

# Schwab One® Account Application for Personal Accounts

Non IRA

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

IA Firm Name (Please print.) \_\_\_\_\_

IA Master Account Number \_\_\_\_\_

Service Team \_\_\_\_\_

IA Contact Name (if follow-up is required) \_\_\_\_\_

IA Telephone Number \_\_\_\_\_

IA Email Address \_\_\_\_\_

Is your firm (or a principal, employee or related person\* of your firm) an owner, executor, guardian, conservator or custodian of this account?

Yes  No

If "yes," is it intended that this account will hold assets belonging to persons or entities other than your firm, your firm employees or yourself, or relatives of you or your firm members?

Yes  No

\*A "related person" is defined as any advisory affiliate or any person that is under common control with your firm. See Form ADV for additional information.

To use this form, all account holders must be U.S. citizens or U.S. resident aliens, reside in the U.S. or one of its territories, and provide a U.S. mailing address.

Please print in CAPITAL LETTERS if you are filling out this form or providing an attached instruction by hand.

Note: To add checks or debit cards to your Personal account, please submit the Update Your Schwab One Account form.

Ask your Advisor about digital onboarding for opening new accounts in the future.

### 1. Type of Account (Select only one.)

Schwab One  Schwab One with Margin

### 2. Registration (Select only one.)

- Individual  Joint Tenants with Rights of Survivorship  Tenants in Common  
 Tenants by the Entirety†  Community Property†  Community Property with Rights of Survivorship†  
 Conservatorship†  Guardianship†  
 Custodial (Section 12, optional) Under Laws of (State)§ \_\_\_\_\_ Age of Termination § \_\_\_\_\_  
 Estate‡ \_\_\_\_\_

Decedent's First Name \_\_\_\_\_

Decedent's Middle Name \_\_\_\_\_

Decedent's Last Name \_\_\_\_\_

Decedent's Social Security Number \_\_\_\_\_

Tax ID Number of the Estate \_\_\_\_\_

†This type of registration may not be available in your state.

‡For Estate, Guardianship, or Conservatorship accounts, also submit a copy of your court order (Letters Testamentary, Letters of Administration, Letters of Guardianship, or Letters of Conservatorship), certified as currently valid by the court clerk within the last 12 months and bearing the clerk's original signature and seal.

**Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value**

For Charles Schwab Use Only \_\_\_\_\_

Account Number



§Required for minors who are residents of states governed by the Uniform Transfers to Minors Act or by the Uniform Gifts to Minors Act. The age of custodianship termination varies by state, although many states set the maximum age for termination at 21. If you do not indicate an age or governing state law here, the account will be set up using the custodian's state of residence and that state's default age of custodianship termination (either 18 or 21). If neither the minor nor the custodian is a U.S. resident, the custodian must indicate the governing state law in the Governing State Law field above.

**I understand that electing to extend custodianship to age 25, if applicable, may cause me to lose my annual exclusion from federal gift tax and that I should consult with an attorney or tax advisor before making this election.** (Note: Only certain states allow the custodianship to be extended to the minor's 25th birthday. This election may be exercised only in those states that specifically provide for it.)

### 3. Account Holder Information

For information about Schwab's privacy policy, see the attached Schwab One® Account Application Agreement.

**Caution:** You may have multiple accounts associated with your customer record, including Individual, Trust, Corporations, etc. All accounts associated with your profile will be updated with the address you have provided.

#### Primary Account Holder/Minor/Executor

As required by federal law, Schwab will use the information provided to verify your identity.

Name *First* *Middle* *Last* *Suffix*

Social Security/Tax ID Number *Date of Birth (mm/dd/yyyy)* *Preferred Name or Alias (if applicable)*

Regulations require that you provide us with your legal address.

Home/Legal Street Address (no P.O. boxes)

City *State or Province* *Zip or Postal Code* *Country*

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*

Telephone Number *Mobile Number* *Work Number* *Extension*

Email Address\* *Mother's Maiden Name*

\*By providing your email address, you consent to receiving email from Schwab. Information about opting out of certain email communications is provided at [www.schwab.com/privacy](http://www.schwab.com/privacy).

Country(ies) of Citizenship

USA  Other: \_\_\_\_\_

Country of Legal Residence (Select only one.)

