New Account Application for Clients Associated with an Investment Advisor



Page 1 of 13

All forms mentioned in this application are available on the Forms & Applications tab on www.schwabadvisorcenter.com.

Use this form to establish a Schwab Charitable™ donor-advised fund account ("Account") for clients associated with an Investment Advisor ("IA") working with Charles Schwab Advisor Services™, a division of Charles Schwab & Co., Inc. Please review our Program Policies prior to opening an account.

Questions or Need Assistance? Call 1-800-746-6216 or email ask@schwabcharitable.org.

Investment Advisor Contact Information (This portion	n to be completed by IA.)
IA Firm Name	FA Master Account Number
SL Master Account Number(s) (if Applicable)	IA Name (main contact)
Email Address	Phone Number
Schwab Charitable will contact the IA listed here with any account	questions.
Designate Investment Advisor Account Access and	d Privileges
All IAs receive the following access on schwabadvisorcenter.com:	
Account linked to IA's master account number indicated above	
• View-only access to the Account's balances, positions, transactio	ns, and profiles on <u>schwabadvisorcenter.com</u>
Online access to Account correspondence:	
Grant Award to Charity Letter	
Contribution Letter	
Annual Account Summary Letter	
Additional Privileges (Optional)	
For additional IA privileges, choose one of the following.	
☐ A: Investment Advisor Agent – Have privileges to access Sch	wab Charitable Center (on Schwab Advisor Center) and:
1. Recommend grants on behalf of the Account Holder(s).	
2. Recommend a portfolio allocation among investment pools for	or Core Accounts.
☐ B: Professional Account Manager for a Professionally Manage	d Account* (minimum Account balance of \$250,000 is required):
1. Provide active management of a customized portfolio.	
2. Retain the ability to charge a management fee for investment	t services (capped at 1%).
(Note: An Investment Advisory Agreement is required for this	option.)
C: Dual Professional Account Manager and Agent	
(Note: In addition to the Investment Advisory Agreement, an \underline{Ag}	ency Agreement between the IA and Account Holder is required for this option.)
(formerly Schwab Institutional®), a business segment of The Charl	pendent investment advisors working with Charles Schwab Advisor Services es Schwab Corporation serving independent investment advisors that includes o., Inc. While Account Holders may recommend an advisor, Schwab Charitable

must approve the recommendation. IAs must meet certain eligibility requirements and adhere to Schwab Charitable fee and investment guidelines.

		that accompanies the check. Please use the word
rund of Account in the name (e.g., Abc ran	illy Charitable Fund). We cannot accept Account n	ames with the word Trust.
Account Name (maximum 75 characters)		
3. Provide Account Holder Informatio	n ¹	
Primary Account Holder (Default recipient for all account corres	pondence)	
Non-Eng	W. A. H.	-
Name First	Middle	Last
Social Security/Tax ID Number Date of Birth	Are you known by another name and the state of the state	me? (Please specify.)
Home/Legal Street Address (no P.O. boxes)		
City	State or Province	Zip or Postal Code
Mailing Address (Include mailing address if diffe	erent from home/legal address. P.O. boxes may be	used.)
City	State or Province	Zip or Postal Code
Country(ies) of Citizenship (Must list each sepa	arated by a comma.)	·
☐ USA ☐ Other:		
Home Telephone Number	Mobile Telephone Number	Business Telephone Number
	_	
Email Address		
Employment Information (Please select only or Employed Self-Employed Ret	– – – –	Employed
	f-Employed," please select one option that best de	• •
_	al Services/Banking Professional	☐ Consultant
☐ Executive/Senior Management ☐ Inform	ation Technology Professional 🔲 Educator	Other (specify):
	Professional Sales/Ma	
	<u> </u>	ernment Employee (Federal/State/Local)
☐ Accounting Professional ☐ Foreign	n Government Employee (Non-U.S.) Trade/Se	rvice (Labor/Manufacturing/Production)
Employer Name/Business Name Busi	ness Street Address (no P.O. boxes)	
City	State or Province	Zip or Postal Code
As the primary Account Holder, you will automa contribution correspondence.	tically receive electronic copies via email of accou	nt statements letters, as well as grant and
	receiving electronic communications from Schwa pen an account, you may request paper communic	b Charitable. Opt-out Information is provided at cations via the Client Center, or you may contact us

¹All Account Holders have full and equal account access and privileges. See the *Program Policies* for more information.

