrictions, a percentage of my original investment in an annuity or a percentage of any investment gain may be available for withdrawal without surrender charges. However, the IRS may still impose penalties on withdrawals prior to age 59-1/2.
- If the product I am purchasing has a bonus feature, then the surrender period and/or the surrender charges imposed may be greater than those of similar products that do not pay a bonus.

Important Disclosures about Privacy and Marketing Preferences

I have been provided copies of "What Do The TD Bank Companies Do With Your Personal Information".

Important Disclosures about Non-Deposit Investment Products

Insurance products and annuities offered by TD Wealth Management Services Inc. are not deposits or obligations of, or guaranteed by, TD Bank, N.A. or any of its affiliates; are not insured by the FDIC, any other U.S. government agency, TD Bank, N.A. or any of its affiliates; and may lose value.

Market Value Adjustment

Market Value Adjustment (If applicable based on the contract and/or state availability) - If you withdraw more than the allowable annual amount or the contract is surrendered prior to the end of the surrender period, in addition to the surrender change there will be a **MARKET VALUE ADJUSTMENT** that can either be positive if interest rates have declined since the purchase of the annuity or negative if interest rates have risen since the purchase of the annuity. The change is measured by comparing the base interest rate credited in your contract with the base interest rates being credited by the company on current sales of the same contract form.

Insurance and Annuities are Obligations of the Carrier

Annuities and insurance products are offered through TD Wealth Management Services Inc.; a subsidiary of TD Bank, N.A. TD Wealth Management Services Inc. represents the insurance carrier in placing my insurance, and may provide services to me for that insurance carrier. The annuity or insurance product is a contractual obligation of the insurance carrier that issued it, and not an obligation of TD Bank, N.A., TD Wealth Management Services, Inc., or their affiliates.

Important Disclosures about Insurance & Annuities

- I will receive the contract for the annuity or insurance product I have applied for from the Insurance Carrier and I understand:
- The risks associated with owning the annuity or insurance product.
 - I have a specific number of days (a "free-look" period) to surrender my annuity or insurance contract, by contacting the Insurance Carrier, without incurring any surrender charges.
 - TD Wealth Management Services Inc. will receive compensation from the insurance carrier in connection with placement of my annuity or insurance product.
 - An annuity is not recommended for short-term needs. Annuity products should be considered only for long-term investment strategies and are generally illiquid until after the age of 59-1/2, except for certain provisions stated within the Internal Revenue Code.
 - Earnings on annuities are not subject to tax until the funds are withdrawn (tax-deferred). If I am purchasing this product in an IRA account or qualified plan account (that is already considered tax-deferred), purchasing an annuity provides no additional tax benefits. There may be advantages other than tax-deferral for this product that may justify funding the investment with tax-deferred funds, and these benefits have been fully explained to me by my Financial Services Representative.

No Tax Advice

TD Bank, N.A. and its affiliates, employees and agents do not give legal, tax or accounting advice. I should consult my own legal, tax and accounting advisors about my specific situation.

Required Customer Acknowledgement

Primary Account Holder's Signature

Date

Secondary Account Holder's Signature

Date



No Credit Impact

The selection of the insurance carrier for your annuity or life insurance contract will not affect any extension of credit or sale or lease of goods or services, except that reasonable requirements may be imposed.

Residents of the State of Massachusetts

Massachusetts residents may submit any complaint to the Massachusetts Office of Consumer Affairs and Business Regulation, 10 Park Plaza, Suite 5170, Boston, MA 02116, telephone numbers 1-617-727-7780 or 1-888-283-3757 (toll free, Massachusetts only).

Residents of the State of New Hampshire

New Hampshire residents may submit any complaint to the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, NH 03301-7317, toll free telephone number 1-800-852-3416.

Residents of the State of New York

Insurance Producer Compensation Disclosure

This document contains important information concerning your insurance purchase from TD Wealth Management Services Inc. ("TDWMSI"), an insurance producer licensed by the State of New York. New York State Insurance Law requires insurance purchasers to receive certain disclosures concerning insurance producer compensation as required by New York Insurance Department Regulation No. 194 (11 NYCRR 30.1 et seq.).

1. TDWMSI represents the Insurer in this transaction. The services that TDWMSI typically provides include: conferring with you about the benefits, terms and conditions of the insurance contracts; selling insurance; and, obtaining insurance for you.
2. The Insurer will pay compensation to TDWMSI, based on the insurance contract that TDWMSI sells to you. Such compensation may vary depending on a number of factors, including the insurance contract and insurer that you select, as well as the volume and/or profitability of the insurance contracts that the Financial Service Representative provides to the Insurer.
3. You may obtain information about compensation expected to be received by TDWMSI based in whole or in part on the sale of insurance to you, and (if applicable) compensation based in whole or in part on any alternative quotes presented to you, by calling TDWMSI's Financial Services Administration Support Team at 1.800.368.4675.

General Complaint Information

You may submit a complaint directly to Wealth Management Services Inc., attention: Compliance Officer, 70 Gray Road – 2nd Floor, Falmouth, ME 04105, telephone number 1-207-317-4686; fax number 1-207-317-8937.

Affirmation and Signatures

Primary Account Holder's Signature

Date

Secondary Account Holder's Signature

Date

Financial Services Representative's Signature

Date