



Inherited IRA Application for an Organization Beneficiary Information and Instructions



Please direct mail to:
Orion Portfolio Solutions
2300 Litton Lane, Suite 102
Hebron, KY 41048

Direct questions to:
Orion Portfolio Solutions
Phone 800-379-2513
Fax 859-426-2050

Information

- Use this application to open an Inherited IRA Account for an Organization Beneficiary.
- If you elect to receive a lump-sum distribution in Section 10 of this form, Schwab requires you to first open an Inherited IRA on behalf of the entity for reporting purposes. Your distribution will be processed and reported to the IRS after the assets have been distributed from your Inherited IRA.

Please note that sales of existing positions will not be completed until the new account has been opened. Since the prices of securities may fluctuate, the value of the existing positions may rise or fall between the time this application is completed and the time the existing positions are sold. You agree that Schwab is not responsible for any changes in the value of the inherited securities. Please contact your Investment Advisor or call 1-800-515-2157 if you need to sell securities.

- Each Organization Beneficiary must complete a separate application.

Use this chart to determine which documents must be submitted for the type of beneficiary that is inheriting the IRA.

Beneficiary Type	Required Documents
Charity or Other Entity (Incorporated)	<ul style="list-style-type: none"> • Inherited IRA Application for an Organization Beneficiary. • Copy of the account holder's death certificate (if assets are being transferred from the decedent's IRA at Schwab). • Follow signature requirements in Sections 11 and 13.
Charity or Other Entity (Non-Incorporated)	<ul style="list-style-type: none"> • Inherited IRA Application for an Organization Beneficiary. • Copy of the account holder's death certificate (if assets are being transferred from the decedent's IRA at Schwab). • Follow signature requirements in Sections 12 and 13.

Inherited IRA Application for an Organization Beneficiary

Investment Advisor ("IA") Information (This portion to be completed by IA.)

IA Firm Name *(Please print.)*

IA Master Account Number

Service Team

IA Contact Name *(if follow-up is required)*

IA Telephone Number

IA Email Address

1. Original Account Holder's Information (Decedent)

Name *First*

Middle

Last

Schwab Account Number

Social Security/Tax ID Number

Date of Birth *(mm/dd/yyyy)*

Date of Death *(mm/dd/yyyy)*

Type of Account Decedent Held (Select one.)

Traditional IRA (includes Rollover, SEP, SIMPLE, and Inherited Traditional IRA)

If the decedent did not satisfy their Required Minimum Distribution (RMD), check the box below to have Schwab calculate and distribute the RMD.

Please calculate and distribute the RMD. (Provide distribution instructions in Section 10.)

Roth IRA (includes Inherited Roth IRA)

Qualified plan* (e.g., profit sharing, money purchase, 401(k), Individual 401(k), 403(b) and 457 plans)

Qualified plan* (Roth elective deferrals only, e.g., Roth 401(k))

*If you are uncertain of the type of qualified plan that the decedent held, please contact the plan administrator for further clarification.

2. Account Instructions

Note: If you elect to receive a lump-sum distribution in Section 10 of this form, Schwab requires you to first open an Inherited IRA on behalf of the entity for reporting purposes. Your distribution will be processed and reported to the IRS after the assets have been distributed from your Inherited IRA.

A. Open New Inherited IRA

Transfer the IRA funds to a Schwab Inherited IRA. (A certified copy of the death certificate must be submitted with this form.)

B. Open New Inherited IRA and Transfer Funds From Another Financial Institution

Transfer the assets from an existing Inherited IRA at another financial institution. (Attach a Transfer Your Account to Schwab form.)

3. Organization/Inheritor Information

For information about Schwab's privacy policy, see the attached IRA Account Application Agreement. Schwab will use the information provided to verify the identity of your Organization and its Authorized Individuals, Control Persons, and Beneficial Owners.

Type of Organization (Required—select only one.)

- Incorporated Organization (Complete all sections except Section 12.)
- Non-Incorporated Organization (Complete all sections except Section 11.)

Name of Organization/Legal Name associated with the Tax ID Number Tax ID Number

If known by another name, enter Organization name. Telephone Number

Organization Street Address (no P.O. boxes) Mailing Address (if different from street; P.O. boxes may be used)

City City

State or Province Zip or Postal Code State or Province Zip or Postal Code

Country of Establishment State of Establishment Date of Establishment (mm/dd/yyyy)

The Next Question Is Required by Industry Regulations:

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

- No Yes (If "Yes," enter company name _____ and trading symbol _____.)

A. To properly categorize and serve your Organization, we need to know the type of activity in which it is engaged. Please provide the six-digit North American Industry Classification System (NAICS) code that best describes your business (if you don't know your NAICS code, you can look it up at www.census.gov/eos/www/naics/):

B. Select only one option that most closely reflects the Organization's primary business, and provide the additional requested information (as applicable):

<input type="checkbox"/> Financial Institution Examples of financial institutions include: <ul style="list-style-type: none"> • Investment funds (pooled/passive investment vehicles) • Private equity vehicles • Broker-dealers • Insurance companies • Venture capital vehicles • Investment Advisors • Banks • Trust companies 	Please describe the Organization's primary purpose(s) and field(s) of activity. Please also provide the name of the government agency that serves as your primary regulator. <input type="checkbox"/> If the Organization is either a U.S. registered broker-dealer or a non-U.S. financial institution and if the assets in the Account are not customer assets, please check this box.
<input type="checkbox"/> Operating Entity The Organization provides commercial products or services.	Please describe the commercial products or services that your Organization provides.
<input type="checkbox"/> Non-Operating Entity Examples of non-operating entities include: <ul style="list-style-type: none"> • Holding companies • Asset protection vehicles • Personal investment companies • Estate planning vehicles • Shell companies 	Please describe the Organization's primary purpose(s) and field(s) of activity.
<input type="checkbox"/> Charitable Organization	Please describe the Organization's charitable purpose.
<input type="checkbox"/> Governmental Organization This includes any state or political subdivision of a state, including: <ul style="list-style-type: none"> • Any agency, authority, or instrumentality of the state or political subdivision • A pool of assets sponsored or established by the state or political subdivision or any agency, authority, or instrumentality thereof, including, but not limited to, a "defined benefit plan" as defined in Section 414(j) of the Internal Revenue Code (26 U.S.C. 414(j)) or a state general fund • A plan or program of a government entity • Officers, agents, or employees of the state or political subdivision or any agency, or instrumentality thereof, acting in their official capacity 	
<input type="checkbox"/> Tribal Organization <ul style="list-style-type: none"> • A tribe-governed organization that is created by the tribe or tribal members on reservation land and under tribal laws. (Contact Schwab for additional document requirements.) 	

4. Required Information About Authorized Individuals, Control Persons, and ≥10% Beneficial Owners

You must complete this section for each **Authorized Individual** and at least one **Control Person of the Organization** and all **≥10% Beneficial Owners**.

Check here if no single individual or Legal Entity/Trust owns ≥10% of this Organization. You agree to notify Schwab if or when someone owns ≥10% of the Organization in the future. If checked, complete the following for Authorized Individuals and at least one Control Person (e.g., principals, directors, officers, and managing members).

Authorized Individuals	<ul style="list-style-type: none"> Any individual or representative of an owner, partner, member, officer, employee, or agent of the Organization that is authorized by the Organization to: <ul style="list-style-type: none"> Buy and sell securities; Withdraw and transfer cash and securities; Sign contracts, waivers, and releases; and Otherwise conduct business with Schwab on behalf of the Organization. Complete the "Individual 1" section for the Primary Authorized Individual who will receive all email correspondence from Schwab. Schwab will have no obligation of inquiry with respect to the validity of, or authority with respect to, any transaction or instruction provided by an Authorized Individual.
Control Persons	<ul style="list-style-type: none"> An individual with significant responsibility for managing the Organization (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). Please complete Section 4b for a Legal Entity or Trust that is a Control Person of the Organization. At least one Control Person is required.
≥10% Beneficial Owners	<ul style="list-style-type: none"> Each individual, if any, who owns, directly or indirectly, ≥10% of the equity interests of the Organization (e.g., each natural person who owns ≥10% of the shares of a corporation). In the instance where a Trust is an equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Please complete Section 4c with Trust and Trustee information. Please note that the Beneficial Ownership information provided in this application will be applied to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

4a. Individuals Who Are Authorized Individuals, Control Persons, and/or ≥10% Beneficial Owners

If there are more than four new individuals who are Authorized Individuals, Control Persons, and/or ≥10% Beneficial Owners, please make, complete, and attach additional copies of this section.

Individual 1

Role of Individual on Account (Select all that apply.)

Primary Authorized Individual Control Person ≥10% Beneficial Owner

Title or Capacity of Individual (Select all that apply.)

CEO CFO COO Chairman of the Board Manager Owner
 President Vice President Secretary Assistant Secretary Treasurer Assistant Treasurer
 Other (specify): _____

Name <i>First</i>	Name <i>Middle</i>	Name <i>Last</i>
Home Street Address (no P.O. boxes)	Mailing Address (if different from home; P.O. boxes may be used)	
City	City	
State or Province	Zip or Postal Code	State or Province
Preferred Telephone Number (including area code)	Alternate Telephone Number (including area code)	
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile: _____	
Social Security Number	Date of Birth (mm/dd/yyyy)	Email Address
Country(ies) of Citizenship (Must list each separated by a comma.)	Country of Legal Residence	
<input type="checkbox"/> USA <input type="checkbox"/> Other: _____	<input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type (Please select only one box and provide the relevant information below.)		
<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Gov't Issued ID
Identification Number	Country or State of Issuance	Expiration Date (mm/dd/yyyy)
Employment Status (Please check only one.)		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Business Owner/Self-Employed | <input type="checkbox"/> Financial Services/Banking Professional | <input type="checkbox"/> Military | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Executive/Senior Management | <input type="checkbox"/> Information Technology Professional | <input type="checkbox"/> Educator | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Other Professional | <input type="checkbox"/> Sales/Marketing | |
| <input type="checkbox"/> Legal Professional | <input type="checkbox"/> Clerical/Administrative Services | <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) | |
| <input type="checkbox"/> Accounting Professional | <input type="checkbox"/> Foreign Government Employee (Non-U.S.) | <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) | |

Employer Name/Business Name _____ Business Street Address _____
 City _____ State _____ Zip Code _____

For Beneficial Owners Only:

What is your percentage of ownership? _____ %

What is your source of wealth? (Check all that apply.)

- | | | | | |
|---|---|---|-----------------------------------|---|
| <input type="checkbox"/> Salary, wages, savings | <input type="checkbox"/> Family, relatives, inheritance | <input type="checkbox"/> Litigation award | <input type="checkbox"/> Gambling | <input type="checkbox"/> Social Security benefits |
| <input type="checkbox"/> Investment capital gains | <input type="checkbox"/> Invention/patent | <input type="checkbox"/> Lottery | <input type="checkbox"/> Gifts | <input type="checkbox"/> Sale of property or business |

The Next Two Questions Are Required by Industry Regulations:

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name _____.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

No Yes (If "Yes," enter company name _____ and trading symbol _____.)