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Name First	Middle	Last
Social Security/Tax ID Number Date of	Birth (mm/dd/yyyy) A	known by another name? (Please specify.)
Home/Legal Street Address (no P.O. boxe	s)	
City	State or Province	Zip or Postal Code
Mailing Address (Include mailing address	if different from home/lega	ss. P.O. boxes may be used.)
City	State or Province	Zip or Postal Code
Country(ies) of Citizenship (Must list each	n separated by a comma.)	
Home Telephone Number	Mobile Telephone	Business Telephone Number
Email Address		
Employment Information (Please select o	_ *	
	Retired Homemak	Student Not Employed
_ ' ' ' _ '	r "Seir-Employed," please : inancial Services/Banking	ne option that best describes your occupation.) sional Military Consultant
	nformation Technology Pro	— · · · · · · · · · · · · · · · · · · ·
_	ther Professional	☐ Sales/Marketing
Legal Professional C	lerical/Administrative Ser	U.S. Government Employee (Federal/State/Local)
Accounting Professional F	oreign Government Emplo	on-U.S.) Trade/Service (Labor/Manufacturing/Production)
Employer Name/Business Name	Business Street Address	. boxes)
City	State or Province	Zip or Postal Code
Secondary account holders will automatic	ally receive electronic cop	email of account statements and letters.
•		unications from Schwab Charitable. Opt-out Information is prov
,,	•	quest paper communications via the Client Center, or you may

4. Authorize Additional Account Users2 (Optional) Note that Additional Account Users will not succeed Account Holders on the Account unless they are added separately as successors in Section 5 by an Account Holder. Additional Account User 1 (To add up to four Additional Account Users, please make copies of this page and include them with the completed application.) Name First Middle Last Social Security/Tax ID Number Date of Birth (mm/dd/yyyy) Are you known by another name? (Please specify.) Home/Legal Street Address (no P.O. boxes) City State or Province Zip or Postal Code Mailing Address (Include mailing address if different from home/legal address. P.O. boxes may be used.) City State or Province Zip or Postal Code Country(ies) of Citizenship (Must list each separated by a comma.) USA Other: **Home Telephone Number** Mobile Telephone Number **Business Telephone Number Email Address** Employment Information (Please select only one box.) Self-Employed ☐ Homemaker ☐ Student ☐ Not Employed Employed Retired Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) ■ Business Owner/Self-Employed ■ Financial Services/Banking Professional ■ Military Consultant ■ Executive/Senior Management ■ Information Technology Professional Educator Other (specify): Medical Professional Other Professional Sales/Marketing Legal Professional Clerical/Administrative Services ■ U.S. Government Employee (Federal/State/Local) Foreign Government Employee (Non-U.S.) Trade/Service (Labor/Manufacturing/Production) Accounting Professional **Employer Name/Business Name** Business Street Address (no P.O. boxes) City State or Province Zip or Postal Code

Additional account users will automatically receive electronic copies via email of account statements and letters. Opt-out Information is provided at www.schwabcharitable.org/privacy

²Additional Account Users have limited account access and privileges. See the *Program Policies* for more information.

5. Choose Succession Planning Options

Account Holders can choose from three succession planning options upon the death, incapacity, refusal to serve, or other disqualification of all Account Holders on the Account. Select any combination of the three options listed below and assign a percentage for each option selected. The final amount must total 100%.

If Account Holders do not choose a succession option, Schwab Charitable may, upon the death or disqualification of all Account Holders, elect to distribute the balance of the account to eligible charities in the account's grant history. At its discretion, Schwab Charitable may also transfer the account balance to the Philanthropy Fund, Schwab Charitable's unrestricted giving fund.

All recommendations of charitable beneficiaries are subject to the approval of Schwab Charitable, in its complete discretion, at the time the recommendation would take effect. Prior to recommending a charitable beneficiary, Account Holders should consider the following resources: Granting Guidelines, Explore Charities, Making Informed Granting Decisions.

