



Instructions for the Schwab One® Account Application for Non-Incorporated Organizations

www.schwab.com | **1-800-435-4000** (inside the U.S.) | **+1-415-667-8400** (outside the U.S.) | **1-888-686-6916** (multilingual services)

Instructions for How to Open a Schwab One Non-Incorporated Organization Account

- You must meet a \$250,000 relationship minimum across all Schwab accounts and complete this application to open a new Schwab Non-Incorporated Organization Account.
- If you are submitting a handwritten form, please **print** in ALL CAPITAL LETTERS.
- This application is only for use by non-incorporated organizations (sole proprietorships, partnerships, limited liability companies, unincorporated associations, etc.) domiciled in the United States. If your Organization is an incorporated organization or a non-U.S. organization, please contact us for the correct account application.
- If the Organization wishes to request option, margin, and short trading, please complete and submit a separate Add Options Trading and Margin to Your Account form.
- If the Organization wishes to add a checkwriting feature and/or a Visa® debit card, please complete and submit a Checkwriting and Visa Debit Card Application for Organization Accounts.
- If the Organization wishes to fund this account by transferring assets from another brokerage firm, please also submit a Transfer Your Account to Schwab form.

Schwab, like all U.S. financial institutions, is required to follow federal regulations to assist the government in its efforts to fight money laundering and other financial crimes. Schwab therefore requests specific information and documentation in order to verify the identity of an entity applying for a Schwab account, as well as the identities of that entity's Control Persons, Authorized Individuals, and Beneficial Owners. Schwab may require additional documentary evidence demonstrating identity and legal status. Schwab also captures personal information on all customers and related authorized parties who have the ability to transact, control, or manage an account. Schwab has the discretion to not accept an account, to close an account, or to terminate any and all services rendered under the Schwab One Account Agreement at any time.

Return Instructions

- **Upload** online with secure messaging (if you are an existing client and have online access to your account).
 - Go to **schwab.com/messagecenter**, log in to your account, and then click Upload Document.
- **Fax** to 1-888-526-7252.
- **Bring** to your nearest Schwab branch (visit [schwab.com/branch](https://www.schwab.com/branch) for locations).
- **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

Schwab One® Account Application for Non-Incorporated Organizations

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1. Required Information About the Non-Incorporated Organization

Schwab will use the information you provide to open and service your accounts, communicate with you, and provide information about products and services. Read about Schwab's privacy policy at www.schwab.com/privacy. As required by law, Schwab will use the information provided to verify the identity of your Organization and its Authorized Individuals, Control Persons, and Beneficial Owners. As provided in the Schwab One Account Application Agreement for Non-Incorporated Organizations, Schwab is also authorized to inquire as to the creditworthiness of the Organization or any person associated with your accounts.

- If the Organization is treated as a disregarded entity for federal tax purposes, enter the legal name associated with the owner's Social Security number (SSN). If the owner of the disregarded entity is a foreign resident, you must complete and attach an appropriate Form W-8.
- For a single-member limited liability company (LLC) that is treated as a disregarded entity, enter the owner's legal name and SSN.
- If the LLC is classified as a corporation or partnership, enter the entity's legal name and Employer Identification Number (EIN).

For important disclosures about our relationship with you and the services we can provide, please visit schwab.com/transparency.

Type of Organization (Required—select only one.)			
<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> LLC treated as C Corporation for federal tax purposes
		<input type="checkbox"/> LLC treated as S Corporation for federal tax purposes	<input type="checkbox"/> LLC treated as Partnership for federal tax purposes
		<input type="checkbox"/> LLC treated as Single-Member LLC for federal tax purposes	
Name of the Organization		Telephone Number	
Legal Name associated with Tax ID, if different from above		Tax ID Number	
Organization Street Address (no P.O. boxes)	City	State	Zip Code
Mailing Address (if different from above; P.O. boxes may be used)	City	State	Zip Code
Country of Establishment	State of Establishment	Date of Establishment (mm/dd/yyyy)	Organization's URL Address
Are you a director, 10% shareholder or policy-making officer of a publicly held company?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			

(The underlying Taxpayer either has to sign in Section 9 of this application or must attach an appropriate Form W-8 or W-9.)

2. Required Information About the Organization's Primary Business or Professional Activity

2a. 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/).

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FOR CHARLES SCHWAB USE ONLY:											
Branch Office and Account Number											



2. Required Information About the Organization's Primary Business or Professional Activity (Continued)

2b. 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: • Investment funds (pooled/passive investment vehicles) • Venture capital vehicles • Private equity vehicles • Investment Advisors • Broker-dealers • Banks • Insurance companies • 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: • Holding companies • Estate planning vehicles • Asset protection vehicles • Shell companies • Personal investment 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: • 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, authority, or instrumentality thereof, acting in their official capacity	
<input type="checkbox"/> Tribal Organization • 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.)	