Trusted Contact Designation for Authorized Individual 1 (Not Applicable for Control Persons or Beneficial Owners)

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your Financial Consultant or Investment Advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Trusted Contact Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

Name First _____ Middle _____ Last _____

Relationship (Please select only one.)

- Spouse Partner Child Parent Sibling Friend Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (no PO. boxes) _____ City _____

State or Province _____ Zip or Postal Code _____ Country _____

Telephone Number _____ Mobile Number _____ Email Address _____

Trusted Contact Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

 Name *First* *Middle* *Last*

Relationship (Please select only one.)

- Spouse Partner Child Parent Sibling Friend Other

Please provide at least one method of contact for each Trusted Contact listed.

 Mailing Address *(no P.O. boxes)* *City*

 State or Province *Zip or Postal Code* *Country*

 Telephone Number *Mobile Number* *Email Address*

* If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at www.schwab.com/accountagreements.

Individual 2

Role of Individual on Account (Select all that apply.)

- Authorized Individual** **Control Person** **≥10% Beneficial Owner**

Title or Capacity of Individual (Select all that apply.)

- CEO** **CFO** **COO** **Chairman of the Board** **Manager** **Owner**
 President **Vice President** **Secretary** **Assistant Secretary** **Treasurer** **Assistant Treasurer**
 Other (specify): _____

Name *First* _____ *Middle* _____ *Last* _____

Home Street Address (no P.O. boxes) _____ Mailing Address (if different from home; P.O. boxes may be used) _____

City _____ City _____

State or Province _____ Zip or Postal Code _____ State or Province _____ Zip or Postal Code _____

Preferred Telephone Number (including area code) _____ Alternate Telephone Number (including area code) _____

Home Business Mobile: _____ Home Business Mobile: _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____ Email Address _____

Country(ies) of Citizenship (Must list each separated by a comma.) _____ Country of Legal Residence _____

USA Other: _____ USA Other: _____

ID Number and Type (Please select only one box and provide the relevant information below.)

Passport **Driver's License** **Gov't Issued ID** _____
 Identification Number Country or State of Issuance Expiration Date (mm/dd/yyyy)

Employment Status (Please check only one.)

- Employed** **Self-Employed** **Retired** **Homemaker** **Student** **Not Employed**

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- Business Owner/Self-Employed** **Financial Services/Banking Professional** **Military** **Consultant**
 Executive/Senior Management **Information Technology Professional** **Educator** **Other (specify):** _____
 Medical Professional **Other Professional** **Sales/Marketing** _____
 Legal Professional **Clerical/Administrative Services** **U.S. Government Employee (Federal/State/Local)**
 Accounting Professional **Foreign Government Employee (Non-U.S.)** **Trade/Service (Labor/Manufacturing/Production)**

Employer Name/Business Name _____ Business Street Address _____

City _____ State _____ Zip Code _____

For Beneficial Owners Only:

What is your percentage of ownership? _____ %

What is your source of wealth? (Check all that apply.)

- Salary, wages, savings** **Family, relatives, inheritance** **Litigation award** **Gambling** **Social Security benefits**
 Investment capital gains **Invention/patent** **Lottery** **Gifts** **Sale of property or business**

The Next Two Questions Are Required by Industry Regulations:

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No **Yes** (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. **List the company name** _____.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

No **Yes** (If "Yes," enter company name _____ and trading symbol _____.)

Trusted Contact Designation for Authorized Individual 2 (Not Applicable for Control Persons or Beneficial Owners)

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your Financial Consultant or Investment Advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Trusted Contact Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

Name <i>First</i>	<i>Middle</i>	<i>Last</i>
Relationship (Please select only one.)		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Partner	<input type="checkbox"/> Child
<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend
<input type="checkbox"/> Other		
Please provide at least one method of contact for each Trusted Contact listed.		
Mailing Address (no P.O. boxes)		City
State or Province	Zip or Postal Code	Country
Telephone Number	Mobile Number	Email Address

Trusted Contact Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

Name <i>First</i>	<i>Middle</i>	<i>Last</i>
Relationship (Please select only one.)		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Partner	<input type="checkbox"/> Child
<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend
<input type="checkbox"/> Other		
Please provide at least one method of contact for each Trusted Contact listed.		
Mailing Address (no P.O. boxes)		City
State or Province	Zip or Postal Code	Country
Telephone Number	Mobile Number	Email Address

* If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at www.schwab.com/accountagreements.

Individual 3

Role of Individual on Account (Select all that apply.)

- Authorized Individual Control Person ≥10% Beneficial Owner

Title or Capacity of Individual (Select all that apply.)

- CEO CFO COO Chairman of the Board Manager Owner
 President Vice President Secretary Assistant Secretary Treasurer Assistant Treasurer
 Other (specify): _____

Name *First* _____ *Middle* _____ *Last* _____

Home Street Address (no P.O. boxes) _____ Mailing Address (if different from home; P.O. boxes may be used) _____

City _____ City _____

State or Province _____ Zip or Postal Code _____ State or Province _____ Zip or Postal Code _____

Preferred Telephone Number (including area code) _____ Alternate Telephone Number (including area code) _____

Home Business Mobile: _____ Home Business Mobile: _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____ Email Address _____

Country(ies) of Citizenship (Must list each separated by a comma.) _____ Country of Legal Residence _____

USA Other: _____ USA Other: _____

ID Number and Type (Please select only one box and provide the relevant information below.)

Passport Driver's License Gov't Issued ID _____
 Identification Number Country or State of Issuance Expiration Date (mm/dd/yyyy)

Employment Status (Please check only one.)

- Employed Self-Employed Retired Homemaker Student Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- Business Owner/Self-Employed Financial Services/Banking Professional Military Consultant
 Executive/Senior Management Information Technology Professional Educator Other (specify): _____
 Medical Professional Other Professional Sales/Marketing _____
 Legal Professional Clerical/Administrative Services U.S. Government Employee (Federal/State/Local)
 Accounting Professional Foreign Government Employee (Non-U.S.) Trade/Service (Labor/Manufacturing/Production)

Employer Name/Business Name _____ Business Street Address _____

City _____ State _____ Zip Code _____

For Beneficial Owners Only:

What is your percentage of ownership? _____ %

What is your source of wealth? (Check all that apply.)

- Salary, wages, savings Family, relatives, inheritance Litigation award Gambling Social Security benefits
 Investment capital gains Invention/patent Lottery Gifts Sale of property or business

The Next Two Questions Are Required by Industry Regulations:

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name _____.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

No Yes (If "Yes," enter company name _____ and trading symbol _____.)

Trusted Contact Designation for Authorized Individual 3 (Not Applicable for Control Persons or Beneficial Owners)

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your Financial Consultant or Investment Advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Trusted Contact Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

Name *First* _____ *Middle* _____ *Last* _____

Relationship (Please select only one.)

- Spouse Partner Child Parent Sibling Friend Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (no P.O. boxes) _____ City _____

State or Province _____ Zip or Postal Code _____ Country _____

Telephone Number _____ Mobile Number _____ Email Address _____

Trusted Contact Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

Name *First* _____ *Middle* _____ *Last* _____

Relationship (Please select only one.)

- Spouse Partner Child Parent Sibling Friend Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (no P.O. boxes) _____ City _____

State or Province _____ Zip or Postal Code _____ Country _____

Telephone Number _____ Mobile Number _____ Email Address _____

* If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at www.schwab.com/accountagreements.

Individual 4

Role of Individual on Account (Select all that apply.)

- Authorized Individual Control Person ≥10% Beneficial Owner

Title or Capacity of Individual (Select all that apply.)

- CEO CFO COO Chairman of the Board Manager Owner
 President Vice President Secretary Assistant Secretary Treasurer Assistant Treasurer
 Other (specify): _____

Name *First* _____ *Middle* _____ *Last* _____

Home Street Address (no P.O. boxes) _____

Mailing Address (if different from home; P.O. boxes may be used) _____

City _____

City _____

State or Province _____ Zip or Postal Code _____

State or Province _____ Zip or Postal Code _____

Preferred Telephone Number (including area code) _____

Alternate Telephone Number (including area code) _____

Home Business Mobile: _____

Home Business Mobile: _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Email Address _____

Country(ies) of Citizenship (Must list each separated by a comma.) _____

Country of Legal Residence _____

USA Other: _____

USA Other: _____

ID Number and Type (Please select only one box and provide the relevant information below.)

Passport Driver's License Gov't Issued ID _____
 Identification Number Country or State of Issuance Expiration Date (mm/dd/yyyy)

Employment Status (Please check only one.)

- Employed Self-Employed Retired Homemaker Student Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- Business Owner/Self-Employed Financial Services/Banking Professional Military Consultant
 Executive/Senior Management Information Technology Professional Educator Other (specify): _____
 Medical Professional Other Professional Sales/Marketing _____
 Legal Professional Clerical/Administrative Services U.S. Government Employee (Federal/State/Local)
 Accounting Professional Foreign Government Employee (Non-U.S.) Trade/Service (Labor/Manufacturing/Production)

Employer Name/Business Name _____ Business Street Address _____

City _____ State _____ Zip Code _____

For Beneficial Owners Only:

What is your percentage of ownership? _____ %

What is your source of wealth? (Check all that apply.)

- Salary, wages, savings Family, relatives, inheritance Litigation award Gambling Social Security benefits
 Investment capital gains Invention/patent Lottery Gifts Sale of property or business

The Next Two Questions Are Required by Industry Regulations:

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name _____.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

No Yes (If "Yes," enter company name _____ and trading symbol _____.)

Trusted Contact Designation for Authorized Individual 4 (Not Applicable for Control Persons or Beneficial Owners)

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your Financial Consultant or Investment Advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Trusted Contact Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

Name *First* _____ *Middle* _____ *Last* _____

Relationship (Please select only one.)

- Spouse Partner Child Parent Sibling Friend Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (*no P.O. boxes*) _____ City _____

State or Province _____ Zip or Postal Code _____ Country _____

Telephone Number _____ Mobile Number _____ Email Address _____

Trusted Contact Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

Name *First* _____ *Middle* _____ *Last* _____

Relationship (Please select only one.)

- Spouse Partner Child Parent Sibling Friend Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (*no P.O. boxes*) _____ City _____

State or Province _____ Zip or Postal Code _____ Country _____

Telephone Number _____ Mobile Number _____ Email Address _____

* If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at www.schwab.com/accountagreements.

4b. Control Person That Is a Legal Entity

If the Control Person is a Legal Entity or a Trust, provide the information requested below—all information is required. In addition, please complete the information requested for at least one of the underlying Control Persons/Trustees of the Legal Entity/Trust. Complete this section if the Trustee is an entity (Corporate Trustee or other entity).

Name of Legal Entity _____

Legal Entity Tax ID Number _____ If Legal Entity is known by another name, enter name. _____ 6-Digit NAICS Code _____

Telephone Number _____ Legal Entity Street Address (no P.O. boxes) _____

City _____ State or Province _____ Zip or Postal Code _____

State of Incorporation/Establishment _____ Country of Incorporation/Establishment _____ Date of Incorporation/Establishment (mm/dd/yyyy) _____

Provide the following information for at least one Control Person/Trustee for the above Legal Entity/Trust. If information was provided for the Control Person/Trustee in Section 4a, list only his/her name below.

