

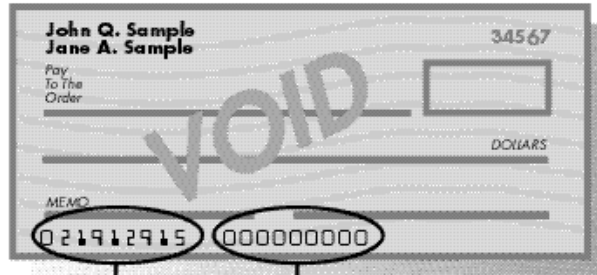
100 Wall Street
New York, NY 10005
1-800-431-3500
www.tdwaterhouseinst.com

TO ESTABLISH DIRECT DEPOSIT, SUBMIT THIS FORM TO YOUR PAYOR.

Please Note: Some payors, such as Social Security, will require you to use their form for direct deposit. Please use the pre-printed checking information in Section 2 and your TD Waterhouse Investors Money Management (IMM) Checking Account Number to complete the payor's form. (If you do not have an IMM account, please contact your financial advisor for more information to complete this application.) To enroll in the Social Security Administration's Direct Deposit program, you can also call 1-800-772-1213. We do not require a copy of the payor's or Social Security's form.

1 PERSONAL INFORMATION	
Your Name:	Social Security Number: □ □ □ - □ □ - □ □ □ □
Name of Payor (eg., employer or gov't agency):	Payor Address (street address, city, state, & zip code):
I want the following amount deposited into my TD Waterhouse account through direct deposit: (Your money will be swept into the sweep vehicle you originally designated.)	
<input type="checkbox"/> Please Deposit My Entire Check <input type="checkbox"/> Please Deposit \$ _____ (\$100 minimum)	
2 TD WATERHOUSE INSTITUTIONAL SERVICES BROKERAGE ACCOUNT INFORMATION	
Your TD Waterhouse Institutional Services Brokerage Account Name:	
Your TD Waterhouse Institutional Services IMM Checking Account Number:	TD Waterhouse Bank, N.A. Routing Transit Number: 021912915
Account Type (must be designated as checking for ACH electronic regulations) CHECKING	Name of Financial Institution TD Waterhouse Bank, N.A. for the Account of above TD Waterhouse Customer
3 CUSTOMER AUTHORIZATION	
I authorize you, the designated Payor, to make payments into my account at TD Waterhouse in the amount per payment specified above.	Account Holder Signature X _____ Date _____

Please allow four to six weeks for your initial direct deposit transaction.



TD Waterhouse Bank Routing Transit Number
 Your IMM Checking Account Number