

Institutional Intelligent Portfolios® Account Closure Form

Investment Advisor (“Advisor”) Information (This portion to be completed by Advisor.)

Advisor Firm Name (Please print.): _____
 Advisor Master Account Number: _____ Service Team: _____
 Contact Name: _____ Contact Phone Number: _____
 Email Address: _____ Fax Number: _____

Instructions

By signing this form, you are requesting to discontinue your enrollment in the Institutional Intelligent Portfolios program. This means that you will no longer receive advisory services from your Advisor for your Institutional Intelligent Portfolios account (“Account”) identified below. The Account will be closed and assets distributed per your instructions provided below.

1. Account Holder Information

Schwab Account Number	Name of Trust (if applicable)	
Account Holder/Trustee Name (First)	(Middle)	(Last)
Additional Account Holder/Co-Trustee Name (First)	(Middle)	(Last)

2. Account Instructions

A. Your Account is currently invested in various securities. Please indicate below whether you want to sell or keep the securities:

I want to sell the securities.* I want to keep the securities.

*Please note that the securities will be sold pursuant to the provisions of your applicable account agreements. Neither Charles Schwab & Co., Inc. (“Schwab”) nor its affiliates will be liable for any delays in trading that may result in market losses.

B. Please indicate where you would like assets in your Account to be disbursed. If this is a retirement account and you are taking a distribution as part of this disbursement, please complete and attach an IRA Distribution Form with this request.

- Transfer all assets to my Schwab brokerage account number _____. I understand that by transferring my assets, I will no longer have access to the Schwab Intelligent Portfolios® Sweep Program. Cash that is transferred will be enrolled in the selected cash feature for that account.
- Transfer the securities to another financial institution and close the Account. Please note that Schwab cannot take any action with respect to initiating the transfer of securities to another financial institution until Schwab receives transfer instructions from the receiving firm. Therefore, it is important that you contact your new financial institution to instruct them to send transfer instructions to Schwab to initiate the transfer.
- Send a check for the remaining balance to my address of record and close the Account.
- Transfer funds to another bank account through electronic funds transfer using an established profile. If you are requesting to send funds to a new account via electronic funds transfer, you will be required to link an external account via institutionalintelligent.schwab.com. Once the profile has been established, you may submit this form to request that assets be liquidated and funds disbursed.

Existing bank account information:

Bank Name	Bank Account Number
ABA Routing Number	



3. Please Read and Sign

My enrollment in my Advisor's Institutional Intelligent Portfolios® program and the authorizations of my Advisor on my Account will terminate upon Schwab's processing my discontinuation request, which will occur within a reasonable time (generally five business days) after Schwab receives this form completed, signed by me, and otherwise in good order. My Advisor's authority

will apply through the effective time of the discontinuation of service. Termination of my Advisor's authorizations on my Institutional Intelligent Portfolios Account will not affect my obligations resulting from transactions initiated before the effective time of the termination and discontinuation of service. **I understand that termination of my enrollment in the Institutional**

Intelligent Portfolios program will result in my Account being closed. I agree to hold Schwab and its affiliates harmless for any delays in effectuating sales of securities or outgoing transfers of assets. As a result of my termination, I will be sent issuer and issuer-related communications (such as proxies) for my securities.

Signature: Account Holder/Trustee _____ Print Name _____ Date _____
(mm/dd/yyyy)

Signature: Additional Account Holder/Co-Trustee _____ Print Name _____ Date _____
(mm/dd/yyyy)

Signature: Additional Account Holder/Co-Trustee _____ Print Name _____ Date _____
(mm/dd/yyyy)

4. Return Instructions

Please return your completed form to your Investment Advisor or to Charles Schwab & Co., Inc. using any of the following methods:

- **Upload** online with secure messaging (if you are an existing client and have online access to your account):
 1. Go to Schwab.com and log in to your account.
 2. Click the Message Center link (under Service), and then click the Upload Document link.
 3. Click the Select Files link to upload your form as an attachment.
 4. When your message is complete, click Send.
- **Mail** to any of the following addresses:

Regular Mail (West)
 Charles Schwab & Co., Inc.
 P.O. Box 982600
 El Paso, TX 79998-2600

Regular Mail (East)
 Charles Schwab & Co., Inc.
 P.O. Box 628291
 Orlando, FL 32862-8291

Overnight Mail (West)
 Charles Schwab & Co., Inc.
 1945 Northwestern Dr.
 El Paso, TX 79912

Overnight Mail (East)
 Charles Schwab & Co., Inc.
 1958 Summit Park Dr., Ste. 200
 Orlando, FL 32810