Control Person/Trustee

Name First _____ Middle _____ Last _____

Home Street Address (no P.O. boxes) _____ City _____

State or Province _____ Zip or Postal Code _____

Preferred Telephone Number (including area code) _____ Alternate Telephone Number (including area code) _____
 Home Business Mobile: _____ Home Business Mobile: _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____ Email Address _____

Country(ies) of Citizenship (List each separated by a comma.) _____ Country of Legal Residence _____
 USA Other: _____ USA Other: _____

ID Number and Type (Please select only one box and provide the relevant information below.)
 Passport Driver's License Gov't Issued ID _____

Identification Number _____ Country or State of Issuance _____ Expiration Date (mm/dd/yyyy) _____

Employment Status (Please check only one.)
 Employed Self-Employed Retired Homemaker Student Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)
 Business Owner/Self-Employed Financial Services/Banking Professional Military Consultant
 Executive/Senior Management Information Technology Professional Educator Other (specify): _____
 Medical Professional Other Professional Sales/Marketing _____
 Legal Professional Clerical/Administrative Services U.S. Government Employee (Federal/State/Local)
 Accounting Professional Foreign Government Employee (Non-U.S.) Trade/Service (Labor/Manufacturing/Production)

Employer Name/Business Name _____ Business Street Address _____

City _____ State _____ Zip Code _____

The Next Two Questions Are Required by Industry Regulations:

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?
 No Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name _____.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?
 No Yes (If "Yes," enter company name _____ and trading symbol _____.)

4c. Information About Trusts That Are ≥10% Beneficial Owners

In the instance where a Trust is a ≥10% equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Information for at least one current Trustee is required. If there is more than one Trust that is a ≥10% Beneficial Owner of the Organization, please make, complete, and attach additional copies of this Section 4c.

Name of Trust _____

Country of Establishment _____

State of Establishment _____

What is the Trust's percentage of ownership in the Organization? _____ %

Please complete Part 1 for a current Trustee(s) that is an Individual and Part 2 for a current Trustee that is an Entity Trustee.

Part 1: Trustee(s) That is an Individual

Provide the following information for at least one current Trustee of the aforementioned Trust. If information was provided for a current Trustee in Section 4a or 4b, list only his/her name below.

Trustee

Name *First* _____

Middle _____

Last _____

Home Street Address (no P.O. boxes) _____

City _____

State or Province _____

Zip or Postal Code _____

Preferred Telephone Number (including area code)

Alternate Telephone Number (including area code)

Home Business Mobile: _____

Home Business Mobile: _____

Social Security Number _____

Date of Birth (mm/dd/yyyy) _____

Email Address _____

Country(ies) of Citizenship (List each separated by a comma.)

Country of Legal Residence

USA Other: _____

USA Other: _____

ID Number and Type (Please select only one box and provide the relevant information below.)

Passport Driver's License Gov't Issued ID

Identification Number _____

Country or State of Issuance _____

Expiration Date (mm/dd/yyyy) _____

Employment Status (Please check only one.)

Employed Self-Employed Retired Homemaker Student Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

Business Owner/Self-Employed Financial Services/Banking Professional Military Consultant

Executive/Senior Management Information Technology Professional Educator Other (specify): _____

Medical Professional Other Professional Sales/Marketing _____

Legal Professional Clerical/Administrative Services U.S. Government Employee (Federal/State/Local)

Accounting Professional Foreign Government Employee (Non-U.S.) Trade/Service (Labor/Manufacturing/Production)

Employer Name/Business Name _____

Business Street Address _____

City _____

State _____

Zip Code _____

The Next Two Questions Are Required by Industry Regulations:

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name _____.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

No Yes (If "Yes," enter company name _____ and trading symbol _____.)

Part 2: Entity Trustee

Complete this section if the Trustee is an entity (Corporate Trustee or other entity).

Name of Legal Entity

Legal Entity Tax ID Number *If Legal Entity is known by another name, enter name.* 6-Digit NAICS Code

Telephone Number Legal Entity Street Address (no P.O. boxes)

City State or Province Zip or Postal Code

State of Incorporation/Establishment Country of Incorporation/Establishment Date of Incorporation/Establishment (mm/dd/yyyy)

Required Information About Entity Trustee Control Person

Complete this section for one Control Person of the aforementioned Entity Trustee.

Entity Trustee Control Person

Name *First* *Middle* *Last*

Home Street Address (no P.O. boxes) City

State or Province Zip or Postal Code

Preferred Telephone Number (including area code) Alternate Telephone Number (including area code)
 Home Business Mobile: _____ Home Business Mobile: _____

Social Security Number Date of Birth (mm/dd/yyyy) Email Address
 Country(ies) of Citizenship (List each separated by a comma.) Country of Legal Residence
 USA Other: _____ USA Other: _____

ID Number and Type (Please select only one box and provide the relevant information below.)
 Passport Driver's License Gov't Issued ID _____
Identification Number Country or State of Issuance Expiration Date (mm/dd/yyyy)

Employment Status (Please check only one.)

Employed Self-Employed Retired Homemaker Student Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

Business Owner/Self-Employed Financial Services/Banking Professional Military Consultant
 Executive/Senior Management Information Technology Professional Educator Other (specify): _____
 Medical Professional Other Professional Sales/Marketing _____
 Legal Professional Clerical/Administrative Services U.S. Government Employee (Federal/State/Local)
 Accounting Professional Foreign Government Employee (Non-U.S.) Trade/Service (Labor/Manufacturing/Production)

Employer Name/Business Name Business Street Address

City State Zip Code

The Next Two Questions Are Required by Industry Regulations:

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name _____.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

No Yes (If "Yes," enter company name _____ and trading symbol _____.)

5. Your Consent to Enroll in Schwab's Cash Features Program

The Cash Features Program is a service that offers the Bank Sweep feature (a "Cash Feature") to permit your uninvested cash (the "Free Credit Balance") to earn income while you decide how those funds should be invested longer term.

You understand that additional information about the Cash Features Program and each Cash Feature is available in the Cash Features Disclosure Statement.

By signing this Application, you consent to having the Free Credit Balance in your brokerage account included in the Cash Features Program, as described in the Cash Features Disclosure Statement.

The Bank Sweep feature is designated as the Cash Feature for brokerage accounts of account holders residing in the U.S. Through the Bank Sweep feature, Schwab automatically makes deposits to and withdrawals from deposit accounts at one or more banks affiliated with Schwab ("Sweep Banks"). Your deposits at each Sweep Bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (including principal and accrued interest) when aggregated with all other deposits held by you in the same insurable capacity at that bank. Your funds may be placed in a Sweep Bank in excess of the FDIC insurance limit. In certain limited circumstances, Schwab may place your funds in a sweep money market fund. Please see the Cash Features Disclosure Statement for additional information.

You understand and agree that Schwab may (1) make changes to the terms and conditions of the Cash Features Program; (2) make changes to the terms and conditions of any Cash Feature; (3) change, add, or discontinue any Cash Feature; (4) change your investment from one Cash Feature to another if you become ineligible for your current Cash Feature or your current Cash Feature is discontinued; and (5) make any other changes to the Cash Features Program or Cash Feature as allowed by law. Schwab will notify you in writing of changes to the terms of the Cash Features, changes to the Cash Features we make available, or changes to the Cash Features Program prior to the effective date of the proposed change.

6. Paperless Document Enrollment

The Primary Authorized Individual will receive account statements, trade confirmations, shareholder materials, account agreements and related disclosures, and other regulatory documents, if available in paperless form, by email. For certain documents like account statements, you will receive an email notification with a link to log on to our secure website to access your documents. For complete information, please see Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application. Enrollment may also qualify you for lower online equity trades—consult your IA or the *Charles Schwab Pricing Guide* for additional details.

To opt for Paperless Documents, simply provide your email address in Section 4. The completion of your enrollment will depend on the following.

Scenario 1:

If you are the Primary Authorized Individual and already have an account enrolled in Paperless Documents using the email address provided in Section 4, have logged on to www.schwaballiance.com in the past 6 months, and agree to the following, your paperless enrollment will be complete once your account is opened.

- I have read and understood the Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application and consent to enrolling this account in Paperless Documents.
- I understand that I will receive an email with my new account agreement and related disclosures.

Scenario 2:

If you are the Primary Authorized Individual and do not have an existing account enrolled in Paperless Documents, are using a different email address, or have not logged on to www.schwaballiance.com in the past 6 months, we will send you an email after the account is opened. To complete enrollment, you will need to click the "I Consent" button in that email and/or follow the instructions to access www.schwaballiance.com. If you do not click the "I Consent" button, this account will not be enrolled in Paperless Documents and we will send your account agreement and related disclosures as well as future regulatory documents by postal mail.

If you do not want to participate in Paperless Documents, please check the box below.

No, do not enroll my account in Paperless Documents. Please send my regulatory documents via postal mail.

7. Instructions About IA Authorizations (Optional—please select all that apply.)

You may change or revoke these instructions at any time by contacting Schwab.

- Trading and Disbursement Authorization for Checks and Journals.** Selecting this option indicates that the Organization has authorized IA to take the following actions and instructs Schwab to permit IA: (1) to place trades in my account as provided under the Trading Authorization heading in the attached Account Application Agreement; (2) to remit checks at the address of record; and (3) to journal cash and/or securities to a Schwab brokerage account on which Organization is named account holder (known as a first-party transfer).

This disbursement authorization does not apply to wire disbursements; Schwab MoneyLink® distributions; or direct, ongoing electronic payments of dividends, interest, and money market income, which use separate forms. (Note: Trading and Disbursement Authorization for Checks and Journals is not available for Estate, Guardianship, or Conservatorship accounts.)

- Trading Authorization.** Selecting this option indicates that the Organization has authorized IA, and instructs Schwab to permit IA, to place trades in my account as provided under the Trading Authorization heading in the attached Account Application Agreement.
- Fee Payment Authorization.** Selecting this option indicates that the Organization has authorized IA, and instructs Schwab to permit IA, to pay investment advisory and related fees to IA from its account or another account registered to the Organization, over which it has granted IA fee payment authorization in the amount of IA's instructions.

8. Issuer Communications and Related Actions (Optional)

If the Organization has granted its IA trading authority over its account, and IA exercises investment discretion for the Organization pursuant to an advisory contract, the Organization can appoint IA to be sent certain issuer and issuer-related communications (proxies, tender offers, proposed mergers, rights offerings, exchange offers, and warrants, among other things) that may require a voting decision or other action regarding investments held in an account of the Organization.

If the Organization appoints its IA below, IA will, regarding only those voting decisions or other action communications sent to IA: (i) be requested to vote proxy ballots; (ii) be requested to provide instructions regarding corporate reorganizations and other corporate actions; and (iii) be sent certain prospectuses and annual reports and other communications. In these cases, the Organization will be authorizing its IA to make all voting decisions and take all actions on the Organization's behalf. The Organization will not be sent informational copies of these communications.

Even if the Organization appoints its IA below, the Organization may still be sent certain other issuer and issuer-related communications regarding investments held in its accounts. The Organization agrees that it will be responsible for providing Schwab any applicable instructions or directions on those items.