USA  Other: \_\_\_\_\_

ID Number and Type (Please select only one box and provide the relevant information below.)

Passport  Driver's License  Gov't-Issued ID

Identification Number *Country of Issuance* *State of Issuance (if applicable)* *Issue Date (mm/dd/yyyy)* *Expiration Date (mm/dd/yyyy)*

Securities industry regulations require that we collect the following information.

Employment Information (Please select only one box.)

Employed  Self-Employed  Retired  Homemaker  Student  Not Employed

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)  
 Accounting Professional  Foreign Government Employee (non-U.S.)  Trade/Service (labor/manufacturing/production)



**Employer Name/Business Name** \_\_\_\_\_ **Business Street Address (no P.O. boxes)** \_\_\_\_\_

**City** \_\_\_\_\_ **State or Province** \_\_\_\_\_ **Zip or Postal Code** \_\_\_\_\_ **Country** \_\_\_\_\_

\*For Custodial Accounts, list Custodian's email address. By providing your email address, you are consenting to receive email from Schwab. Information about opting out of certain email communications is provided at [www.schwab.com/privacy](http://www.schwab.com/privacy).

**The Next Two Questions Are Required by Industry Regulations**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No  Yes (If "Yes," you must attach a letter from your or your immediate family member's 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?

No  Yes (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_ .)

**Trusted Contact Designation**

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.

**Trusted Contact Person 1**

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

**Name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

**Relationship** (Please select only one.)

Spouse  Partner  Child  Parent  Sibling  Friend  Other

Please provide at least one method of contact for each Trusted Contact listed.

**Mailing Address (no P.O. boxes)** \_\_\_\_\_ **City** \_\_\_\_\_

**State or Province** \_\_\_\_\_ **Zip or Postal Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Mobile Number** \_\_\_\_\_ **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 [www.schwab.com/accountagreement](http://www.schwab.com/accountagreement).



**Trusted Contact Person 2**

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

Name First Middle Last Suffix

**Relationship** (Please select only one.)

Spouse  Partner  Child  Parent  Sibling  Friend  Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (no P.O. boxes) City

State or Province Zip or Postal Code Country

Telephone Number Mobile Number Email Address

**Additional Account Holder/Custodian/Co-Executor**

As required by federal law, Schwab will use the information provided to verify your identity.

Name First Middle Last Suffix

Social Security/Tax ID Number Date of Birth (mm/dd/yyyy) Preferred Name or Alias (if applicable)

Regulations require that you provide us with your legal address.

Home/Legal Street Address (no P.O. boxes)

City State or Province Zip or Postal Code Country

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

Telephone Number Mobile Number Work Number Extension

Email Address\* Mother's Maiden Name

\*By providing your email address, you consent to receiving email from Schwab. Information about opting out of certain email communications is provided at [www.schwab.com/privacy](http://www.schwab.com/privacy).

**Country(ies) of Citizenship**

USA  Other: \_\_\_\_\_

**Country of Legal Residence** (Select only one.)

USA  Other: \_\_\_\_\_

**ID Number and Type** (Please select only one box and provide the relevant information below.)

Passport  Driver's License  Gov't-Issued ID

Identification Number Country of Issuance State of Issuance (if applicable) Issue Date (mm/dd/yyyy) Expiration Date (mm/dd/yyyy)

\*For Custodial Accounts, list Custodian's email address. By providing your email address, you are consenting to receive email from Schwab. Information about opting out of certain email communications is provided at [www.schwab.com/privacy](http://www.schwab.com/privacy).



Securities industry regulations require that we collect the following information.

**Employment Information** (Please select only one box.)

**Employed**  **Self-Employed**  **Retired**  **Homemaker**  **Student**  **Not Employed**

**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)**  
 **Accounting Professional**  **Foreign Government Employee (non-U.S.)**  **Trade/Service (labor/manufacturing/production)**

\_\_\_\_\_  
**Employer Name/Business Name** **Business Street Address (no P.O. boxes)**

\_\_\_\_\_  
**City** **State or Province** **Zip or Postal Code** **Country**

**The Next Two Questions Are Required by Industry Regulations**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

**No**  **Yes** (If "Yes," you must attach a letter from your or your immediate family member's 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?