3. Required Information About the Organization's Investment Profile**Annual Income of Organization**
☐ Under \$15,000
 ☐ \$15,000–\$24,999
 ☐ \$25,000–\$49,999
 ☐ \$50,000–\$99,999
 ☐ \$100,000 or more
Liquid Net Worth of Organization
☐ Under \$25,000
 ☐ \$25,000–\$49,999
 ☐ \$50,000–\$99,999
 ☐ \$100,000–\$249,999
 ☐ \$250,000 or more (specify): \$ _____
Overall Investment Objective of Account
☐ Capital preservation
 ☐ Income
 ☐ Growth
 ☐ Speculation
Source of Funds in Account (Check all that apply.)

Please provide the source of assets that will be deposited or held in the account. If the source is a transfer from another firm, please indicate the source of funds that were used to purchase the assets.

☐ Salary, wages, savings
 ☐ Working capital
 ☐ Investment capital gains
☐ Corporate income
☐ Family, relatives, inheritance
☐ Sales of property
☐ Other (specify): _____
Purpose of Account (Check all that apply.)
☐ Business operating revenue and expense processing
☐ Investing of retirement funds
☐ Investing of college funds
☐ Investing for estate planning purposes
☐ Business payroll processing
☐ Business funding
☐ Investing of pooled assets
☐ Investing of business revenue
☐ Business cash management and treasury
☐ General investing
☐ Investing for tax benefits
☐ Other (specify): _____


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

Please complete this section for the following:

- Each Authorized Individual
- At least one Control Person of the Organization
- All ≥10% Beneficial Owners

☐ Check here if no single individual or Legal Entity/Trust owns ≥10% of the 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 Individual 1 below 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 that 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. Required Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners

If there are more than four 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.)			
<input checked="" type="checkbox"/> Primary Authorized Individual <input type="checkbox"/> Control Person <input type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of Individual (Select all that apply.)			
<input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Member/Managing Member <input type="checkbox"/> Partner/General Partner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer <input type="checkbox"/> Representative of Member <input type="checkbox"/> Representative of Partner/General Partner <input type="checkbox"/> Owner <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Manager <input type="checkbox"/> Representative of Manager <input type="checkbox"/> Other (specify): _____			
Name (First)		(Middle)	(Last)
Home Street Address (no P.O. boxes)		City	State Zip Code
Mailing Address (if different from above; P.O. boxes may be used)		City	State Zip Code
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 all.)			Country of Legal Residence
<input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____			<input type="checkbox"/> USA <input type="checkbox"/> Other: _____
ID Number and Type		Country or State of Issuance	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID _____			
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			
Business Street Address		City	State Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your 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?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			
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"/> Sale of property or business <input type="checkbox"/> Gifts			



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

(Continued)

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.

Person 1

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

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
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	Country	Postal or Zip Code
Home Phone ()	Mobile Phone ()	Email Address

Person 2

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

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
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	Country	Postal or Zip Code
Home Phone ()	Mobile Phone ()	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 schwab.com/accountagreement.



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

(Continued)