Please select only **one**:

- Yes.** The Organization appoints its IA, and the Organization will fulfill its responsibilities, as described above. The Organization instructs Schwab not to disclose its name, address, and securities positions to any issuer of securities held in an account opened under this application.
- No.** The Organization does not appoint its IA as described above. The Organization wishes to be sent all issuer and issuer-related communications, make all voting decisions, and take all actions described above. The Organization understands that any issuer of securities held in its account(s) may request that Schwab disclose the Organization's name, address, and securities positions in that issuer.

If you selected "No" above, please select one:

- IA **should** be sent informational copies of any issuer or issuer-related communications.
- IA **should not** be sent informational copies of any issuer or issuer-related communications.

If you did not select either "Yes" or "No" above, Schwab will deem the Organization to have indicated "No," but informational copies of issuer and issuer-related communications may be sent to its IA.

9. Tax Withholding Election

Note: Complete the Tax Withholding Election and Distribution Instructions sections only if you are settling a decedent's account held at Schwab.

Distributions from your IRA (excluding those from Roth IRAs) are generally subject to federal (and possibly state) income tax. Even if you elect in writing not to have federal and/or state income tax withheld, you are liable for payment of federal and state income taxes, if applicable, on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding and payment of estimated tax, if any, are not adequate. For more information, see IRS Publication 590-B.

Note:

- U.S. citizens who are foreign residents are subject to a 10% minimum withholding rate and cannot opt out of withholding.
- Non-resident aliens are subject to a 30% tax withholding rate and must submit a valid IRS Form W-8BEN to obtain an available reduced tax treaty rate.
- Generally, Roth IRA distributions are not taxable. Unless you have an existing election on file or elect to withhold on this form, we will not withhold taxes from your Roth IRA distribution.

A. Federal Income Tax Withholding:

Schwab is required to withhold 10% from your gross distribution for payment of federal income tax unless you choose not to have federal

income tax withheld. You may elect not to have withholding apply to your distribution by selecting the option below, and signing and dating this form. If you elect not to have withholding apply to your distribution, or if you do not have enough tax withheld, you may be responsible for payment of estimated taxes. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Choose one:

- I do not want federal income tax withheld.
- I want federal income tax withheld at the rate of _____ % (Federal tax withholding must be a whole number, at least 10%, and not more than 99% when combined with state income tax withholding.)
Percentage

B. State Income Tax Withholding:

Refer to the State Income Tax Withholding Information sheet for specific information concerning your state's withholding rates.

State income tax withholding from your distribution may be required. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state income tax withholding may not be available.

While Schwab makes every effort to obtain information about state tax laws from sources believed to be reliable, Schwab cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. We recommend that you contact your tax advisor regarding your tax withholding elections and to answer any questions that you may have.

If you do not make an election, Schwab will apply withholding (if required) at the minimum rate based on the laws for your state of residency as determined by the legal address of record on your account.

Choose one:

- I do not want state income tax withheld.
- I want state income tax withheld at the rate of _____ % (State tax withholding must be at least your state's minimum tax rate and not more than 99% when combined with federal income tax withholding.)
Percentage

Note: If you move between states with different withholding laws, Schwab will apply withholding (if required) at the rate you have provided above or at the minimum rate based on the laws for your new state of residency, whichever is greater.

10. Distribution Instructions (Select A, B, or C.)

Note: If the decedent did not take their full RMD you must choose B or C and then either 1 or 2.

- A. I do not want to take a distribution at this time.**
 - 1. No RMD is due at this time.
- B. Take Decedent's RMD.** (After making your selection, complete the security information below. Commissions and fees may apply.)
 - 1. Transfer securities from my Inherited IRA to my Schwab non-retirement account # _____
 - 2. Sell my share of the RMD in my Inherited IRA and send me a check.
- C. Lump-Sum Distribution.** (After the lump-sum distribution is taken, the account will be closed. Commissions and fees may apply.)
 - 1. Transfer securities from my Inherited IRA to my Schwab non-retirement account # _____
 - 2. Sell all securities in my Inherited IRA and send me a check.

Investment Advisor Information Access

Complete this section if you want your IA to have access to information about your account after the account is closed.

After delinking or closing the account, I authorize the IA to receive the information specified below, at IA's request (select one or more.):

- Tax reporting information produced for my account while my account was under IA's management through the end of the calendar year.

(yyyy)
- Account statements, beginning with the month that the IA began to manage my account, through the end of the calendar month.

(mm/yyyy)
- Trade confirmations, beginning with the date that the IA began to manage my account, through _____
(mm/dd/yyyy)

Security Information

List each security and the number of shares or the dollar value you would like to have transferred or sold to satisfy the distribution amount. (Additional securities should be listed on a separate sheet of paper.)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">1. Name of Security</td> </tr> <tr> <td style="width: 100%;"># of Shares</td> </tr> <tr> <td style="width: 100%;">or \$ Amount</td> </tr> </table>	1. Name of Security	# of Shares	or \$ Amount	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">2. Name of Security</td> </tr> <tr> <td style="width: 100%;"># of Shares</td> </tr> <tr> <td style="width: 100%;">or \$ Amount</td> </tr> </table>	2. Name of Security	# of Shares	or \$ Amount
1. Name of Security							
# of Shares							
or \$ Amount							
2. Name of Security							
# of Shares							
or \$ Amount							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">3. Name of Security</td> </tr> <tr> <td style="width: 100%;"># of Shares</td> </tr> <tr> <td style="width: 100%;">or \$ Amount</td> </tr> </table>	3. Name of Security	# of Shares	or \$ Amount	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">4. Name of Security</td> </tr> <tr> <td style="width: 100%;"># of Shares</td> </tr> <tr> <td style="width: 100%;">or \$ Amount</td> </tr> </table>	4. Name of Security	# of Shares	or \$ Amount
3. Name of Security							
# of Shares							
or \$ Amount							
4. Name of Security							
# of Shares							
or \$ Amount							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">5. Name of Security</td> </tr> <tr> <td style="width: 100%;"># of Shares</td> </tr> <tr> <td style="width: 100%;">or \$ Amount</td> </tr> </table>	5. Name of Security	# of Shares	or \$ Amount	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">6. Name of Security</td> </tr> <tr> <td style="width: 100%;"># of Shares</td> </tr> <tr> <td style="width: 100%;">or \$ Amount</td> </tr> </table>	6. Name of Security	# of Shares	or \$ Amount
5. Name of Security							
# of Shares							
or \$ Amount							
6. Name of Security							
# of Shares							
or \$ Amount							

Note: If you elect to receive a lump-sum distribution, sales of existing positions will not be completed until the new account has been opened. Since the prices of securities may fluctuate, the value of the existing positions may rise or fall between the time this application is completed and the time the existing positions are sold. You agree that Schwab is not responsible for any changes in the value of the inherited securities. Please contact your Investment Advisor or call 1-800-515-2157 if you need to sell your securities.

11. Required Certificate of Authority and Corporate Resolution: President or Secretary (Complete only for Incorporated Organizations.)

The Corporation adopts the following Certificate of Authority and Corporate Resolution.

The undersigned certifies that:

- Each individual whose signature appears in Section 13 (each an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate an account(s) with Schwab on behalf of the Corporation and to bind the Corporation to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the applicable *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
- Each Authorized Individual is authorized to act individually, independently, and without the consent of the board or any director, officer, or other person of the Corporation. Notice sent to any Authorized Individual will constitute notice to the Corporation. Nothing in the organizational documents, agreements, and laws governing the Corporation imposes any obligation upon Schwab for determining the purpose or propriety (1) of any instructions received from any Authorized Individual or (2) of payments or deliveries to or among Authorized Individuals.
- The authority thereby conferred is not inconsistent or in conflict with the Certificate of Incorporation, charter, bylaws, resolution, or other applicable constituent documents of the Corporation and is within the Corporation's corporate power and authority and agreements and laws governing the Organization.
- The signatures that appear in Section 13 are true and genuine original signatures.

The information set forth in this Certificate of Authority and Corporate Resolution is true and correct, and Schwab may conclusively rely upon this Certificate of Authority and Corporate Resolution until the Corporation delivers a written replacement Certificate of Authority and Corporate Resolution to Schwab at an address specified by Schwab.

X _____

Signature **Today's Date (mm/dd/yyyy)**

Print Name

Title: President Secretary

12. Required Certificate of Authority and Resolution (Complete only for Non-Incorporated Organizations.)

The Organization adopts the following Certificate of Authority and Resolution.

Each of the undersigned hereby certifies, warrants, and represents to Charles Schwab & Co., Inc. ("Schwab") that the Organization is authorized as follows.

1. The Organization is (select only one):

- An Unincorporated Association, and the undersigned holds the offices of _____
- A Member-Managed Limited Liability Company (LLC), and the undersigned represent all Members of the LLC
- A Manager-Managed LLC, and the undersigned represent all Managers of the LLC
- A Partnership (GP, LP, LLP, LLLP), and the undersigned represent all General Partners of the Partnership
- A Sole Proprietorship, and I am engaged in business under the name of the Organization, and all property in that name belongs to me and is my sole property. I further warrant, represent, and certify that I am the sole owner of the business so conducted and that no other person, firm, corporation, or other entity has any interest in the business.

2. Each individual whose signature appears in Section 13 (each, an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate the account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the applicable *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
3. Each Authorized Individual is authorized to act individually, independently, and without the consent of the owner, member, manager, or partner of the Organization. Notice sent to any Authorized Individual will constitute notice to the Organization. Nothing in the organizational documents, agreements, and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.
4. In the exercise of such authority, each Authorized Individual is empowered, on behalf of the Organization, to use or acquire any service offered by Schwab and its affiliates and to execute and deliver any and all documents, in the name of and on behalf of the Organization as may be requested or required by Schwab. This authority includes the power to open, now or in the future, one or more accounts, and with respect to each account, to execute, on behalf of the Organization, any and all forms and agreements, including, but not limited to, agreements to arbitrate controversies, and to deal and transact with Schwab in connection with the accounts, including the authority to (i) obtain and terminate all such services as Schwab (or its affiliates or third-party service providers) may offer in connection with the accounts (including without limitation any margin lending or Internet-based online services) and to execute on behalf of the Organization such documents and agreements as required by Schwab in connection with such services; (ii) appoint one or more individuals to act on behalf of the Organization as an Authorized Individual with regard to the Organization's accounts with authority as described herein or in such forms and to deliver to Schwab any change form for an Authorized Individual, Power of Attorney, or other document to effect or evidence such appointment; and (iii) terminate any Authorized Individual's authority to act on the account. This authority also includes the power to instruct the transfer of funds, securities, and other assets, including, but not limited to, the entire account, by wire, check, or otherwise from the account to or for the account of any other person, including the Authorized Individual giving the instruction, without limit as to amount and without inquiry. This authority also includes the power to (i) give written, oral, or electronic instructions to Schwab to buy or sell stocks, bonds, options and/or other securities, commodities and commodity futures, and other property, whether for immediate or future delivery; and (ii) secure payment with property of the Organization, including, but not limited to, stocks, bonds, options, and/or other securities.
5. The authority thereby conferred is not inconsistent or in conflict with any organizational documents, resolutions, agreements, other applicable constituent documents, or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.
6. In case of the death or withdrawal of any one of the partners or members, or in case of the termination or dissolution of the Organization, each of the undersigned agrees to notify Schwab promptly in writing and to execute any supplementary authorization that Schwab may require in such an event. If Schwab is not notified in writing, Schwab is authorized to continue to receive orders for the account(s) that may be given to Schwab by any one of the Authorized Individuals then surviving.
7. All actions previously taken with respect to matters described in this Certificate are ratified, confirmed, and approved. This Certificate will remain in full force and effect until written notice of its revocation is delivered to and receipt is acknowledged by Schwab. Until such revocation and acknowledgment, Schwab may rely on this authorization without question.
8. The signatures that appear in Section 13 are true and genuine original signatures.

