

To the Employer:

- Return a photocopy of this form to Charles Schwab & Co., Inc. ("Schwab") when sending contributions made by the Employer and contributions from Employee deferrals.
- Be sure to provide us with the Schwab SIMPLE IRA Master account number and the Employee's Schwab SIMPLE IRA account number(s) for timely processing.
- Keep the original in your files.
- This form must accompany all payments to Schwab. Make check payable to "Charles Schwab & Co., Inc."
- If using Schwab MoneyLink® to make the contribution, fax this form to 1-888-526-7252 (Phoenix) or 1-800-955-7561 (Orlando).

1. Employer Information (Required)

Name of Employer (Business Name)	Schwab SIMPLE IRA Master Account Number		
Plan Administrator's Name	Plan Administrator's Telephone Number		
Employer's Street Address (no P.O. boxes, please)	City	State	Zip Code

2. Transmittal Instructions (Required. Check one.)

- Deposit enclosed check and allocate contribution as listed in Section 3.
- Transfer the amount below using MoneyLink and allocate contribution as listed in Section 3.

MoneyLink Transfer Amount _____

U.S. Bank/Other Financial Institution Name _____ Account Number _____

NOTE: To use MoneyLink to make a contribution, you must first enroll your account by completing the Schwab MoneyLink Electronic Funds Transfer Form. Allow up to two weeks to receive and enroll your account before using this transmittal form to request your first transfer.

3. Contribution Information (Required)

Employee Name	Employee Schwab Account Number	Employee Social Security Number	Employee Salary Deferral	Employer Contribution	Total Contribution
Example: Ann Smith	XXXX-XXXX	XXX-XX-XXXX	\$250.00	\$250.00	\$500.00
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Totals*			\$	\$	\$

*To ensure timely processing, the Total Contribution amount must match the amount of your MoneyLink transfer or enclosed check.



4. Employer Authorization

I authorize and direct Schwab to deposit the dollar amounts as designated on the previous page. I understand that it is my responsibility to ensure that the contribution instructions are clear, complete, correct and submitted to Schwab in a timely manner. I agree that Schwab will not be held responsible for delays in depositing contributions if Schwab finds the contribution instructions unclear, incomplete or incorrect. I indemnify and hold Schwab harmless for any loss, claim, expense or other liability that may arise from Schwab acting upon my instructions and complying with any applicable laws and regulations that require reporting of contributions.

Signature: Employer or Authorized Representative of Employer _____ Print Name and Title _____ Date _____
(mm/dd/yyyy)