Individual 2

Role of Individual on Account (Select all that apply.) <input type="checkbox"/> Authorized Individual <input type="checkbox"/> Control Person <input type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of Individual (Select all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> CEO</div> <div style="width: 33%;"><input type="checkbox"/> CFO</div> <div style="width: 33%;"><input type="checkbox"/> COO</div> <div style="width: 33%;"><input type="checkbox"/> Chairman of the Board</div> <div style="width: 33%;"><input type="checkbox"/> Member/Managing Member</div> <div style="width: 33%;"><input type="checkbox"/> Partner/General Partner</div> <div style="width: 33%;"><input type="checkbox"/> President</div> <div style="width: 33%;"><input type="checkbox"/> Vice President</div> <div style="width: 33%;"><input type="checkbox"/> Treasurer</div> <div style="width: 33%;"><input type="checkbox"/> Assistant Treasurer</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Member</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Partner/General Partner</div> <div style="width: 33%;"><input type="checkbox"/> Owner</div> <div style="width: 33%;"><input type="checkbox"/> Secretary</div> <div style="width: 33%;"><input type="checkbox"/> Assistant Secretary</div> <div style="width: 33%;"><input type="checkbox"/> Manager</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Manager</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> </div>			
Name (First)		(Last)	
Home Street Address (no P.O. boxes)		City	State Zip Code
Mailing Address (if different from above; P.O. boxes may be used)		City	State Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		Alternate Telephone Number (including area code) <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 all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID _____		Country or State of Issuance	Expiration Date (mm/dd/yyyy)
Employment Status (Select 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		Employer Name/Business Name	
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Business Owner/Self-Employed</div> <div style="width: 33%;"><input type="checkbox"/> Financial Services/Banking Professional</div> <div style="width: 33%;"><input type="checkbox"/> Military</div> <div style="width: 33%;"><input type="checkbox"/> Consultant</div> <div style="width: 33%;"><input type="checkbox"/> Executive/Senior Management</div> <div style="width: 33%;"><input type="checkbox"/> Information Technology Professional</div> <div style="width: 33%;"><input type="checkbox"/> Educator</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> <div style="width: 33%;"><input type="checkbox"/> Medical Professional</div> <div style="width: 33%;"><input type="checkbox"/> Other Professional</div> <div style="width: 33%;"><input type="checkbox"/> Clerical/Administrative Services</div> <div style="width: 33%;"><input type="checkbox"/> Legal Professional</div> <div style="width: 33%;"><input type="checkbox"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 33%;"><input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 33%;"><input type="checkbox"/> Accounting Professional</div> <div style="width: 33%;"><input type="checkbox"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 33%;"><input type="checkbox"/> Sales/Marketing</div> </div>			
Business Street Address		City	State Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			
For Beneficial Owners Only:			
What is your percentage of ownership? _____ %			
What is your source of wealth? (Check all that apply.)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Salary, wages, savings</div> <div style="width: 25%;"><input type="checkbox"/> Family, relatives, inheritance</div> <div style="width: 25%;"><input type="checkbox"/> Litigation award</div> <div style="width: 25%;"><input type="checkbox"/> Gambling</div> <div style="width: 25%;"><input type="checkbox"/> Social Security benefits</div> <div style="width: 25%;"><input type="checkbox"/> Investment capital gains</div> <div style="width: 25%;"><input type="checkbox"/> Invention/patent</div> <div style="width: 25%;"><input type="checkbox"/> Lottery</div> <div style="width: 25%;"><input type="checkbox"/> Sale of property or business</div> <div style="width: 25%;"><input type="checkbox"/> Gifts</div> </div>			



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

(Continued)

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.

Person 1

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

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
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	Country	Postal or Zip Code
Home Phone ()	Mobile Phone ()	Email Address

Person 2

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

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
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	Country	Postal or Zip Code
Home Phone ()	Mobile Phone ()	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 schwab.com/accountagreement.



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

(Continued)

Individual 3

Role of Individual on Account (Select all that apply.) <input type="checkbox"/> Authorized Individual <input type="checkbox"/> Control Person <input type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of Individual (Select all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> CEO</div> <div style="width: 33%;"><input type="checkbox"/> CFO</div> <div style="width: 33%;"><input type="checkbox"/> COO</div> <div style="width: 33%;"><input type="checkbox"/> Chairman of the Board</div> <div style="width: 33%;"><input type="checkbox"/> Member/Managing Member</div> <div style="width: 33%;"><input type="checkbox"/> Partner/General Partner</div> <div style="width: 33%;"><input type="checkbox"/> President</div> <div style="width: 33%;"><input type="checkbox"/> Vice President</div> <div style="width: 33%;"><input type="checkbox"/> Treasurer</div> <div style="width: 33%;"><input type="checkbox"/> Assistant Treasurer</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Member</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Partner/General Partner</div> <div style="width: 33%;"><input type="checkbox"/> Owner</div> <div style="width: 33%;"><input type="checkbox"/> Secretary</div> <div style="width: 33%;"><input type="checkbox"/> Assistant Secretary</div> <div style="width: 33%;"><input type="checkbox"/> Manager</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Manager</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> </div>			
Name (First)		(Middle)	
Home Street Address (no P.O. boxes)		City	State Zip Code
Mailing Address (if different from above; P.O. boxes may be used)		City	State Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		Alternate Telephone Number (including area code) <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 all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID _____		Country or State of Issuance	Expiration Date (mm/dd/yyyy)
Employment Status (Select 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		Employer Name/Business Name	
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Business Owner/Self-Employed</div> <div style="width: 33%;"><input type="checkbox"/> Financial Services/Banking Professional</div> <div style="width: 33%;"><input type="checkbox"/> Military</div> <div style="width: 33%;"><input type="checkbox"/> Consultant</div> <div style="width: 33%;"><input type="checkbox"/> Executive/Senior Management</div> <div style="width: 33%;"><input type="checkbox"/> Information Technology Professional</div> <div style="width: 33%;"><input type="checkbox"/> Educator</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> <div style="width: 33%;"><input type="checkbox"/> Medical Professional</div> <div style="width: 33%;"><input type="checkbox"/> Other Professional</div> <div style="width: 33%;"><input type="checkbox"/> Clerical/Administrative Services</div> <div style="width: 33%;"><input type="checkbox"/> Legal Professional</div> <div style="width: 33%;"><input type="checkbox"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 33%;"><input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 33%;"><input type="checkbox"/> Accounting Professional</div> <div style="width: 33%;"><input type="checkbox"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 33%;"><input type="checkbox"/> Sales/Marketing</div> </div>			
Business Street Address		City	State Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			
For Beneficial Owners Only:			
What is your percentage of ownership? _____ %			
What is your source of wealth? (Check all that apply.)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Salary, wages, savings</div> <div style="width: 25%;"><input type="checkbox"/> Family, relatives, inheritance</div> <div style="width: 25%;"><input type="checkbox"/> Litigation award</div> <div style="width: 25%;"><input type="checkbox"/> Gambling</div> <div style="width: 25%;"><input type="checkbox"/> Social Security benefits</div> <div style="width: 25%;"><input type="checkbox"/> Investment capital gains</div> <div style="width: 25%;"><input type="checkbox"/> Invention/patent</div> <div style="width: 25%;"><input type="checkbox"/> Lottery</div> <div style="width: 25%;"><input type="checkbox"/> Sale of property or business</div> <div style="width: 25%;"><input type="checkbox"/> Gifts</div> </div>			