Required Signatures for Section 12

Sole Proprietorship: Owner must sign.

Limited Partnership: All General Partners must sign.

General Partnership: All Partners must sign.

Limited Liability Partnership: All General Partners must sign.

Member-Managed Limited Liability Company: All Members must sign.

Manager-Managed Limited Liability Company: All Managers must sign.

Unincorporated Association: A minimum of two officers must sign. One signature must be from the Chairman of the Board, the President, or any Vice President; the second signature must be from the Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer.

Please complete all four signature fields: (1) sign name, (2) print name, (3) enter date, and (4) select title. Schwab cannot complete these fields on your behalf—failure to complete all four fields will delay the processing of your application.



Signature

Today's Date (mm/dd/yyyy)

Print Name

Title (Select **only** one from the table below.)

For Sole Proprietorships	<input type="checkbox"/> Owner	
For Limited Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For General Partnerships	<input type="checkbox"/> Partner	<input type="checkbox"/> Authorized Representative of Partner
For Limited Liability Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For Member-Managed Limited Liability Companies	<input type="checkbox"/> Member	<input type="checkbox"/> Authorized Representative of Member
For Manager-Managed Limited Liability Companies	<input type="checkbox"/> Manager	<input type="checkbox"/> Authorized Representative of Manager
For Unincorporated Associations	<input type="checkbox"/> Chairman of the Board	<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer



Signature

Today's Date (mm/dd/yyyy)

Print Name

Title (Select **only** one from the table below.)

For Sole Proprietorships	<input type="checkbox"/> Owner	
For Limited Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For General Partnerships	<input type="checkbox"/> Partner	<input type="checkbox"/> Authorized Representative of Partner
For Limited Liability Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For Member-Managed Limited Liability Companies	<input type="checkbox"/> Member	<input type="checkbox"/> Authorized Representative of Member
For Manager-Managed Limited Liability Companies	<input type="checkbox"/> Manager	<input type="checkbox"/> Authorized Representative of Manager
For Unincorporated Associations	<input type="checkbox"/> Chairman of the Board	<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer

13. Authorization to Open Account

By signing this application, each individual in his or her representative and individual capacity ("you") certifies, represents and warrants that all of the information supplied in this application is complete, true and correct.

You authorize Schwab to apply the Beneficial Ownership information provided in this application to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

You hereby authorize the transfer of cash and/or investments in the manner stated on this form and adopt the applicable Individual Retirement Plan that names Charles Schwab & Co., Inc. as custodian of this account, as further explained in the Charles Schwab & Co., Inc. Individual Retirement Plan or the SIMPLE Individual Retirement Plan, as applicable.

You acknowledge that you have received and read the attached Application Agreement, which contains a predispute arbitration provision. You

acknowledge that your signature signifies and constitutes your agreement that this account and your relationship with Schwab will be governed by the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the applicable Individual Retirement Plan and Disclosure Statement, the Schwab IRA and ESA Account Agreement and *the Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"). You understand there are fees associated with establishing, maintaining, engaging in transactions and transferring assets out of this account.

This account is established and effective when you receive your account number. You have the right to cancel the account within seven days from the date the account is established. The revocation will be reported to the Internal Revenue Service as a distribution. For purposes of this Account Application and the attached Application Agreement, the terms "I," "me," "you," "your,"

and "Account Holder" refer to each person who signs this Account Application. The terms "we," "us," "our," and "Schwab" refer to Charles Schwab & Co., Inc.

The representations and obligations stated in this certification will survive the termination of the account(s).

By signing below, you represent and warrant that this application and the incorporated Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the account(s) will be governed by the Agreement and Disclosures.

All Authorized Individuals listed in Section 4 must sign. Please complete: (1) sign, (2) print name, and (3) enter date.

Schwab cannot complete these fields on your behalf—failure to complete will delay the processing of your application.

I certify, under penalty of perjury, that (1) the number shown on this application is the correct Taxpayer Identification Number; (2) I/Organization am not subject to backup withholding because (a) I/Organization am exempt from backup withholding, or (b) I/Organization am not subject to backup withholding due to a failure to report interest and dividend income; (3) I am (a) a U.S. person, or (b) a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or (c) an estate (other than a foreign estate), or (d) a domestic trust as defined in federal tax regulations; and (4) I/Organization am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. I/Organization understand that if I/Organization have been notified by the IRS that I/Organization am subject to backup withholding as a result of dividend or interest underreporting and I have not received a notice from the IRS advising me/Organization that backup withholding is terminated, I/Organization must cross out item 2 above.

The IRS does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

The Agreement with Schwab includes a predispute arbitration clause. I acknowledge receipt of the predispute arbitration clause contained in the Required Arbitration Disclosures and Arbitration Agreement sections, pages 1 and 2, of the IRA Account Application Agreement.

X _____
 Signature: Authorized Individual Signature Today's Date (mm/dd/yyyy)

 Print Name

X _____
 Signature: Authorized Individual Signature Today's Date (mm/dd/yyyy)

 Print Name

IRA Account Application Agreement

These terms relate to your account and are part of the Account Agreement between each Account Holder and Schwab. Please retain for your files.

(1) I understand that my agreement with Schwab consists of the terms set forth in this Application Agreement and the terms set forth in the applicable Individual Retirement Plan and Disclosure Statement and the Schwab IRA and ESA Account Agreement, which incorporates the *Charles Schwab Pricing Guide* and a number of other important disclosures. The applicable Individual Retirement Plan and Disclosure Statement and the Schwab IRA and ESA Account Agreement are provided with this Application or at the opening of your Account. I agree to contact Schwab if I do not receive the applicable Individual Retirement Plan and Disclosure Statement and the Schwab IRA and ESA Account Agreement. In addition, I may in the future receive from Schwab supplemental terms or disclosures that pertain to certain account types, service features and benefit packages. These supplemental terms and disclosures, this Application Agreement, the applicable Individual Retirement Plan and Disclosure Statement and the Schwab IRA and ESA Account Agreement are collectively referred to as the "Agreement and Disclosures." I agree to read the Agreement and Disclosures carefully and retain copies for my records.

(2) I agree that the Agreement and Disclosures govern all aspects of my relationship with Schwab, including all transactions between Schwab and me and all products and services now or in the future offered through Schwab. Schwab may rely on my use of Schwab's products and services as evidence of my continued acceptance of the Agreement and Disclosures. You authorize Schwab to apply the Beneficial Ownership information provided in this Update Form to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab. (3) I understand that the Account will earn income on funds invested in the Schwab Money Fund designated on this Application in accordance with the terms of the prospectus of said fund.

Additional Compensation to Schwab.

Schwab shall retain as compensation for services provided to this Account the proportionate share of any interest earned on aggregate cash balances held by this Account in Schwab's bank account with respect to (1) assets awaiting investment or (2) assets pending distribution from this Account. Such interest retained by Schwab shall generally be at money market rates. Schwab's receipt of such compensation is further described in the Account Agreements and Disclosures.

Required Arbitration Disclosures. Regulatory authorities require that any brokerage agreement containing a predispute arbitration agreement must disclose that this agreement contains a predispute arbitration clause. This Agreement contains a predispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

- All parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

1. the class certification is denied;
2. the class is decertified; or
3. the customer is excluded from the class by the court.

Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

Arbitration Agreement. Any controversy or claim arising out of or relating to (i) this Agreement, any other agreement with Schwab, an instruction or authorization provided to Schwab or the breach of any such agreements, instructions, or authorizations; (ii) the Account, any other Schwab account or Services; (iii) transactions in the Account or any other Schwab account; (iv) or in any way arising from the relationship with Schwab, its parent, subsidiaries, affiliates, officers, directors, employees, agents or service providers ("Related Third Parties"), including any controversy over the arbitrability of a dispute, will be settled by arbitration.

This arbitration agreement will be binding upon and inure to the benefit of the parties hereto and their respective representatives, attorneys-in-fact, heirs, successors, assigns and any other persons having or claiming to

have a legal or beneficial interest in the Account, including court-appointed trustees and receivers. This arbitration agreement will also inure to the benefit of third-party service providers that assist Schwab in providing Services ("Third-Party Service Providers") and such Third-Party Service Providers are deemed to be third-party beneficiaries of this arbitration agreement.

The parties agree that this arbitration agreement will apply even if the application to open the Account is denied and will survive the closure of your Account and/or the termination of services rendered under this Agreement.

Such arbitration will be conducted by, and according to the securities arbitration rules and regulations then in effect of, the Financial Industry Regulatory Authority (FINRA) or any national securities exchange that provides a forum for the arbitration of disputes, provided that Schwab is a member of such national securities exchange at the time the arbitration is initiated. Any party may initiate arbitration by filing a written claim with FINRA or such eligible national securities exchange. If arbitration before FINRA or an eligible national securities exchange is unavailable or impossible for any reason, then such arbitration will be conducted by, and according to the rules and regulations then in effect of, the American Arbitration Association (AAA). If arbitration before the AAA is unavailable or impossible for any reason, the parties agree to have a court of competent jurisdiction appoint three (3) arbitrators to resolve any and all disputes or controversies between or among the parties. Each party shall bear its own initial arbitration costs, which are determined by the rules and regulations of the arbitration forum. In the event of financial hardship, the arbitration forum may waive certain costs in accordance with such rules. At the conclusion of the hearing, the arbitrators will decide how to assess the costs of the arbitration among the parties.

Any award the arbitrator makes shall be final and binding, and judgment on it may be entered in any court having jurisdiction. This arbitration agreement shall be enforced and interpreted exclusively in accordance with applicable federal laws of the United States, including the Federal Arbitration Act. Any costs, fees or taxes involved in enforcing the award shall be fully assessed against and paid by the party resisting enforcement of said award.

For FINRA arbitrations, FINRA will appoint a single public arbitrator in customer cases decided by one arbitrator. In customer cases decided by three arbitrators, investors have the option of choosing an arbitration panel with two public arbitrators and one non-public arbitrator (Majority-Public Panel Rule) or a panel of all public arbitrators (Optional All-Public Panel Rule). If the customer declines to elect a panel selection method in writing by the applicable deadline, the Majority-Public Panel Rule for selecting arbitrators will apply.

All notices from one party to the other involving arbitration shall be considered to have been fully given when so served, mailed by first-class, certified or registered mail, or otherwise given by other commercially accepted medium of written notification.