Succession Planning Snapshot

	Recommend up to a total of 10 individual successors and/or charitable beneficiaries to succeed to the Account. You may also recommend up to a total of 10 individual contingent successors and/or contingent charitable beneficiaries.
Option B: Schwab Charitable Legacy Program	Recommend Schwab Charitable's Legacy Program to extend your giving beyond your lifetime.
	Allocate to Schwab Charitable's giving fund, established to make charitable grants and to sponsor account holder and investment advisor education and research.

Want more detail on the three options?

Visit schwabcharitable.org.

5A. Option A: Name Individuals as Successors and/or Organizations as Charitable Beneficiaries

Total percentage of Accou	nt Designated for Successors		%
Successor 1 (To add up to 10 total s	uccessors and/or charitable beneficiaries, please	make copies of this page and include them with the	e completed application.)
Name First	Middle	Last	Allocation*
Social Security Number	Date	e of Birth (mm/dd/yyyy)	
Address			
City	State	or Province	Zip or Postal Code
Telephone Number Ho	me Business Mobile	Email Address	
Relationship to Account Ho	older		
*May be a decimal, percent	age, or fraction.		

Successor 2			
Name First	 Middle	Last	Allocation*
Social Security Number		Date of Birth (mm/dd/yyyy)	
Address			
City	Sta	ate or Province	Zip or Postal Code
Telephone Number Home	Business Mobile	Email Address	
Relationship to Account Holder			
*May be a decimal, percentage,	or fraction.		
Charitable Beneficiary 1 (To add up to a to	rtal of 10 successors and/or charitable	beneficiaries, please make copies of this page and include the	m with the completed application.)
Organization Name		Federal Tax ID Number (if know	vn) Allocation*
Address			
City	Sta	ate or Province	Zip or Postal Code
Telephone Number Home	☐ Business ☐ Mobile		
		Special Purpose	
*May be a decimal, percentage,	or fraction.		
Charitable Beneficiary 2			
Organization Name		Federal Tax ID Number (if know	vn) Allocation*
Address			
City	Sta	ate or Province	Zip or Postal Code
Telephone Number Home	☐ Business ☐ Mobile		
		Special Purpose	
*May be a decimal, percentage,	or fraction.		

Zip or Postal Code

A contingent succession plan may be enacted if all listed charitable beneficiaries are ineligible and/or all named successors are deceased, unwilling to serve, or otherwise ineligible. Account holders may add up to a total of 10 contingent successors and/or charitable beneficiaries to their account. Account assets will be divided evenly among all eligible successors and/or charitable beneficiaries. You may designate contingent successors and/or beneficiaries below. Contingent Successor (To add up to a total of 10 contingent successors and/or charitable beneficiaries, please make copies of this page and include them with the completed application.) Name First Middle Last Social Security Number Date of Birth (mm/dd/yyyy) Address City State or Province Zip or Postal Code Telephone Number

Home Business Mobile **Email Address** Relationship to Account Holder Contingent Charitable Beneficiary (To add up to a total of 10 contingent successors and/or charitable beneficiaries, please make copies of this page and include them with the completed application.) **Organization Name** Federal Tax ID Number (if known) Address