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

(Continued)

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.

Person 1

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

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
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	Country	Postal or Zip Code
Home Phone ()	Mobile Phone ()	Email Address

Person 2

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

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
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	Country	Postal or Zip Code
Home Phone ()	Mobile Phone ()	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 schwab.com/accountagreement.



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

(Continued)

Individual 4

Role of Individual on Account (Select all that apply.) <input type="checkbox"/> Authorized Individual <input type="checkbox"/> Control Person <input type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of Individual (Select all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> CEO</div> <div style="width: 33%;"><input type="checkbox"/> CFO</div> <div style="width: 33%;"><input type="checkbox"/> COO</div> <div style="width: 33%;"><input type="checkbox"/> Chairman of the Board</div> <div style="width: 33%;"><input type="checkbox"/> Member/Managing Member</div> <div style="width: 33%;"><input type="checkbox"/> Partner/General Partner</div> <div style="width: 33%;"><input type="checkbox"/> President</div> <div style="width: 33%;"><input type="checkbox"/> Vice President</div> <div style="width: 33%;"><input type="checkbox"/> Treasurer</div> <div style="width: 33%;"><input type="checkbox"/> Assistant Treasurer</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Member</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Partner/General Partner</div> <div style="width: 33%;"><input type="checkbox"/> Owner</div> <div style="width: 33%;"><input type="checkbox"/> Secretary</div> <div style="width: 33%;"><input type="checkbox"/> Assistant Secretary</div> <div style="width: 33%;"><input type="checkbox"/> Manager</div> <div style="width: 33%;"><input type="checkbox"/> Representative of Manager</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> </div>			
Name (First)		(Middle)	(Last)
Home Street Address (no P.O. boxes)		City	State Zip Code
Mailing Address (if different from above; P.O. boxes may be used)		City	State Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		Alternate Telephone Number (including area code) <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 all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID _____		Country or State of Issuance	Expiration Date (mm/dd/yyyy)
Employment Status (Select 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		Employer Name/Business Name	
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Business Owner/Self-Employed</div> <div style="width: 33%;"><input type="checkbox"/> Financial Services/Banking Professional</div> <div style="width: 33%;"><input type="checkbox"/> Military</div> <div style="width: 33%;"><input type="checkbox"/> Consultant</div> <div style="width: 33%;"><input type="checkbox"/> Executive/Senior Management</div> <div style="width: 33%;"><input type="checkbox"/> Information Technology Professional</div> <div style="width: 33%;"><input type="checkbox"/> Educator</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> <div style="width: 33%;"><input type="checkbox"/> Medical Professional</div> <div style="width: 33%;"><input type="checkbox"/> Other Professional</div> <div style="width: 33%;"><input type="checkbox"/> Clerical/Administrative Services</div> <div style="width: 33%;"><input type="checkbox"/> Legal Professional</div> <div style="width: 33%;"><input type="checkbox"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 33%;"><input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 33%;"><input type="checkbox"/> Accounting Professional</div> <div style="width: 33%;"><input type="checkbox"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 33%;"><input type="checkbox"/> Sales/Marketing</div> </div>			
Business Street Address		City	State Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			
For Beneficial Owners Only:			
What is your percentage of ownership? _____ %			
What is your source of wealth? (Check all that apply.)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Salary, wages, savings</div> <div style="width: 25%;"><input type="checkbox"/> Family, relatives, inheritance</div> <div style="width: 25%;"><input type="checkbox"/> Litigation award</div> <div style="width: 25%;"><input type="checkbox"/> Gambling</div> <div style="width: 25%;"><input type="checkbox"/> Social Security benefits</div> <div style="width: 25%;"><input type="checkbox"/> Investment capital gains</div> <div style="width: 25%;"><input type="checkbox"/> Invention/patent</div> <div style="width: 25%;"><input type="checkbox"/> Lottery</div> <div style="width: 25%;"><input type="checkbox"/> Sale of property or business</div> <div style="width: 25%;"><input type="checkbox"/> Gifts</div> </div>			



