

This Notice is being provided by Charles Schwab & Co., Inc. as required by California law. You will also be receiving separately The Charles Schwab Corporation's full Privacy Notice.

## **Important Privacy Choice for Consumers**

**You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choice below.**

### **Your Rights**

You have the following right to restrict the sharing of personal and financial information with Schwab Affiliates (the family of financial services companies that The Charles Schwab Corporation owns or controls) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

### **Your Choice**

**Restrict Information Sharing With Schwab Affiliates And Other Companies We Do Business With To Provide Financial Products And Services:** Unless you say "No," we may share personal and financial information about you with Schwab Affiliates and outside companies we contract with to provide financial products and services to you.

☐ NO, please do not share personal and financial information with Schwab Affiliates and outside companies you contract with to provide financial products and services.

### **Time-Sensitive Reply**

You may make your privacy choice at any time. Your choice marked here will remain unless you state otherwise. However, if we do not hear from you, we may share some of your information with affiliated companies and other companies with which we have contracts to provide products and services. Your choice will apply to everyone on your account.

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **To exercise your choice, do one of the following:**

- (1) Call this toll-free number: 1-877-812-1817; **OR**
- (2) Fill out, sign and fax this form to us at the following toll-free number: 1-877-242-2681; **OR**
- (3) Fill out, sign and send back this form to Charles Schwab & Co., Inc., P.O. Box 982600, El Paso, TX 79998-2600 (you may want to make a copy for your records).

