

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

IA Firm Name (Please print.) _____
 IA Master Account Number _____ ISG Team _____

1. Current Account Information

Schwab Account Number _____
 Account Holder Name _____ Social Security/Tax ID Number _____
 Additional Account Holder Name _____ Social Security/Tax ID Number _____

2. Authorized User Information (Note: You may only authorize **two** additional check users on your Schwab One account. **You may not designate check-signing authority to your Investment Advisor.** The names of the authorized users will not be printed on the checks.) As required by federal law, Schwab will use the information provided below to verify your identity.

Authorized User #1

Authorized User Name _____ Social Security/Tax ID Number _____
 Are you known by another name? (Specify) _____ Relationship to Account Holder _____
 Home Street Address (no P.O. boxes, please) _____ City _____
 State _____ Zip Code _____ Home Telephone Number _____
 Passport Country of Issue (if not a U.S. citizen) _____ Passport Number (if not a U.S. citizen) _____
 USA Other Other
 Country(ies) of Citizenship (Must list all.) _____
 USA Other
 Country of Legal Residence _____

Authorized User #2

Authorized User Name _____ Social Security/Tax ID Number _____
 Are you known by another name? (Specify) _____ Relationship to Account Holder _____
 Home Street Address (no P.O. boxes, please) _____ City _____
 State _____ Zip Code _____ Home Telephone Number _____
 Passport Country of Issue (if not a U.S. citizen) _____ Passport Number (if not a U.S. citizen) _____
 USA Other Other
 Country(ies) of Citizenship (Must list all.) _____
 USA Other
 Country of Legal Residence _____

3. Account Authorization All account holders and authorized users must sign.

The undersigned account holders agree that until this Authorization is revoked by written notice to Schwab and return of all checks delivered to the above-authorized users, Schwab may charge the Schwab One account of the undersigned in the amount of all checks written by such authorized users. All transactions relating to this Authorization are subject to the Schwab One Account Agreement previously agreed to by the undersigned account holders.

▶ Signature: Account Holder _____ Date _____ (mm/dd/yy)
 ▶ Signature: Additional Account Holder _____ Date _____ (mm/dd/yy)
 ▶ Signature: Authorized User _____ Date _____ (mm/dd/yy)
 ▶ Signature: Authorized User _____ Date _____ (mm/dd/yy)

4. Signature Card Please sign for check/card issuer's records.

All account holders and additional check users authorized to write checks and/or engage in Visa® transactions must sign below.

▶ Signature: Account Holder _____ Date _____ (mm/dd/yy)
 ▶ Signature: Additional Account Holder _____ Date _____ (mm/dd/yy)
 ▶ Signature: Authorized User _____ Date _____ (mm/dd/yy)
 ▶ Signature: Authorized User _____ Date _____ (mm/dd/yy)

For Charles Schwab Use Only

 Account Number _____ DDA Number _____