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

(Continued)

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.

Person 1

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

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
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	Country	Postal or Zip Code
Home Phone ()	Mobile Phone ()	Email Address

Person 2

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

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
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	Country	Postal or Zip Code
Home Phone ()	Mobile Phone ()	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 [schwab.com/accountagreement](https://www.schwab.com/accountagreement).



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.

Name of Legal Entity (as shown on the charter or other legal document creating the legal entity; hereinafter referred to as the "Legal Entity")					Legal Entity Tax ID Number				
If Legal Entity is known by another name, enter name.					Telephone Number				
Legal Entity Street Address (no P.O. boxes)				City		State		Zip Code	
Country of Incorporation/Establishment	State of Incorporation/Establishment	Date of Incorporation/Establishment (mm/dd/yyyy)	6-Digit NAICS Code						

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 Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile			Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		
Social Security Number			Date of Birth (mm/dd/yyyy)		
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____				Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID _____			Country or State of Issuance		Expiration Date (mm/dd/yyyy)
Employment Status (Select 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			Employer Name/Business Name		
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			
Business Street Address			City		State Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," also 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 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
Zip Code					
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile			Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		
Social Security Number			Date of Birth (mm/dd/yyyy)		
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____				Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID _____			Country or State of Issuance		Expiration Date (mm/dd/yyyy)
Employment Status (Select 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			Employer Name/Business Name		
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"/> Executive/Senior Management		<input type="checkbox"/> Information Technology Professional		<input type="checkbox"/> Consultant	
<input type="checkbox"/> Medical Professional		<input type="checkbox"/> Other Professional		<input type="checkbox"/> Educator	
<input type="checkbox"/> Legal Professional		<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)		<input type="checkbox"/> Clerical/Administrative Services	
<input type="checkbox"/> Accounting Professional		<input type="checkbox"/> Foreign Government Employee (Non-U.S.)		<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)	
<input type="checkbox"/> Sales/Marketing					
Business Street Address			City		State
Zip Code					
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," also enter company name _____ and trading symbol _____.)					



4c. Information About Trusts That Are ≥10% Beneficial Owners (Continued)**Part 2: Entity Trustee**

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

Name of Legal Entity (as shown on the charter or other legal document creating the legal entity; hereinafter referred to as the "Legal Entity")					Legal Entity Tax ID Number				
If Legal Entity is known by another name, enter name.					Telephone Number				
Legal Entity Street Address (no P.O. boxes)				City		State		Zip Code	
Country of Incorporation/Establishment	State of Incorporation/Establishment	Date of Incorporation/Establishment (mm/dd/yyyy)	6-Digit NAICS Code						

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, please)			City		State Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile			Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		
Social Security Number			Date of Birth (mm/dd/yyyy)		
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____				Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID _____			Country or State of Issuance		Expiration Date (mm/dd/yyyy)
Employment Status (Select 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			Employer Name/Business Name		
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			
Business Street Address			City		State Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If "yes," also enter company name _____. (You must attach a letter to this application that is from your employer, approving the establishment of this account.)					
Are you a director, 10% shareholder or policy-making officer of a publicly held company?					
<input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," also 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 we provide that permits the uninvested cash or "free credit balance" in your Account to earn income while those funds remain uninvested. Additional information about the Cash Features Program and each Cash Feature is available in the Cash Features Disclosure Statement.

The Bank Sweep feature is an available 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.

By signing this Application, you consent to participate in Schwab's Cash Features Program, as described in the Cash Features Disclosure Statement, and you also consent to having the Bank Sweep feature as your designated Cash Feature.