State or Province

Special Purpose

City

Telephone Number Home

Business

	ted for the Legacy Progra	am %
The Schwab Charitable Legacy Program managed accounts.	n requires a minimum acc	count balance of \$100,000 for core accounts and \$250,000 for professionally
New Account Name		
Select a new Account name that will g Family Charitable Fund). We cannot ac		of activation. Please use the word "Fund" or "Account" in the name (e.g., ABC the word "Trust."
Distribution Options:		
	years	%
Term: Issue grants for a term of (minir	num 5 years)	Total Annual Distribution Percentage (minimum 5%)
Legacy Plan Charitable Beneficiary 1		
Organization Name	Fe	ederal Tax ID Number (if known)
Address		
City	State or Provin	nce Zip or Postal Code
		%
Glenhone Number Home Ru	siness Mohile	
·	siness Mobile	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1
Frequency:		Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment:
Telephone Number Home Bu Frequency: Semi-Annual (grants will go out in l Annual: Select one March or	March <u>and</u> September)	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1
Frequency: Semi-Annual (grants will go out in l Annual: Select one March or	March <u>and</u> September) September	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous
Frequency: Semi-Annual (grants will go out in land) Annual: Select one March or Legacy Plan Charitable Beneficiary 2 (To add up to s	March <u>and</u> September) September Six charitable beneficiaries, please	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.)
Frequency: Semi-Annual (grants will go out in l Annual: Select one March or	March <u>and</u> September) September Six charitable beneficiaries, please	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name
Frequency: Semi-Annual (grants will go out in land) Annual: Select one March or Legacy Plan Charitable Beneficiary 2 (To add up to s	March <u>and</u> September) September Six charitable beneficiaries, please	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.)
Frequency: Semi-Annual (grants will go out in I annual: Select one March or March or Legacy Plan Charitable Beneficiary 2 (To add up to some Drganization Name	March <u>and</u> September) September Six charitable beneficiaries, please	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.) ederal Tax ID Number (if known)
Frequency: Semi-Annual (grants will go out in land annual: Select one March or March or Legacy Plan Charitable Beneficiary 2 (To add up to some Address	March <u>and</u> September) September Six charitable beneficiaries, please Fe	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.) ederal Tax ID Number (if known) Tip or Postal Code %
Frequency: Semi-Annual (grants will go out in I annual: Select one March or March or Legacy Plan Charitable Beneficiary 2 (To add up to sold or Drganization Name Address Felephone Number Home Bu	March <u>and</u> September) September six charitable beneficiaries, please Fe	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.) ederal Tax ID Number (if known) Tip or Postal Code Percentage of Total Annual Distribution for Legacy Plan Charitable Beneficiary 2
Frequency: Semi-Annual (grants will go out in land annual: Select one March or March or Legacy Plan Charitable Beneficiary 2 (To add up to select one March or Drganization Name Address City Felephone Number Home Butterquency:	March and September) September Six charitable beneficiaries, please Fee State or Provinguisiness Mobile	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.) ederal Tax ID Number (if known) Tip or Postal Code % Percentage of Total Annual Distribution for Legacy Plan Charitable Beneficiary 2 Acknowledgment:
Frequency: Semi-Annual (grants will go out in land Annual: Select one March or March or Legacy Plan Charitable Beneficiary 2 (To add up to some Address City Felephone Number Home Butterquency: Semi-Annual (grants will go out in land Semi-Annu	March and September) September Six charitable beneficiaries, please Fe State or Proving Isiness Mobile March and September)	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.) ederal Tax ID Number (if known) Tip or Postal Code Your Percentage of Total Annual Distribution for Legacy Plan Charitable Beneficiary 2 Acknowledgment: Anonymous
Frequency: Semi-Annual (grants will go out in land annual: Select one March or March or Legacy Plan Charitable Beneficiary 2 (To add up to select one March or Charitable Beneficiary 2 (To add up to select one March or March or Charitable Beneficiary 2 (To add up to select one Name Charitable Beneficiary 2 (To add up to select one Name Charitable Beneficiary 2 (To add up to select one Name Charitable Beneficiary 2 (To add up to select one Name Charitable Beneficiary 2 (To add up to select one Name Charitable Beneficiary 2 (To add up to select one March or Sele	March and September) September Six charitable beneficiaries, please Fe State or Proving Isiness Mobile March and September)	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.) ederal Tax ID Number (if known) Tip or Postal Code % Percentage of Total Annual Distribution for Legacy Plan Charitable Beneficiary 2 Acknowledgment:
Frequency: Semi-Annual (grants will go out in I annual: Select one March or March or Legacy Plan Charitable Beneficiary 2 (To add up to sold domain annual: Select one March or March	March and September) September Six charitable beneficiaries, please Fee State or Provinguisiness Mobile March and September) September	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.) ederal Tax ID Number (if known) Tip or Postal Code Percentage of Total Annual Distribution for Legacy Plan Charitable Beneficiary 2 Acknowledgment: Anonymous Special Account Name
Frequency: Semi-Annual (grants will go out in land Annual: Select one March or March or Legacy Plan Charitable Beneficiary 2 (To add up to some Address City Felephone Number Home Butterquency: Semi-Annual (grants will go out in land Semi-Annu	March and September) September Six charitable beneficiaries, please Fee State or Proving siness Mobile March and September) September Schwab Charitable	Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1 Acknowledgment: Anonymous Special Account Name make copies of this page and include them with the completed application.) ederal Tax ID Number (if known) Tip or Postal Code Yercentage of Total Annual Distribution for Legacy Plan Charitable Beneficiary Acknowledgment: Anonymous Special Account Name Philanthropy Fund

