

**To the Employer:**

- Return a photocopy of this form to Charles Schwab & Co., Inc. ("Schwab") when sending contributions made by the Employer.
- Keep the original in your files and send a copy with the contributions.
- This form may be set up as a template in your computer.
- This form must accompany all payments to Charles Schwab & Co., Inc.

*Investment Advisor "IA" Information (This portion to be completed by IA.)*

IA Firm Name (Please print) \_\_\_\_\_  
 IA Master Account Number \_\_\_\_\_ ISG Team \_\_\_\_\_

\_\_\_\_\_  
 Name of Employer (Business Name)

\_\_\_\_\_  
 Plan Administrator's Name

\_\_\_\_\_  
 Plan Administrator's Telephone Number

\_\_\_\_\_  
 Employer's Street Address (no P.O. boxes, please)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

**Contribution Year:** All contributions will be deposited as current year contributions in the year received.

Contribution Information				
Employee Name	Employee Social Security Number	Employee Schwab SEP-IRA Account Number	Employer Contribution	Total Contribution
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>Total</b>				

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Employer's Signature (mm/dd/yy)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Business Telephone Number

\_\_\_\_\_  
 Check Number

*For Charles Schwab Use Only*

\_\_\_\_\_  
 Print Name of Approver

\_\_\_\_\_  
 Signature of Approver

\_\_\_\_\_  
 Index Code

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Date (mm/dd/yy)

