

Schwab International Client Information Update Form

international.schwab.com | 1-877-686-1937 (inside the U.S.) | +1-415-667-8400 (outside the U.S.)

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Please complete and sign this form for each account holder/authorized agent requesting a change to their contact information.

Return the form(s) to Schwab International Operations, P.O. Box 982601, El Paso, TX 79998-2601, USA, or send by overnight delivery to Schwab International Operations, 1945 Northwestern Drive, El Paso, TX 79912-1108, USA. You may also fax the completed form to +1-415-956-3212 or email it using the secure email feature on the Schwab website.

Important note: If any of the following applies to you, please call us for further information as there may be additional requirements:

- U.S. person moving outside of the U.S.
- Non-U.S. person moving to a different country
- Non-U.S. person using a U.S. mailing address

There may be tax consequences involved for certain address changes; please consult your tax advisor.

Please fill out all account numbers to change your contact information for your account(s). You may make copies of this form if you have different contact information for your different accounts.

We respect your privacy. Schwab will use the information you provide to service your accounts, communicate with you, and provide information about products and services. Read about Schwab's privacy policy at international.schwab.com.

Account Number(s)			
1.	2.	3.	4.

Account Holder/Authorized Agent

The name recorded on this form must match the passport provided.

First Name/Given Name		Middle Name	
Last Name(s)/Surname(s)			
Home/Legal Street Address (street, apt. or suite number, or rural route). Do not use a P.O. box or an in-care-of address.			
City	State or Province	Country (Do not abbreviate.)	Postal or Zip Code
Mailing Address (If different from the legal address)			
City	State or Province	Country (Do not abbreviate.)	Postal or Zip Code
Home Telephone Number (Country Code) (City/Area Code) (Number)	Business Telephone Number (Country Code) (City/Area Code) (Number)	Alternate Telephone Number (mobile/other) (Country Code) (City/Area Code) (Number)	
/ /	/ /	/ /	/ /
Email Address*			
Employment Status (Select only one.)		Employer Name/Business Name	
<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," 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"/> Clerical/Administrative Services	
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)	
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Sales/Marketing	
Industry of Employment			
Business Street Address			
City	State or Province	Country	Postal or Zip Code

*If you use a spam filter, please set it to accept emails from Schwab.



Account Holder/Authorized Agent (Continued)

Are you affiliated 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 employer approving the establishment of your account when submitting this application.†)

† A new letter of approval from your employer is not required if the information has not changed from what you previously provided.

Signature and Date Required

X Account Holder/Authorized Agent Signature	Print Name	Date (mm/dd/yyyy)
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