In addition to the above provisions, if a party to this Agreement is or becomes a non-U.S. resident at the time of any controversy subject to this arbitration agreement, such party acknowledges and agrees to the following additional provisions:

- (1) The rules of the Organization administering the arbitration specifically provide for the formal designation of the place at which the arbitration is to be held.
- (2) Entering into this Agreement constitutes consent to submit to the personal jurisdiction of the courts of the state of California, U.S.A., to interpret or enforce any or all of these arbitration provisions. Judgment on any arbitration award may be entered in any court having jurisdiction, or application may be made to such court for judicial acceptance of the award and an order of enforcement, as the case may be.
- (3) The exclusive language to be used by the parties and the arbitrators in the arbitration proceedings shall be English. Any party wishing an interpreter shall make all arrangements directly with the interpreter and shall assume all costs of the service.
- (4) If a party is a foreign government or state, state-owned or state-operated enterprise or other instrumentality of a foreign government or state, such party waives all rights of sovereign immunity and neither the Federal Act of State doctrine nor the doctrine of sovereign immunity shall apply insofar as any enforcement in courts located in the U.S.A. is concerned.

Trading Authorization. If I have indicated on this Account Application ("AA") that the Investment Advisor ("IA") named above, which I understand may be referred to as "Investment Manager" or "IM" in other documentation relating to my Account, will have the authority to direct Schwab to execute trades in my Account, I authorize Schwab to accept instructions from IA regarding my Account, and to take all other actions necessary or incidental to the execution of such instructions, as IA shall direct. If my Account is authorized for option trading, Schwab is authorized to accept instructions from IA to purchase and sell (write) covered options contracts on securities and securities-related indexes, up to my approved level of option trading strategy. Schwab, and other people to whom Schwab has given instructions in order to implement the IA's instructions, may rely on IA's instructions without obtaining my approval, counter-signature or co-signature. IA's authority will include, without limitation: the authority to give instructions for transactions in securities and financial instruments, including the buying and selling of stocks, bonds, debentures, notes, subscription warrants, stock purchase warrants, options (if I have authorized trading options), mutual fund shares, evidences of indebtedness and any other securities, instruments or contracts relating to securities.

I authorize Schwab to take such actions as Schwab deems reasonably necessary to carry out instructions Schwab receives from me and/or IA. I further authorize Schwab, acting upon IA's instructions, to aggregate transaction orders for my Account with orders for one or more other accounts over which IA has trading authorization or to accept or deliver assets in transactions executed by other broker-dealers where IA has so aggregated orders. I agree that if any such aggregated order is executed in more than one transaction, my portion of such order may be deemed to have been executed at the weighted average of the prices at which all of such transactions were executed.

Fee Payment Authorization. If I have indicated on this Application that my IA will have fee payment authority over my Account, I authorize Schwab to pay investment advisory and related fees from my Account or another account registered to my name over which I have granted IA Fee Payment Authorization in the amount of my IA's instructions. I have authorized my IA in writing to receive fee payments directly from my Account. Schwab may rely on the instructions submitted by my IA, and will have no responsibility to confirm those instructions with me or verify the fees. Schwab may redeem money market fund shares in my Account to the extent necessary to pay these fees. My IA's fees debited from my Account will appear on Schwab's statements of my Account.

Disbursement Authorization. If the organization has indicated on this AA that IA will have trading and disbursement authority over my Account, the organization authorized IA to take the following actions and instructs Schwab to permit IA to: (1) place trades in my account as provided under the Trading Authorization heading in this Account Application Agreement; (2) remit checks at the address of record; and (3) journal cash and/or securities to a Schwab brokerage account on which organization is named account holder (known as a first-party transfer). This disbursement authorization does not apply to wire disbursements; Schwab MoneyLink® distributions; or direct, ongoing electronic payments of dividends, interest, and money market income, which use separate forms.

Note: (1) You acknowledge that any disbursement made to you personally may constitute a taxable distribution. (2) Certain transfers between IRAs may be permitted. Please contact your IA.

Role of Charles Schwab & Co., Inc.

I acknowledge and agree that: Schwab will merely carry out transactions as directed by me and/or IA as the case may be; I (and not Schwab) am responsible for investigating and selecting IA; except in the case of Schwab's affiliated IA, Charles Schwab Investment Management, Inc. ("CSIM"), IAs are not affiliated with, or controlled or employed by, Schwab; and Schwab has no duty to supervise or monitor trading by me or by IA, including CSIM, in my Account. Schwab will send me written confirmations of my trades executed through Schwab and monthly statements of all activity in my Account.

I authorize Schwab to obtain from IA, and IA to provide to Schwab, information regarding my Account as Schwab may reasonably request. If any of IA's employees is associated with a member of FINRA, NYSE or affiliate, Schwab is authorized to deliver information concerning my Account to such member upon request.

If my IA and/or I direct Schwab to act as custodian of non-publicly traded assets, I acknowledge and agree: (1) that non-publicly traded assets generally lack a liquid market and that the value of such assets may be difficult to ascertain; (2) that any estimated value reflected on my account statement or other communication from Schwab is for informational purposes only and may be significantly different from the actual market value or the liquidation value of such assets; (3) that I will provide Schwab with annual instruction, no later than January 15 each year, regarding the fair market value of these assets as of the preceding December 31, for purposes of Internal Revenue Service (IRS) reporting, and I agree to indemnify and hold Schwab harmless from any consequences, including penalties assessed by the IRS, resulting from following my valuation instructions; (4) that if I do not provide Schwab with valuation instructions by the due date, Schwab may request an appraisal from a third party and charge the cost of the appraisal to my IRA; (5) that Schwab reserves the right to require an appraisal, in form and substance satisfactory to Schwab in its sole discretion, before complying with any direction to make a distribution of any non-traded asset from the IRA; (6) that Schwab may require that I sign an addendum to my Account Agreement if Schwab agrees, in the exercise of its discretion, to accept custody of any non-publicly traded assets in my Account. I authorize Schwab to obtain from IA, and IA to provide to Schwab, information regarding my Account as Schwab may reasonably request. If any of IA's employees is associated with a member of FINRA, NYSE or affiliate, Schwab is authorized to deliver information concerning my Account to such member upon request. I acknowledge, understand and agree that (1) Schwab Advisor Network® ("Network") member advisors ("Network member advisors") pay Schwab fees to be members; (2) Network member advisors, including IA, are independent and not employees or agents of Schwab; (3) Schwab prescreens Network member advisors and checks their experience and credentials against criteria Schwab sets; (4) neither an IA's membership in Schwab Advisor Network nor CSIM's affiliation with Schwab changes that (A) I am solely responsible for (i) the decision to hire IA, (ii) what authority to give IA and (iii) evaluating IA's services and performance; and (B) Schwab (i) does not supervise IA and (ii) takes no responsibility to monitor IA's performance or transactions in the Account; and (5) if I was referred to IA through the Schwab Advisor Network® or referred to Windhaven® Strategies or ThomasPartners® Strategies that are managed by CSIM, I have received, read and understood the Schwab Advisor Network Disclosure Documents and the Disclosure Brochures for Windhaven and ThomasPartners Strategies, managed by CSIM.

Products and Services Provided to IA. Schwab may provide IA, at no fee or at a discounted fee, with research, software and other technology, information and consulting services, and other products and services that benefit IA. Schwab's provision of these products and services to IA may be based upon clients of IA placing a certain amount of assets in their brokerage accounts at Schwab (i.e., custodial assets at Schwab) within a certain period of time. IA may be influenced by this commitment in recommending or requiring that its clients establish brokerage accounts at Schwab. These products and services may not necessarily benefit my Account.

Pricing. Schwab and IA may agree to pricing (including commissions and transaction account and service fees) for my Account and IA's other clients' accounts at Schwab based upon the nature and scope of business that IA transacts with Schwab, including the current and future expected amount of IA's clients' assets custodied at Schwab, the types of securities managed by IA and/or expected frequency of IA's trading. Schwab may change this pricing if the nature and scope of business that IA transacts with Schwab changes or does not reach agreed-upon levels, in which case pricing for IA's clients' accounts, including my Account, may increase to an amount determined by Schwab not to exceed Schwab's standard pricing as published in the then-current *Charles Schwab Pricing Guide*.

Schwab's Privacy Policy and Disclosure of Information. Schwab respects your privacy. Schwab will use the information you provide to open and service your Account, to communicate with you when necessary, to provide you with additional information about products and services and to provide to your IA, and certain third parties as your IA directs Schwab, information as provided in this AA. Pursuant to your Account Agreement, Schwab may disclose information about you and your Account to certain other third parties. Please call Schwab at 1-800-515-2157 for a copy of Schwab's privacy policy.

Termination of Authorizations. The authorizations I have granted in this AA will remain effective until I or IA have revoked or terminated any of them by giving notice to Schwab, either by mail, telephone, facsimile, telegraph, messenger, electronic mail, voice mail or otherwise; provided, however, that Schwab reserves the right to require written notice or confirmation that such authorization has been terminated or revoked. I understand that I may revoke or terminate all authorizations or designations conferred herein at any time. Unless revoked or terminated by me, all authorizations and designations conferred herein to IA shall continue to apply to IA's successors or assigns. Such revocation will not affect my obligation resulting from transactions initiated prior to Schwab's receipt of such notice. I

understand that if Schwab terminates its Investment Manager Service Agreement with IA, Schwab will not be obligated to honor any further instructions from IA; I will have exclusive control over, and responsibility for, my Account; and unless Schwab notifies me otherwise, my Account will become a Schwab retail brokerage account subject to all terms and conditions applicable thereto, including fees and commissions, investment products and other services available to Schwab retail customers. Schwab will notify me as soon as reasonably possible after any such termination.

Indemnification. I agree to indemnify and hold harmless Schwab, its affiliates and their directors, officers, employees and agents from and against all claims, actions, costs and liabilities, including attorneys' fees, arising out of or relating to: (1) their reliance on this AA and (2) Schwab's execution of my or my IA's instructions.

Verification. I authorize Schwab to inquire from any source, including a consumer reporting agency, as to my identity (as required by federal law), creditworthiness and ongoing eligibility for the Account (and that of my spouse, if I live in a community property state) at Account opening, at any time throughout the life of the Account, and thereafter for debt collection or investigative purposes.

Suitability. From time to time, Schwab may make available investment research and information ("Schwab research"). I agree and acknowledge that my IA and I are responsible for the transactions in my Account, including assessing the suitability of transactions for my Account, even if Schwab research was used in making the investment decisions for my Account.

Account Ownership. If this is an IRA established by a custodian for a minor, I agree and acknowledge that the IRA is governed by the Uniform Transfers to Minors Act (UTMA) or the Uniform Gifts to Minors Act (UGMA). I agree that the Account is irrevocably vested in and belongs to the minor, to be used for the sole benefit of the minor, and delivered to the minor promptly upon attaining the age of majority (or other age specified for termination under applicable state law).

I consent to Schwab: (i) sending, by mail, electronic delivery and/or other means, duplicate copies of account trade confirmations, account statements and any other information relating to me and my Accounts to my IA and MM, if and in such manner as requested by my IA and MM; (ii) sending such information about me and my Accounts to third parties as my IA or MM shall direct Schwab; and (iii) disclosing information about me and my Accounts to other third parties as provided in Schwab's privacy policy, this Account Application and the Account Agreement.