6. Recommend Investments

Core Donor-Advised Fund Account (Investment Pools)

Please skip this section if this is a Professionally Managed Account and you selected option B or C in Section 1 of this form.

If a portfolio allocation is not indicated, Schwab Charitable will allocate 100% of contributions to the Money Market Pool.

Before recommending a portfolio allocation, please visit schwabcharitable.org and review:

- Investment Options
- Administrative and Investment Fees
- Investment Allocation Survey

Administrative fees are charged directly to the investment pools. Refer to the *Administrative and Investment Fees* link above. Investment Advisor Agents may recommend a change in the portfolio allocation at any time online or by completing the *Update Investment Pools* Form on schwabadvisorcenter.com.

Asset Allocation Pools % of Total (whole numbers only) Conservative Pool Balanced Pool % Socially Responsible Balanced Pool* % Growth Pool % Individual Investment Pools-Index Pools Income Index Pool % Inflation Protected Bond Pool Total Market Equity Index Pool % International Equity Index Pool % Small Cap Equity Pool % Individual Investment Pools-Actively Managed Pools Short-Term Income Pool Income Pool % Large Cap Equity Managed Pool* % International Equity Managed Pool % Socially Responsible Fixed Income Pool* % Individual Investment Pools-Money Market Pool Money Market Pool % **Total Must Equal 100%** 100%

^{*}For those interested in socially responsible investing (SRI), we offer three pools with underlying funds supporting SRI mandates. These pools consider not only traditional measures of risk and return but environmental, social, and corporate governance (ESG) factors as well.

7. Contribute to Account

Contributions to an account can include marketable securities such as equities, mutual funds, fixed income, and assets that are not publicly traded. To contribute restricted or non-cash assets, please contact Donor Services at 1-800-746-6216 or email us at ask@schwabcharitable.org.

- All contributions are irrevocable and are generally eligible for a tax deduction.
- Donating shares held less than a year may impact your deduction. Consult with your tax advisor.

Donating shares neto tess than a	year may impact your c	acaacacan concate man you			
If you are an executor or personal the timing and/or your authority to			, please consult your	tax or legal professi	onal for advice as to
Source of Funds in Account (REQUIRED-Please	se select all that apply.)				
Please select all of the original sou	rces of assets that wou	ıld fund your Account.			
Salary/Wages/Savings		Investme	ent Capital Gains		
Social Security Benefits		Gifts			
Sale of Property or Business		☐ Gambling	g/Lottery		
Family/Relatives/Inheritance		Other (pl	ease specify):		
Contributions to Your Account					
There are three options for contrib	utions below:				
A. Assets from a Schwab brokerag	e account				
3. Check or wire transfer					
C. Securities held in personal poss	ession				
STOP! If you wish to contribute ass	sets held at a non-Schv	vab financial institution, ple	ase use our Transfer o	of Assets form.	
7A. Assets From a Charles Schwa	b & Co., Inc. Brokerage	Account			
Assets to be transferred may be no	oted in a spreadsheet, v	which must be signed, date	d and returned with th	nis application.	
Schwab Brokerage Account Numb	oer Name(s) on Ad	count			
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be no	ther Assets	d attached to this form. Eac	h spreadsheet or atta	chment must be sig	ned dated by the
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be no account holder(s) authorizing this of for mutual fund shares.	other Assets oted in spreadsheet and contribution. We genera	ally only accept whole share	s but can accept frac	tional shares up to t	three decimal points
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be no account holder(s) authorizing this of for mutual fund shares.	other Assets oted in spreadsheet and contribution. We genera		s but can accept frac	tional shares up to t	
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be no account holder(s) authorizing this of for mutual fund shares.	other Assets oted in spreadsheet and contribution. We genera	ally only accept whole share	s but can accept frac	tional shares up to t	three decimal points
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be not account holder(s) authorizing this of for mutual fund shares. All information.	other Assets oted in spreadsheet and contribution. We general tion below is MANDAT	ORY for proper processing	s but can accept frac Approximate	Cost basis Acquired date	three decimal points * (optional)
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be not account holder(s) authorizing this of for mutual fund shares. All information.	other Assets oted in spreadsheet and contribution. We general tion below is MANDAT	ORY for proper processing	s but can accept frac Approximate	Cost basis Acquired date	three decimal points * (optional)
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be not account holder(s) authorizing this of for mutual fund shares. All information.	other Assets oted in spreadsheet and contribution. We general tion below is MANDAT Symbol (if applicable)	ORY for proper processing Total number of shares	s but can accept frac	Cost basis Acquired date (mm/dd/yyyy)	three decimal points * (optional)
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be not account holder(s) authorizing this of for mutual fund shares. All information.	other Assets oted in spreadsheet and contribution. We general tion below is MANDAT Symbol (if applicable)	Total number of shares ecurities (MANDATORY)	S but can accept frac	Cost basis Acquired date (mm/dd/yyyy)	three decimal points * (optional)
Stocks, Bonds, Mutual Funds or O Assets to be transferred may be not account holder(s) authorizing this of for mutual fund shares. All information.	ther Assets oted in spreadsheet and contribution. We general tion below is MANDAT Symbol (if applicable) Total value of se	Total number of shares ecurities (MANDATORY)	S but can accept frac	Cost basis Acquired date (mm/dd/yyyy)	three decimal points * (optional)