You understand and agree that Schwab can (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 changes.

6. Fund Account

- ☐ Check or money order made payable to Charles Schwab & Co., Inc. enclosed for \$ _____.
- ☐ Transfer from another financial institution (complete the Transfer Your Account to Schwab form).
- ☐ Electronic transfer using Schwab MoneyLink® (complete the Set Up Schwab MoneyLink Electronic Funds Transfer form).

7. Paperless Document Enrollment

Here's how paperless works: 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, including 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.

To opt for Paperless Documents, simply provide the Primary Authorized Individual's email address in Section 4a. The enrollment completion will depend on one of the following scenarios.

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 4a, have logged on to Schwab.com in the past six 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.

Or

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 Schwab.com in the past six 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 Schwab.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 are the Primary Authorized Individual and 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.



8. Offer/Referral Code (Optional, up to three offer/referral code entries)

Offer/Referral Code
Offer/Referral Code
Offer/Referral Code

Terms and conditions may apply. Any taxes related to an offer are your responsibility. You should consult with your tax or legal advisor regarding any tax implications and the appropriate tax treatment of an offer. For more information regarding an offer, please call 1-866-469-7017.

9. Required Account Opening Authorizations

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 also agree that you have received and read a copy of the attached Schwab One Account Application Agreement for Non-Incorporated Organizations ("Application Agreement"), which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Organization and you with respect to your capacity as an Authorized Individual on the account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain and operate an 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 *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the organizational documents, resolutions, agreements and laws governing the Organization permit the establishment and maintenance of the account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under organizational documents, resolutions, agreements and laws governing the Organization.

You represent and warrant that each Authorized Individual listed on this application or subsequently provided to Schwab is authorized by the Organization to act individually, independently and without the consent of any owner, member, manager, partner, board, director, officer, or other person of the Organization. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Organization. You represent and warrant that 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.

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

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab and its affiliates, officers, directors, employees and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the account(s), the breach of any agreement with Schwab or any dispute involving you and the Organization.

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.



9. Required Account Opening Authorizations (Continued)

All Authorized Individuals listed in Section 4a must sign. Please complete all four steps: (1) sign, (2) print name, (3) specify title, and (4) enter date. Schwab cannot complete these fields on your behalf—failure to complete all four steps 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 Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in Section 13, page 3, of the attached Schwab One Account Application Agreement for Non-Incorporated Organizations.

Signature

Print Name

Title

Date (mm/dd/yyyy)

Signature

Print Name

Title

Date (mm/dd/yyyy)

Signature

Print Name

Title

Date (mm/dd/yyyy)

Signature

Print Name

Title

Date (mm/dd/yyyy)



10. Required Certificate of Authority and Resolution

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):

- ☐ 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 Limited Partnership, and the undersigned represent all General Partners of the Limited Partnership
- ☐ A General Partnership, and the undersigned represent all Partners of the General Partnership
- ☐ A Limited Liability Partnership (LLP), and the undersigned represent all Partners of the LLP
- ☐ An Unincorporated Association, and the undersigned holds the office of _____
- ☐ 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 9 (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 *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 acknowledgement, Schwab may rely on this authorization without question.
8. The signatures that appear in Section 9 are true and genuine original signatures.



10. Required Certificate of Authority and Resolution (Continued)**Required Signatures for Section 10****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

Print Name

Date (mm/dd/yyyy)

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

Print Name

Date (mm/dd/yyyy)

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



Schwab One® Account Application Agreement for Non-Incorporated Organizations

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

Account Opening Authorizations

By signing this application, each individual in his or her representative and individual capacity ("you") represent and warrant that all of the information supplied in this application is true and correct. You also agree that you have received and read a copy of the attached Application Agreement, which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Organization and of you with respect to your capacity as an Authorized Individual on the account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain and operate an 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 *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the organizational documents, resolutions, agreements and laws governing the Organization permit the establishment and maintenance of the account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under organizational documents,

resolutions, agreements and laws governing the Organization.

You represent and warrant that each Authorized Individual listed on this application or subsequently provided to Schwab is authorized by the Organization to act individually, independently and without the consent of any owner, member, manager, partner, board, director, officer or other person of the Organization. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Organization. You represent and warrant that 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.

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.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any organization you represent (as required by federal law), creditworthiness and ongoing eligibility for the account(s) (and that of your spouse, if you live in a community property state) at account opening,

at any time throughout the life of the account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab, its affiliates, officers, directors, employees and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the account(s), the breach of any agreement with Schwab or any dispute involving you and the Organization.