Unclaimed Property. If no activity occurs in the

Account within the time period specified by applicable state law, the Account may be transferred to the appropriate state.

Information About SIPC. To obtain information about Securities Investor Protection Corporation (SIPC), including an explanatory SIPC brochure, please contact SIPC at www.sipc.org or 1-202-371-8300.

Impartial Lottery for Securities Subject to Partial Call or Partial Redemption. If Schwab holds securities for you in street name, in Schwab's name, or in bearer form that are subject to partial call or partial redemption, then in the case of a partial call or partial redemption Schwab will use an impartial lottery system to select the securities to be called or redeemed from among accounts holding those securities. For a description of Schwab's lottery system, please visit www.schwab.com/PartialCalls. If you would like a printed description of Schwab's lottery system mailed to you, please contact Schwab Alliance at 1-800-515-2157.

Cash Features Program

General Terms and Conditions

The automatic investment of your free credit balance, including the frequency and the amount of each sweep, is governed by the terms and conditions set forth in the Cash Features Disclosure Statement and in the Account Agreement applicable to your account. The material in this document is intended for informational purposes only. If there is any conflict between the descriptions in this document and the terms of the Cash Features Disclosure Statement, the Cash Features Disclosure Statement will control.

How the Cash Features Program Works	<p>Schwab's Cash Features Program is the service (described in the Cash Features Disclosure Statement) that we provide to automatically invest, or "sweep," the free credit balance in your account into a liquid investment to earn interest. The program permits you to earn income while you decide how those funds should be invested longer term.</p>
Available Cash Feature	<p>The available cash features currently consist of:</p> <ul style="list-style-type: none"> • The free credit balance in your eligible account (the "Schwab One® Interest feature"), on which Schwab pays interest; • Interest-bearing deposit accounts at one or more of our affiliated banks (the "Bank Sweep feature" for most accounts and the "Bank Sweep for Benefit Plans feature" for retirement plan accounts); and • For some accounts, one or more affiliated money market mutual funds (the "Money Fund Sweep feature").
Eligibility	<p>Eligibility for each cash feature is based on the registered ownership and the type of account. Not all account registrations and account types will be eligible for all cash features. Some account registrations and account types will be eligible for only one cash feature. Please see your Account Application and the Cash Features Disclosure Statement for more complete eligibility details.</p>
Duty to Monitor Eligibility for Cash Features	<p>It is your responsibility to monitor your eligibility for the cash features and determine the best cash feature available to you. Schwab is not responsible for contacting you if you are, or later become, eligible for other higher-yielding cash features.</p>
Interest Rates and Yields	<p>The interest rates and yields for the different cash features vary over time. There is no guarantee that the interest rate and yield on any particular cash feature will be or will remain higher than the interest rate and yield on any other cash features over any period. Current interest rates and yields can be obtained by contacting your independent Investment Advisor or your Financial Consultant, or by calling us at 1-800-435-4000. If you already have an account, you can visit our website at www.schwab.com/sweep. If your account is an Advisor Services account, please contact your advisor, visit www.schwab.com/SA_sweep, or call Schwab Alliance at 1-800-515-2157.</p> <ul style="list-style-type: none"> • The interest rate on the Schwab One Interest feature is set by Schwab. We have the option to pay as low a rate as possible consistent with our views of competitive necessities. With certain exceptions, the rate will be tiered based upon the overall free credit balance within your account. • The interest rate on the Bank Sweep feature is set by our affiliated bank(s), which also has the option to pay as low a rate as possible consistent with their views of competitive necessities. Retirement accounts will be paid a reasonable rate consistent with applicable legal and regulatory requirements. With certain exceptions, the rate will be tiered based upon your account type and the combined amount of your account's Bank Sweep deposits at our affiliated bank(s).

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value

<p>Interest Rates and Yields (Continued)</p>	<ul style="list-style-type: none"> • The interest rate on the Bank Sweep for Benefit Plans feature is set by our affiliated bank(s), which intend to pay interest consistent with reasonable rate provisions of applicable legal and regulatory requirements. This may be lower than some competitors' rates. Interest rates do not vary by tiers and do not vary based on your cash balances. • Money market mutual funds offered through the Money Fund Sweep feature seek to achieve the highest yield (less fees and expenses) consistent with prudence and their investment objectives. <p>Cash features are not intended to be long-term investments, and yields on any of our cash features can be lower than those of similar investments or deposit accounts offered outside the Cash Features Program. If you desire to maintain cash balances for other than a short-term period and/or are seeking the highest yields currently available in the market, please contact your Schwab representative or visit www.schwab.com/cash for investment options that may be available outside of the Cash Features Program to help maximize your return potential consistent with your investment objectives and risk tolerance. If your account is an Advisor Services account, please contact your advisor, visit www.schwab.com/SA_cash, or call Schwab Alliance at 1-800-515-2157.</p>
<p>Benefits to Schwab</p>	<p>We charge fees and receive certain benefits under the different cash features. We share a portion of these fees and benefits with our investment professionals. Because of these fees and benefits, we have a financial incentive to select the particular cash features included in the Cash Features Program.</p>
<p>Differing Risks and Account Protection</p>	<p>The different cash features are subject to different risks and account protection:</p> <ul style="list-style-type: none"> • The Schwab One® Interest feature is not subject to market risk and value loss but is subject to the risk of Schwab's failure. In the unlikely event that Schwab fails, cash is eligible for SIPC coverage up to a limit of \$250,000 (including principal and interest) per client in each insurable capacity (e.g., individual or joint). Free credit balances held at Schwab are not insured or guaranteed by the FDIC. • The Bank Sweep and Bank Sweep for Benefit Plans features are not subject to market risk and value loss but are subject to the risk of the failure of one or more of our affiliated banks. In the unlikely event that one or more of our affiliated banks fails, deposits at each bank are eligible for FDIC insurance protection up to a limit of \$250,000 (including principal and interest) per depositor in each insurable capacity (e.g., individual, joint, and plan participant). This limit includes any other deposits you may have at that bank outside of the Bank Sweep and Bank Sweep for Benefit Plans features. You are responsible for monitoring your bank balances in the Bank Sweep and Bank Sweep for Benefit Plans features and the balances in any of your other bank accounts at each affiliated bank to determine if these, in total, exceed FDIC insurance limits. Monies held in both features are not covered by SIPC. • Money market mutual funds in the Money Fund Sweep feature invest in high-quality, short-term securities and seek to maintain a stable value, but are subject to market risks and potential value loss. They are not bank accounts and are not subject to FDIC insurance protection. They are instead covered by SIPC, which protects against the custodial risk (and not a decline in market value) when a brokerage firm fails by replacing missing securities and cash up to a limit of \$500,000, of which \$250,000 may be cash. Shares held through the Money Fund Sweep feature are not considered cash, but are treated as securities for SIPC coverage.

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value

Important Information About Your Informed Consent to Receive Paperless Documents

The Purpose and Effect of Your Consent

This disclosure and informed consent applies to all communications for those accounts, products and services offered in person or available via schwab.com, schwaballiance.com, or via a Schwab mobile website or mobile application used to access those accounts, products or services, to the extent they are not otherwise governed by the terms of a separate disclosure and informed consent.

We are required to provide to you "in writing" certain records and disclosures about our relationship and transactions in your account. You are entitled to receive those documents on paper. With your affirmative consent, we can provide the documents to you electronically instead via the Schwab Paperless Documents program ("Paperless Documents"). The information below will help you understand the conditions and requirements relating to Paperless Documents. You can always find the most up-to-date version of this important information at schwab.com/paperless_consent.

Paperless Documents categories include: tax forms, trade confirmations, shareholder materials, statements and account documents (e.g., account statements and other account-related documents associated with the account, including account agreement amendments and program disclosures, fund prospectuses, and investment advisory service disclosures). Each of these document categories is described in detail below. If you are opening an account, the account agreements and account and program disclosures delivered to you as part of the account opening process are also included in Paperless Documents. Electronic documents specific to your transactions and account will be available online for up to 10 years from the date of initial delivery. Your consent to receive documents electronically is not limited in duration and does not expire.

Depending on where you reside, the initial scope of your Paperless Documents enrollment, and whether you have made modifications to your enrollment, not all document categories may apply to you. Certain documents that are not currently included in Paperless Documents may continue to be delivered to you via postal mail. In the future, some or all of these documents may be added to Paperless Documents and made available to you electronically in accordance with your informed consent to this disclosure. If you are uncertain which documents are covered by your Paperless Documents enrollment, please check online at schwab.com/paperless_services or call or email Schwab or Schwab Bank using the contact information below.

For additional information about Schwab Bank account statements, see the "Addendum" on the following page.

You indicate your consent to Paperless Documents by providing an email address and signing an account agreement, or by clicking or touching an "I consent" or other button indicating assent to or acceptance of the conditions and requirements relating to Paperless Documents, and we record your consent. The method of consent may depend on whether you are opening an account or separately enrolling in Paperless Documents for an existing account. If you do not provide consent, Schwab or Schwab Bank will send you paper copies. Your consent will be effective until you cancel your enrollment in Paperless Documents or Schwab or Schwab Bank notifies you that the program is discontinued. If you are a joint account holder, your consent binds the other account holder.

By providing consent, you confirm that you have the ability to access Schwab on the web, and the ability to open, view, save, retain, and print PDF documents as described below. These abilities demonstrate that you can receive the documents we will deliver to you. You also confirm that you have provided a valid email address as part of the account opening or Paperless Documents enrollment process.

We may, if necessary and at our discretion, end your participation in Paperless Documents, or change the terms and conditions relating to Paperless Documents and electronic communications. It is your responsibility to review any updates in a timely manner. We will provide you with notice of any discontinuation or update as required by law.

Our Contact Information to Request Paper or Ask Questions

To access the document and print a copy, log in to your Schwab or Schwab Bank account, select the "Accounts" tab, then select "Statements." To request paper, ask questions about, or report problems concerning Paperless Documents, you may contact us as follows:

To contact us by email, log in to schwab.com, click "Contact Us," and then click "Send a Secure Message." Advisor Services clients, please log in to schwaballiance.com. To contact us by phone:

- Investor Services clients: 1-800-435-4000.
- Schwab Bank High Yield Investor Checking® (or other Schwab Bank) clients: 1-888-403-9000.
- Clients in the U.K.: 00 800 0826-5001.
- Clients in other countries: +1-415-667-8400.
- Advisor Services clients: Contact your independent advisor or call 1-800-515-2157.
- Schwab Intelligent Portfolios Solutions™ clients: 1-855-694-5208.
- Institutional Intelligent Portfolios® clients: 1-877-805-3399.

To Withdraw Your Consent

When you change your preference back to postal mail delivery, this cancels your enrollment in Paperless Documents and withdraws your consent for the document categories you indicate. You can do this by logging in to schwab.com/paperless_services, or by calling or emailing Schwab or Schwab Bank using the contact information above. Allow 48 hours for processing. Your consent will remain effective for other document categories for which you maintain a paperless delivery preference.

Important note for Schwab Advisor Services clients: Canceling or modifying your enrollment may make your account(s) ineligible for lower commission rates, and the commissions you pay can increase.