**No**  **Yes** (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_.)

**Trusted Contact Designation**

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.

**Trusted Contact Person 1**

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

\_\_\_\_\_  
**Name First** **Middle** **Last** **Suffix**

**Relationship** (Please select only one.)

**Spouse**  **Partner**  **Child**  **Parent**  **Sibling**  **Friend**  **Other**

Please provide at least one method of contact for each Trusted Contact listed.

\_\_\_\_\_  
**Mailing Address (no P.O. boxes)** **City**

\_\_\_\_\_  
**State or Province** **Zip or Postal Code** **Country**

\_\_\_\_\_  
**Telephone Number** **Mobile Number** **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 [www.schwab.com/accountagreement](http://www.schwab.com/accountagreement).



**Trusted Contact Person 2**

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

|  |                                  |                                |                                 |                                  |
|--|----------------------------------|--------------------------------|---------------------------------|----------------------------------|
| Name First   |                                  | Middle                         | Last                            | 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  |                                  | Zip or Postal Code             | Country                         |                                  |
| Telephone Number   | Mobile Number                    | Email Address                  |                                 |                                  |

**4. Your Consent to Enroll in Schwab's Cash Features Program**

The Cash Features Program is a service that offers the Bank Sweep feature (a "Cash Feature") to permit your uninvested cash (the "Free Credit Balance") to earn income while you decide how those funds should be invested longer term.

You understand that additional information about the Cash Features Program and each Cash Feature is available in the Cash Features Program Disclosure Statement.

By signing this Application, you consent to having the Free Credit Balance in your brokerage account included in the Cash Features Program, as described in the Cash Features Program Disclosure Statement.

The Bank Sweep feature is designated as the 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 ("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 Program Disclosure Statement for additional information.

You understand and agree that Schwab may (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 change.

**5. Paperless Document Enrollment**

You 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. Enrollment may also qualify you for lower online equity trades—consult your Advisor or the applicable *Charles Schwab Pricing Guide* for additional details.

To opt for Paperless Documents, simply provide your email address in the "Account Holder Information" section. The completion of your enrollment will depend on one of the following scenarios.

**Scenario 1:**

If you already have an account enrolled in Paperless Documents using the email address provided in the "Account Holder Information" section, have logged on to [www.schwaballiance.com](http://www.schwaballiance.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 do not have an existing account enrolled in Paperless Documents, are using a different email address, or have not logged on to [www.schwaballiance.com](http://www.schwaballiance.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 [www.schwaballiance.com](http://www.schwaballiance.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 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.

**6. Required Information About the Account****Source of Funds in Account** (Check all that apply.)

In this section, we're collecting information about the categories ("sources") of assets that will be held in your Account. Please select all of the sources of the assets that will be deposited or held in your Account, including the original sources of any assets that will be transferred into the Account from another firm.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Salary/Wages/Savings</b>         | <input type="checkbox"/> <b>Investment Capital Gains</b>      |
| <input type="checkbox"/> <b>Social Security Benefits</b>     | <input type="checkbox"/> <b>Gifts</b>                         |
| <input type="checkbox"/> <b>Sale of Property or Business</b> | <input type="checkbox"/> <b>Gambling/Lottery</b>              |
| <input type="checkbox"/> <b>Family/Relatives/Inheritance</b> | <input type="checkbox"/> <b>Other (please specify):</b> _____ |

**Purpose of Account** (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>General Investing</b>  | <input type="checkbox"/> <b>Investing for Estate Planning</b>   |
| <input type="checkbox"/> <b>Investing for Tax Planning</b> (e.g., municipal bonds, etc.) | <input type="checkbox"/> <b>Investing for College</b>   |
| <input type="checkbox"/> <b>Investing for Retirement</b>                                 | <input type="checkbox"/> <b>Investing of Pooled Assets</b> (e.g., funds from individual investors that are aggregated for investing purposes) |
| <input type="checkbox"/> <b>Other (please specify):</b> _____                            |   |

**7. Checking Preferences**

Reminder: If you would like to link a Schwab Bank Investor Checking™ account, complete the Open a Schwab One Brokerage Account and a Linked Schwab Bank Investor Checking Account form.

If no selection is made, you will not receive checks or Visa Platinum Debit Cards.