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

By signing this application, 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.

Certificate of Authority and Resolution

The Organization adopts the following Certificate of Authority and Resolution:

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

1. The Organization is one of the following:
 - 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 Limited Partnership, and the undersigned represent all General Partners of the Limited Partnership
 - a General Partnership, and the undersigned represent all the partners of the General Partnership
 - a Limited Liability Partnership (LLP), and the undersigned represent all of the partners of the LLP
 - an Unincorporated Association, and the undersigned are authorized officers of the Unincorporated Association
 - 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 no other person, firm, corporation or other entity has any interest in the business.

2. Each individual whose signature appears in Section 9 (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 *Charles Schwab Pricing Guide for Individual Investors*, 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 accounts. 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 acknowledgement, Schwab may rely on this authorization without question.

8. The signatures that appear in Section 9 are true and genuine original signatures.

Each of the undersigned certifies, warrants and represents that the certifications made herein, including the representations in the Agreement, are based on personal knowledge or appropriate inquiry. Each of the undersigned agree to indemnify and hold harmless Schwab, its affiliates and agents, against any liability, loss, cost or damage, including attorneys' fees and court costs, that may arise if any of the representations and warranties or any information certified in this application are untrue or incomplete. Schwab may rely upon this certification until written notice of revocation or amendment is delivered to and receipt acknowledged by Schwab. You agree that Schwab is not responsible, and you will hold Schwab harmless, in the event that any Authorized Individual exceeds the authority granted under organizational documents, resolutions, agreements and laws governing the Organization. This certification supersedes any prior certifications, documents or information provided to Schwab with respect to the Organization.

Schwab One Account Application Agreement for Non-Incorporated Organizations

Section 1: Scope of Agreement. Your agreement with Schwab consists of the terms set forth in this Application Agreement and the terms set forth in the Schwab One Account Agreement, which incorporates the *Charles Schwab Pricing Guide* and a number of other important disclosures. The Schwab One Account Agreement is provided with this application or at the opening of your account. You agree to contact Schwab if you do not receive the Schwab One Account Agreement.

In addition, you 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 and the Schwab One Account Agreement are collectively referred to as the "Agreement and Disclosures." You agree to read the Agreement and Disclosures carefully and retain copies for your records.

Section 2: Acceptance of Agreement and Disclosures. You agree that the Agreement and Disclosures govern all aspects of your relationship with Schwab, including all transactions between Schwab and you and all products and services now or in the future offered through Schwab. Schwab may rely on your use of Schwab's products and services as evidence of your continued acceptance of the Agreement and Disclosures.

Section 3: Your Representations and Warranties. You represent and warrant that: (a) you are of legal age in the state in which you live and you are authorized to enter into this Agreement; (b) you have supplied accurate information in your Account Application; (c) no one except the Account Holders listed on the Account Application (and if community property is held, the Account Holders' spouses) has an interest in the account; (d) no additional authorizations from third parties are required for you to open the

account and effect transactions therein; (e) except as you have otherwise indicated on your Account Application or in writing to us, (i) you are not an employee of or affiliated with any securities exchange or member firm of any exchange, the Financial Industry Regulatory Authority (FINRA), or any securities firm, bank, trust company, or insurance company; and (ii) you are not a director, 10% beneficial shareholder, policy-making officer, or otherwise an "affiliate" (as defined in Rule 144 under the Securities Act of 1933) of a publicly traded company; and (f) this Application Agreement, as amended from time to time, is a legal, valid and binding obligation, enforceable against you in accordance with its terms.

Section 4: Account Handling. Schwab will automatically hold all of your securities purchased, sales proceeds, dividends and interest. Schwab will also release your name, address and securities positions to companies in which we hold securities for your account upon request, unless you notify us otherwise in writing. If you maintain more than one account at Schwab, you authorize Schwab to transfer assets between your accounts when no written authorization is requested.

Section 5: Responsibility for Investment Decisions. You agree that you and any agent under a power of attorney or Investment Advisor (if you have one) are solely responsible for investment decisions in your account, including whether to buy, sell or hold a particular security. Unless required by law, or unless Schwab provides advice to you that is clearly identified as an individualized recommendation for you, you understand that Schwab has no obligation to determine whether a particular transaction, strategy, or purchase or sale of a security is in your best interest. Your obligation includes an affirmative duty to monitor and stay informed about your account and your investments and respond to changes as you deem appropriate.

Unless we otherwise agree with you in writing, Schwab does not monitor your account(s) or investments and has no obligation to update an investment recommendation, financial advice, or financial plan we may give you. Such recommendation, financial advice, or financial plan only applies at the point in time we provide it to you. You acknowledge that Schwab does not provide tax or legal advice.