Check Enclosed: \$	(Make payable to Schwab	Charitable. Addresses are in Section	8.)
Wire Transfer: \$	(Wire instructions are in S	ection 8.)	
7C. Security Certificates Held in Persona	l Possession		
Please have all registered owners of the c "attorney" in the space provided on the b appears on the face of the certificate.			
Specify Securities			
	011	Number of Shares	Approximate
Name of Security	Symbol (if applicable)	Number of Shares	Dollar Value
Name of Security	•	Total	

8. Agree To Terms

General Terms

I hereby request that Schwab Charitable open a donor-advised fund account ("Account"), which will constitute a donor-advised fund of Schwab Charitable. I have read and agree to be bound by the terms of Schwab Charitable's Program Policies (the "Program Policies") as currently in effect and as amended from time to time. Specifically, I have read and agree to all fees and expenses as described in the Program Policies. I understand that my Account is assessed an annual administrative fee of 60 bps of the Account value or \$100, whichever is greater. This administrative fee is charged to the investment pool on a daily basis and affects the net asset value of my Account pool holdings. Accounts with assets in excess of \$500,000 are eligible for reduced fees (see our pricing schedule) and receive a quarterly credit for the difference between the reduced fee and the 60 bps charged to the pools.

For Professionally Managed Accounts, quarterly fees are charged directly to the Account and are listed as a separate line item on the Account statements. I will notify Schwab Charitable if I do not understand the Program Policies, which are available online at schwabcharitable.org and by mail from Schwab Charitable.

This also serves as my written authorization to irrevocably transfer ownership of the assets specified in this form (including restricted stock) to Schwab Charitable. I understand that any contribution, once accepted by Schwab Charitable, represents an *irrevocable contribution* to Schwab Charitable and is not refundable to me for any reason. Incoming stock contributions for Core Accounts are typically sold promptly upon receipt, but Schwab Charitable may sell securities at any time. (Note: For assets held in a joint Account, a registered owner of the donated assets must provide a signature and be acting on behalf of all the registered owners of the assets. For assets held in other types of Accounts, all registered owners must provide a signature. If you are donating security certificates held in personal possession, signature(s) must correspond with the name(s) written on the face of the certificate(s) or bond(s) in every particular without alteration.)