- Yes, I would like to order checks.**
- Yes, I would like to order checks and a Visa Platinum Debit Card.**
- Yes, I would like to order checks and two Visa debit cards (second debit card may be issued only in the name of the additional account holder on joint accounts)**

**Note:** Checkbook imprints are limited to 30 characters.

**Anticipated Activity** (Please select only one.)

On average, how many times per month do you anticipate writing checks and/or making ATM withdrawals?

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Less than 5 times per month</b> | <input type="checkbox"/> <b>5 to 10 times per month</b>      |
| <input type="checkbox"/> <b>11 to 20 times per month</b>    | <input type="checkbox"/> <b>More than 20 times per month</b> |



**8. Instructions About IA Authorizations (Optional—please select all that apply.)**

You may change or revoke these instructions at any time by contacting Schwab.

- Trading and Disbursement Authorization for Checks and Journals.** Selecting this option indicates that I have authorized my IA to take the following actions, and I instruct Schwab to permit my IA: (1) to place trades in my account as provided under the Trading Authorization heading in the attached Account Application Agreement; (2) to remit checks to me at my address of record; and (3) to journal cash and/or securities to a Schwab brokerage account on which I am named account holder (known as a first-party transfer).

This Disbursement Authorization does not apply to wire disbursements; Schwab MoneyLink® distributions; or direct, ongoing electronic payments of dividends, interest, and money market income, which use separate forms. (Note: Trading and Disbursement Authorization for Checks and Journals is not available for Estate accounts.)

- Trading Authorization.** Selecting this option indicates that I have authorized my IA, and I instruct Schwab to permit my IA, to place trades in my account as provided under the Trading Authorization heading in the attached Account Application Agreement.
- Fee Payment Authorization.** Selecting this option indicates that I have authorized my IA, and I instruct Schwab to permit my IA, to pay investment advisory and related fees to IA from my account or another account registered to my name, over which I have granted IA fee payment authorization in the amount of IA's instructions.

**9. Issuer Communications and Related Actions**

If you have granted your Investment Advisor ("IA") trading authority over your Account and your IA exercises investment discretion for you pursuant to an advisory contract, you can appoint your IA to be sent certain issuer and issuer-related communications (such as proxies, corporate reorganizations and other corporate actions, including tender offers, proposed mergers, rights offerings, exchange offers and warrants, among other things), that may require a voting decision or other action, regarding investments held in your Account.

If you appoint your IA in Sections A, B and/or C below, your IA will, regarding only those voting decision or other action communications sent to your IA: (i) be requested to vote proxy ballots; (ii) be requested to provide instructions regarding corporate reorganizations and other corporate actions; and (iii) be sent certain prospectuses and annual reports and other communications ("interim mailings"). In these cases, you will be authorizing your IA to make all voting decisions and take all actions on your behalf.

**Even if you appoint your IA in any or all of the sections below, you may still be sent certain other issuer and issuer-related communications regarding investments held in your Account. You agree that you will be responsible for providing Charles Schwab & Co., Inc. ("Schwab") any applicable instructions or directions on those items.**

If you do not make a selection in any, or all, of Sections A, B and/or C below, Schwab will send you the applicable communications and deem you to have indicated that you will be responsible for providing Schwab any applicable instructions or directions on those items, but informational copies of those communications and issuer-related communications may be sent to your IA.

Please indicate whom you authorize to receive and vote proxies, make reorganization decisions and receive interim mailings. Select only one option for each item.

**A. Proxy Voting Authorization and Mailing Preferences**

Select only **one** who should be sent and vote proxy ballots:

- Account Holder       IA

Select only **one** who should be sent informational, nonvoting copies:

- Account Holder       IA (May choose only if Account Holder is voting.)       None

**B. Corporate Reorganizations and Other Corporate Actions**

Select only **one** who should be sent response coupons and make reorganization decisions:

- Account Holder       IA

Select only **one** who should be sent informational copies:

- Account Holder       IA (May choose only if Account Holder is voting.)       None

**C. Interim Mailings**

Please indicate only **one** who should be sent interim mailings:

- Account Holder       IA       Both Account Holder and IA

**Objection to Release of Information to Issuers**

Rule 14b-1 of the Securities Exchange Act of 1934, as amended, requires that, upon the issuer's request, Schwab disclose your name, address and security positions to the issuer of any security held in your Account unless you object to disclosure of this information.