Section 6: Payment of Indebtedness. You agree to make payment of any indebtedness related to your account, including, but not limited to, any such indebtedness that results from instructions provided to Schwab by you, your agent or any attorney-in-fact under a power of attorney or Investment Advisor authorized to make transactions in your account. We may elect anytime, with or without notice, to make any debit balance or other obligation related to your account immediately due and payable. We may report any past-due account to a consumer and/or securities credit reporting agency. We may also refer your account to a collection agency.

Section 7: Security for Indebtedness. Note: This section does not apply to any tax-qualified accounts subject to the prohibited transaction rules of the Internal Revenue Code or ERISA, or any indebtedness arising therefrom.

As security for the repayment of all present or future indebtedness owed to us by any Account Holder under the Schwab One Account Agreement or otherwise, each Account Holder grants to us a continuing security interest in and lien on, and a right of setoff with respect to, all Securities and Other Property that are, now or in the future, held, carried or maintained for any purpose in or through the Schwab One Account, and, to the extent of such Account Holder's interest in or through, any present or future account with us in which the Account Holder has an interest.

If you owe money to Schwab as the result of activity in your account and there are assets

available in any non-retirement account that you hold at Schwab which could fully or partially satisfy the debt, you agree that upon Schwab's written demand, you will execute all documents necessary to effect a distribution from your non-retirement account and agree to pay or cause such funds to be paid immediately to Schwab in order to satisfy your indebtedness to Schwab.

Section 8: Liquidations. Whenever it is necessary for our protection or to satisfy a margin deficiency, debit or other obligation owed us, we may (but are not required to) sell, assign and deliver all or any part of the property securing your obligations, or close any or all transactions in your account. We may choose which property to buy or sell, which transactions to close and the sequence and timing of liquidation. We may take such actions on whatever exchange or market and in whatever manner (including public auction or private sale) that we choose in the exercise of our business judgment. You agree not to hold us liable for the choice of which property to buy or sell or of which transactions to close or for timing or manner of liquidation.

In certain circumstances we may, at our sole discretion, liquidate your entire margin loan balance to satisfy a margin call. You agree not to hold us liable for taking such action.

We may transfer property from any non-retirement brokerage account in which you have an interest to any other brokerage accounts in which you have an interest regardless of whether there are other Account Holders on either account, if we determine that your obligations are not adequately secured or to satisfy a margin deficiency or other obligation. You agree to pay on demand any account deficiencies after liquidation, whether liquidation is complete or partial.

All of the above may be done without demand for margin or notice of purchase, sale, transfer or cancellation to you. No demand for margin or notice shall impose on Schwab any obligation to make such demand or provide such notice to you in the future. Any such notice or demand is hereby expressly waived, and no specific demand or notice shall invalidate this waiver.

Section 9: Interest on Debit Balances. We will charge and compound interest on your debit balances according to our Disclosure of Credit Terms and Policies.

Section 10: Using the Check & Visa® Platinum Debit Card Features. If you have requested the check or Visa Debit Card feature through your account, you authorize checks and Visa Debit Cards to be issued as indicated in your Account Application. You agree that each Account Holder is authorized to write checks and engage in Visa Debit Card transactions, and you understand that if the checking feature is terminated, your Visa Debit Card will be automatically cancelled.

Section 11: Verification. You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity (as required by law), creditworthiness and ongoing eligibility for the account of the Account Holders, any other person referred to on this application, or any person who Schwab is later notified is associated with or has an interest in the account (as well as such persons' spouses if they live in a community-property jurisdiction) at account opening, at any time throughout the life of the

account, and thereafter for debt collection or investigative purposes.

Section 12: 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.

Section 13: 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.

Section 14: Electronic Copies. The electronically stored copy of your (or your agent's) signature, any written instructions or authorizations, the Account Application and the Agreement and Disclosures are considered to be the true, complete, valid, authentic and enforceable record, admissible in judicial, administrative or arbitration proceedings to the same extent as if the documents and records were originally generated and maintained in printed form. You agree to not contest the admissibility or enforceability of Schwab's electronically stored copy of such documents in any proceeding

between you and Schwab.

Section 15: 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.

Section 16: 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.

Section 17: 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 a Schwab representative at 1-800-435-4000.

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	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.
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	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.
Duty to Monitor Eligibility for Cash Features	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.
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

Interest Rates and Yields (Continued)	<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 can 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>
Benefits to Schwab	<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>
Differing Risks and Account Protection	<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 Solutions 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.