I understand that I may make recommendations concerning the investments in the Account, as well as recommending grants to charitable organizations from the Account. While Schwab Charitable will give careful and thoughtful consideration to all such recommendations, I understand that final decisions concerning the investment of Account assets and all grants from the Account will be made by Schwab Charitable. I further understand that no recommended grants from the Account may be used to discharge or satisfy a charitable pledge or obligation that is legally enforceable against me or any other person or to pay for goods or services of value or any other private benefit received by me or any other person affiliated with me.²

¹This applies to sales of securities for Core Accounts only. The Investment Advisor is responsible for sales of securities for the PMA Accounts.

²"Person affiliated with me" includes your spouse, ancestors, parents, children, grandchildren, great-grandchildren, brothers and sisters, as well as spouses of your children, grandchildren, great-grandchildren, brothers, and sisters. It also includes certain entities in which you or your family members own an interest. See the Program Policies for additional information.

I understand that if there is more than one Account Holder on the Account, each Account Holder has authority, acting individually and without notice to any other Account Holder, to deal with Schwab Charitable as fully and completely as if the Account Holder were the sole Account Holder and may make any changes to the Account (except to remove other Account Holders).

IN CASE OF ERRORS OR DISCREPANCIES: If I find any errors or omissions relating to my Schwab Charitable Account, I must call Schwab Charitable immediately at 1-800-746-6216. I will notify Schwab Charitable no later than 10 days after the relevant communications are sent or made available to me. I understand that Schwab Charitable will not be liable for any losses that occur because of my failure to promptly notify Schwab Charitable of an error.

I also certify that, to the best of my knowledge, all information represented in connection with this application is accurate, and I will promptly notify Schwab Charitable in writing of any changes.

Schwab Charitable is a 501(c)(3) independent public charity.

9. Signatures (Mandatory) All Account Holders must sign. To add additional Account Holders' signatures application.	, please make copies of this p	page and include them with the completed
×		
Signature: Primary Account Holder	Print Name	Today's Date (mm/dd/yyyy)
×		
Signature: Additional Account Holder	Print Name	Today's Date (mm/dd/yyyy)
×		
Signature: Additional Account Holder	Print Name	Today's Date (mm/dd/yyyy)

10. Delivery Instructions

Options for Sending Forms

Fax:*	Regular Mail:	Overnight Delivery:
1-877-535-3852	Schwab Charitable	Schwab Charitable
	P.O. Box 628298	1958 Summit Park Dr., Suite 200
	Orlando, FL 32862	Orlando, FL 32810

Please retain a copy of all original documents for your files.

*For fax submissions: It is the intention of each of the signatory account holders that Schwab Charitable™ may rely on a facsimile copy of his or her signature as a binding and enforceable signature, admissible in any proceeding to the same extent as if this form were submitted in manual form.

Instructions for Firms Transferring Assets

All deliveries must include the account holder's name and the Schwab Charitable donor-advised fund account number.

Wire Transfer

Please make checks payable to Schwab Charitable. Include the account number of Special Account Name in the memo field of the check.

Wire to: Citibank N.A. 111 Wall Street New York, NY 10005 1-800-627-3999 ABA#: 021000089

Citibank Account Number: 40553953

FFC Schwab Charitable

FBO: XXXXXXXX (please use 8-digit Schwab Charitable account number)

Electronic Funds Transfer EFT

Transfer to: JPMorgan Chase/Account of Charles Schwab 211 Main Street San Francisco, CA 94105 1-800-435-4000

Schwab's Direct Deposit Transit Routing Number: 071000013

Account Number: 593853800XXXXXXXXX (please replace the "XXXXXXXX" with the 8-digit Schwab Charitable account number)

Account Type: Checking

Be aware that the bank you use for this EFT may charge a fee for this transaction. Set up the EFT appropriately: choose either one time or recurring.

Physical Checks and Securities

Please make checks payable to Schwab Charitable. Include the account number of Special Account Name in the memo field of the check.

Schwab Charitable 1958 Summit Park Dr., Suite 200 Orlando, FL 32810

DTC-Eligible Securities (e.g., stocks)

DTC Clearing 0164, Code 40 Tax ID #: 31-1640316

Fed Book-Entry Securities (e.g., Treasury Notes)

JPM CHASE/CCC

ABA#: 021000018 BK of NYC/CSCHWAB

FFC: XXXXXXXX (please use 8-digit Schwab Charitable account number)

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