- Yes, I object to Schwab's release of my name, address and securities positions to issuers whose securities are held in my Account.**
- No, I do not object to Schwab's release of my name, address and securities positions to issuers whose securities are held in my Account.**





**10. Certification and Indemnification—Estate, Guardianship, or Conservatorship Accounts Only**

Any and all debts of the deceased, claims against the estate, administration expenses, inheritance and estate taxes, and legacies having priority will be provided for or paid. This certification is made for the purpose of securing the transfer or delivery of property owned at the time of the decedent's death to a purchaser or the person(s) legally entitled thereto under the laws of the state of the decedent's domicile. Any apparent inequity in distribution is appropriate, whether it is due to the manner of distribution of other estate assets, the provisions of the estate plan, or other factors. By signing this Application, each Executor, Guardian, or Conservator certifies that the representations and warranties in the attached Certification and Indemnification are true and complete.

**11. Authorization to Open Account**

By signing this Application, you acknowledge that you have received and read a copy of the attached Application Agreement, which contains a predispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that this account and your relationship with Schwab will be governed by the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the applicable Charles Schwab Pricing Guide, each as amended from time to time (the "Agreement and Disclosures"). You

understand there are fees associated with establishing, maintaining and engaging in transactions. If you have selected the margin feature, you acknowledge that securities securing loans from Schwab may be lent to Schwab and lent by Schwab to others. You also acknowledge that if you trade "on margin," you are borrowing money from Schwab and that you understand the requirements and risks associated with margin borrowing as summarized in the Margin Disclosure Statement included with this Application. For purposes of this Account Application and the attached

Application Agreement, the terms "you," "your" and "Account Holder" refer to each person who signs this Account Application. The terms "we," "us," "our" and "Schwab" refer to Charles Schwab & Co., Inc. Note: You may not alter, change, supplement, or amend ("modifications") the terms and conditions of this Account Application, Application Agreement, or the Agreement and Disclosures in any manner. You agree that Schwab shall not be liable for any modifications made without Schwab's prior written consent.

All Account Holders must sign and date. All Executors, Guardians, or Conservators must sign this application even if you will not conduct business on the account. Your signature(s) below will also serve as a signature card for checks and Visa® debit card(s).

I certify, under penalties of perjury, that (1) the number shown on this Application is my correct Taxpayer Identification Number; and (2) I am not subject to backup withholding due to a failure to report interest and dividend income; and (3) I am a U.S. person (a U.S. citizen or U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

▪ If you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return, you must check the following box indicating that item (2) above does not apply:

If you are submitting this Application for an account you hold in the U.S., item (4) above does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

The Agreement with Schwab includes a predispute arbitration clause. I acknowledge receipt of the predispute arbitration clause contained in the Required Arbitration Disclosures and Arbitration Agreement sections on page 1 of the Schwab One Account Application Agreement.

\_\_\_\_\_  
 Signature: Primary Account Holder/Custodian/Executor Today's Date (mm/dd/yyyy)

Print Name

\_\_\_\_\_  
 Signature: Additional Account Holder/Custodian/Executor JOINT OWNER Today's Date (mm/dd/yyyy)

Print Name

Ask your Advisor about digital onboarding for opening new accounts in the future.



**12. Nominate a Successor Custodian—Custodial Accounts Only**

Use this section to designate a successor custodian to act on this account in the event of your incapacity, death, resignation or removal as custodian. **This is a nomination only.** To activate the role of a successor custodian, the account registration must be changed.

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**Name of Successor Custodian**


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**Social Security Number of Successor Custodian**


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**Home/Legal Street Address** (no P.O. boxes)

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**City**


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**State or Province**


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**Zip or Postal Code**

This designation shall take effect as to this account in the event of my incapacity, death, resignation or removal as custodian.

In witness thereof, I have executed this Designation of Successor Custodian Form.

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**Signature: Current Custodian**


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**Today's Date** (mm/dd/yyyy)

---

**Print Name**


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**Title**

Witness (The witness may NOT be the individual designated as the successor custodian.)

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**Signature: Witness**


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**Today's Date** (mm/dd/yyyy)

---

**Print Name**


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**Title**