Important note for Schwab Intelligent Portfolios Solution and Institutional Intelligent Portfolios clients: Intelligent Portfolios is an all-electronic service. If in the future you request paper documents, withdraw your consent, or are unable to receive Paperless Documents, Schwab may terminate your account.

Electronic Notification When a Paperless Document Is Ready

We send you an email to let you know a document is available. For some documents, the email itself will be the paperless document. For other documents, the email will contain a link that will allow you to access or download the document, and your login may be required prior to such access.

Keeping Your Email Address Current and Actions Schwab or Schwab Bank Will Take If There Is a Problem

Please note that after three consecutive months of unsuccessful electronic delivery attempts of your tax forms, trade confirmations, or statements and account documents, your account(s) will revert back to postal mail delivery. This will cancel your enrollment in Paperless Documents and withdraw your consent to receive Paperless Documents.

It is your responsibility to notify Schwab or Schwab Bank of any change in your email address by logging in to the Schwab site and going to Service > My Profile > Email Addresses or using the contact information above. In addition to the unenrollment process outlined above, if we receive any indication either that the email notification did not reach you successfully or that there is a problem with your email address or service, we will take the following actions:

Tax Forms—Send a letter by postal mail within two business days to inform you that we were unable to deliver your tax form electronically. In certain circumstances, as may be required by law or regulation or for other reasons, we may send you the tax form itself by postal mail within the time period prescribed by the relevant legal or regulatory requirements.

Trade Confirmation—Send a paper copy of trade confirmation by postal mail within 24 hours. Also send a letter by postal mail to inform you that we were unable to deliver your Trade Confirmation to you electronically.

- **Statements and Account Documents**—Send a letter by postal mail informing you that we were unable to deliver your statement or account document electronically.
- **Shareholder Materials**—Send a paper copy of the shareholder materials via postal mail within 24 hours. We will send you a letter informing you that we were unable to deliver your shareholder materials electronically. The account will be unenrolled from Paperless Documents, and we will begin to send you paper shareholder materials.

Hardware and Software Requirements

Paperless Documents requires you to have access to a device (computer or smartphone) with Internet service and an active email account and address, along with the following:

- A current version of a common Internet browser, with JavaScript enabled.
- A current version of a program, such as Adobe® Reader®, that accurately reads and displays PDF documents. If you do not have Adobe Acrobat installed on your device, you can download the free software at adobe.com.
- An operating system on your device that supports the above.
- A printer that connects to your device, if you wish to print documents.
- Electronic storage connected to your device, if you wish to retain records in electronic form. (If you are using your computer, just save documents to your local hard drive.)

If you use your smartphone, you must access the full Schwab website to view and print your documents. If you have questions relating to hardware and software requirements, please call or email Schwab using the contact information on the previous page.

Security and Privacy Information

Unless expressly stated, email notifications for Paperless Documents are not encrypted. For security and confidentiality, unencrypted emails will not include your name, full account number, or any other personal identifier. Be aware, however, that some email addresses may use part of your name or your entire name. If you use a work email address, your employer or other employees may have access to your email. To help you identify your account, we may include some portion, but not all, of your account number. Schwab or Schwab Bank may use a vendor to deliver Paperless Documents.

Whether Schwab, Schwab Bank, or a vendor delivers the documents, Schwab's privacy policy applies.

Records and Disclosures Included in Schwab and Schwab Bank's Paperless Documents Program

Tax Forms ("eTax Documents")

A tax document provides important information you need to complete your tax returns. Much of the information we provide in tax documents is also reported to the IRS. This includes any corrected tax documents and accompanying notices. When a tax document is ready, we will send an email notification with the subject line "IMPORTANT TAX RETURN DOCUMENT AVAILABLE" and containing a web link to the document available after you log in.

Trade Confirmations ("eConfirms")

A trade confirmation is an official record of your securities transaction. It includes the price, number of shares, and the commission we charge you, as well as disclosures required under federal law. If you choose to receive paperless trade confirmations, the terms and conditions of your transaction will appear in the email and on a web page you can link to from the email. Your consent to receive paperless trade confirmations also includes paperless delivery of prospectuses or other regulatory information we provide to you at the time of your trade. Your consent to receive paperless trade confirmations also covers paperless delivery of Trade Confirmation Reports (TCRs) if you elect this alternative as part of your Managed Account enrollment.

Statements and Account Documents ("eStatements")

An account statement provides important information about your account, including the price and quantity of securities you hold, the transactions

conducted, other activity in your account, and terms and conditions governing your account. Account statements are sent at the end of each month in which you conducted activity in your account or at the end of each calendar quarter, regardless of any account activity. With your account statements, we often include accompanying account-related notices and other regulatory information, including, but not limited to, Schwab's Statement of Financial Condition, pricing changes, changes to payment features, privacy policy, annual notices, amendments to your account agreements, and any other documents, notices, and disclosures required by law or regulatory rules to be provided to you. At account opening and from time to time thereafter, we also send you notifications about your account. Collectively, we call these documents, notices, and disclosures "account documents." When you consent to paperless account statements, you also consent to paperless account documents.

Investment Advisory Service Disclosures (A Sub-Category of Account Documents)

Your consent to paperless Statements and Account Documents includes investment advisory program disclosures, brochure supplements with information about individual Schwab representatives, and related materials such as periodic updates or annual summaries of any changes to those documents ("Form ADV Disclosures") as Schwab makes these available in the future. The investment advisory programs may include but are not limited to Schwab Managed Portfolios™, Schwab Managed Account Services™, the Schwab Advisor Network®, Schwab Intelligent Portfolios Solutions™, and other similar advisory services, and fee-based Financial Planning Services. In addition to Schwab's and its affiliates' own Form ADV Disclosures, your consent also covers ADV Disclosures from third-party investment advisors whose services you select through Schwab. Paperless Form ADV Disclosures may accompany your account statements or be sent independently. If the third party does not make its Form ADV Disclosures available electronically, you will instead receive the standard printed materials by postal mail.

Shareholder Materials ("Electronic Delivery")

Shareholder materials include regulatory information such as prospectuses; prospectus supplements; quarterly, semi-annual, and annual reports; and proxy materials. You will receive an email notification with a web link to shareholder materials if you have a position in an equity or mutual fund as of the record date for a particular shareholder distribution and the materials are made available electronically by the issuer or third party. If the issuer or third party does not make shareholder materials available electronically, you will instead receive the standard printed materials by postal mail. By providing your consent to receive electronic delivery of shareholder material, you also consent to electronic householding. This means that if you and someone else enroll in this paperless service using the same email address, we may send one email announcement to this email address if each account holds securities of the same issuer. This avoids duplicate mailings of shareholder documents. If you no longer want electronic householding of your shareholder materials, you must modify your Paperless Documents enrollment as described above. Your shareholder materials may include electronic proxies. You may elect to vote your proxy online at proxyvote.com by entering the control number included in your email announcement and the last four digits of your Social Security number or Taxpayer Identification Number as your PIN.

Addendum for Schwab Bank Paperless Statements ("eStatements")

Schwab Bank Paperless Documents categories include statements and account documents and tax forms. The above information regarding the purpose and effect of your consent, including how to request paper delivery, how to ask questions, how to withdraw consent for paperless delivery, electronic notification of ready statements, keeping a current email address, hardware and software requirements, and security and privacy information, are all applicable to Schwab Bank accounts. Paperless Documents include account statements and tax forms. In addition, account statements for your Investor Checking account(s), Investor Savings account(s), and Pledged Asset Line® account(s) provide important information about your accounts, including the account balance; the transactions conducted; other activity in your accounts; and other information, terms, and conditions governing your accounts.

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value

Charles Schwab Bank, SSB and Charles Schwab & Co., Inc. are separate but affiliated companies and subsidiaries of The Charles Schwab Corporation. Brokerage products offered by Charles Schwab & Co., Inc. are not insured by the FDIC, are not deposits or obligations of Charles Schwab Bank, SSB and are subject to investment risk, including the possible loss of principal invested. Deposit and other lending products and services are offered by Charles Schwab Bank, SSB, Member FDIC and an Equal Housing Lender. Charles Schwab Bank, SSB is not acting or registered as a securities broker-dealer or investment advisor.

State Income tax Withholding Information for Individual Retirement Accounts

This general information is provided to help you understand state income tax withholding requirements for Individual Retirement Account distributions. While Schwab makes every effort to obtain information about state tax laws from sources believed to be reliable, Schwab cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. Please make sure to properly estimate your withholding rate based on your tax status. You will be responsible for any underwithholding when you file your tax return. We recommend that you contact your tax advisor regarding your tax withholding elections or making estimated tax payments, and to answer any questions that you may have regarding your state's withholding laws.

If your state of residency is:	Your withholding options are:
DE, IA, KS, MA, ME, NE	<p>If you have federal income tax withheld, Schwab is required to withhold state income tax.</p> <p>If you do not elect to have federal income tax withheld, you may optionally elect to have state income tax withheld.</p> <p>You may provide a percentage amount equal to or greater than your state's minimum withholding requirements; otherwise Schwab will automatically apply your state's applicable minimum withholding requirements.</p>
AR, CA, GA, NC, OK, OR, VT	<p>If you have federal income tax withheld, Schwab is required to withhold state income tax unless you specifically elect not to have state income tax withheld.</p> <p>You may provide a percentage amount equal to or greater than your state's minimum withholding requirements; otherwise Schwab will automatically apply your state's applicable minimum withholding requirements.</p>
AL, AZ, CO, ID, IL, IN, KY, LA, MD, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	<p>State income tax withholding is voluntary regardless of whether or not you elect to have federal income tax withheld. Schwab will withhold state income tax only if you instruct us to do so.</p> <p>You may provide a percentage amount equal to or greater than your state's minimum withholding requirements; otherwise Schwab will apply your state's applicable minimum withholding requirements.</p>
DC	State withholding of 8.95% is required on lump-sum distributions. Withholding on all other distribution types is voluntary.
CT, MI ¹	<p>State income tax withholding is required on all taxable pension distributions. To opt out of tax withholding, you must submit a state withholding certificate.</p> <p>Unless you make a valid opt-out election, the state minimum tax rate will be withheld.</p>
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax withholding is not available. Schwab will not withhold state income tax even if you elect to withhold state income tax.

If your state of residency is:	Your minimum tax rate is:
AR	At least 3%
CA	At least 1%
CT	At least 6.99%
DC	At least 8.95%
DE, IA, KS, ME, NE, OK	At least 5%
GA	For 2018, at least 6% For 2019, at least 5.75%
MA	At least 5.1%
MI	At least 4.25%
NC	At least 4%
OR	At least 8%
VT	At least 2.4%
AL, AZ, CO, ID, IL, IN, KY, LA, MD, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	There is no minimum mandatory tax rate since these states are voluntary withholding states. Note: Some states may have a minimum tax rate.
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax withholding is not available.

Schwab may be required to withhold state tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state tax withholding is not available. Please refer to the chart above.

¹ You must submit the MI W-4P to Schwab if you wish to opt out of Michigan state income tax withholding. You can obtain a copy of the MI W-4P by visiting www.schwab.com or www.michigan.gov/taxes.