

IRA Account Application

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

Brookstone Capital Management

IA Firm Name (Please print.)

IA Master Account Number

Service Team

advisorservices@brookstonecm.com

IA Contact Name (if follow-up is required)

IA Telephone Number

IA Email Address

Note: To transfer or distribute IRA assets to a beneficiary due to the death of the account holder, please use the Inherited IRA Application.

Ask your Advisor about Digital Onboarding for opening new accounts in the future.

1. Select IRA Type (Select only one type of account.)

Traditional IRA. (Select only one.)

- Contributory IRA
- Rollover IRA
- Rollover from an employer retirement plan

	\$	
Name of Employer Sponsoring the Plan	Approximate Total Value of Distribution	Expected Distribution Date

By signing this Application, I elect that my IRA assets identified above be considered a rollover. This election is required by the IRS to qualify my contribution as a rollover contribution.

Roth IRA. (Select only one.)

- Roth Contributory
- Roth Conversion (from a Schwab Qualified Plan*)

Current Schwab Qualified Plan to convert: _____ Note: You are required to complete and attach the appropriate Schwab qualified plan distribution form. (Tax withholding information will be provided within the distribution form.)

- Roth Conversion (from a Schwab Traditional IRA). To process your Roth conversion, elect your tax withholding below.

Current Schwab Traditional IRA to convert: _____

Amount to convert to Roth IRA:

- Full conversion (The entire balance of your IRA will be converted.)
- Partial conversion (Only a portion of your IRA will be converted.)

Cash amount to be converted: \$ _____

Attach a separate list of securities to be converted.

Note: Tax Withholding Elections provided below only apply if you've selected a Roth Conversion from a Traditional IRA. These elections will apply to the Traditional IRA and will also remain on file for disbursements from the Traditional IRA unless an updated Tax Withholding Election is provided for future disbursements.

*A Schwab Qualified Plan is a Schwab Profit Sharing Qualified Retirement Plan or Keogh, a Schwab Individual 401(k), or a Schwab 403(b)(7) Account.

Tax Withholding Election

Distributions treated as nonperiodic payments from your IRA (excluding those from Roth IRAs) are generally subject to federal (and possibly state) income tax. Even if you elect in writing not to have federal and/or state income tax withheld when permitted, you are liable for payment of federal and state income taxes on the taxable portion of your distribution. You may elect not to have federal income tax withholding apply to your

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distribution by entering 0% on the line of Section A. Federal Income Tax Withholding below, and signing and dating this form. If you elect not to have withholding apply to your distribution, or if you do not have enough tax withheld, you may be responsible for payment of estimated taxes. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. For more information, see IRS Publication 590-B.

Your tax withholding election will remain in effect on all distributions from this IRA until you change or revoke it. You may change or revoke your tax withholding election at any time by submitting your request to Schwab. The federal or combined federal and state withholding tax rate of 100% will not be retained for future distributions. To process a distribution with a federal or combined federal and state withholding tax rate of 100%, please request a one-time check.

Note:

- Distributions from an IRA that are payable on demand are treated as nonperiodic payments.
- Nonresident aliens are subject to a 30% tax withholding rate and must submit a valid IRS Form W-8BEN to obtain an available reduced tax treaty rate.
- Generally, Roth IRA distributions are not taxable. Unless you have an existing election on file or elect to withhold on this form, we will not withhold taxes from your Roth IRA distribution.

A. Federal Income Tax Withholding: Your withholding rate is determined by the type of payment you will receive.

For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.

Complete the line below if you would like a rate of withholding that is different from the default withholding rate. See the Marginal Rate Tables on page 1 and the General Instructions on page 2 of the attached IRS Form W-4R. You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Instructions on how to best use them are included.

Enter the rate as a whole number (no decimals). _____ %

Note: The attached IRS Form W-4R is for information only. You are not required to complete the IRS Form W-4R.

B. State Income Tax Withholding: State income tax withholding from your distribution may be required. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state income tax withholding may not be available. Refer to the State Income Tax Withholding Information sheet for specific information concerning your state's withholding rates.

While Schwab makes every effort to obtain information about state tax laws from sources believed to be reliable, Schwab cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. We recommend that you contact your tax advisor regarding your tax withholding elections and to answer any questions that you may have.

If you do not make an election, Schwab will apply withholding (if required) at the minimum rate based on the laws for your state of residency as determined by the legal address of record on your account.

Choose one:

- I do not want state income tax withheld.
- I want state income tax withheld at the rate of _____ % (State tax withholding must be at least your state's minimum tax rate and not more than 100% when combined with federal income tax withholding.)

Note: If you move between states with different withholding laws, Schwab will apply withholding (if required) at the rate you have provided above or at the minimum rate based on the laws for your new state of residency, whichever is greater.

SIMPLE IRA. Note: This form can only be used to add participants to an existing plan.

SIMPLE IRA

Name of Business **Employer's Group Plan Number**

Simplified Employee Pension IRA (SEP-IRA). (Select only one). Note: Application must include Adoption Agreement and Employer's Agreement.

SEP-IRA SARSEP-IRA

Name of Business

2. Account Holder Information

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.

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.

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 _____

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 _____

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

*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.

3. 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 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 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 affiliated with Schwab ("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 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.

4. 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 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 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. 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.

5. 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.

6. 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.

7. Designate Your Beneficiary(ies)

In the event of my death, pay the full value of my account (in equal proportions, in the case of multiple beneficiaries, unless I indicate otherwise) to the Primary Beneficiary(ies) as designated below. I understand that if a Primary Beneficiary passes away before me, the remaining portion will be divided proportionately to any surviving Primary Beneficiaries in the manner provided in the Charles Schwab & Co., Inc. Individual Retirement Plan. If no Primary Beneficiary survives me, pay the full value of my account (in equal proportions, in the case of multiple beneficiaries, unless I indicate otherwise) to the Contingent Beneficiary(ies) as designated below. I understand that if a Contingent Beneficiary passes away before me, the remaining portion will be divided proportionately among any surviving Contingent Beneficiaries in the manner provided in the Charles Schwab & Co., Inc. Individual Retirement Plan. Any beneficiary who does not survive me by 120 hours will be considered to have passed away before me. If I do not designate a Beneficiary, the balance of the account shall be distributed in the listed order of priority to the following named person(s) surviving me:

- a) my spouse,
- b) my living children (natural or legally adopted) in equal shares; stepchildren are not legally defined as descendants for these purposes,
- c) my estate.

I understand that I may change or revoke this designation at any time by completing a new Beneficiary Form with Schwab during my lifetime. It will become effective when Schwab receives it.

I understand that if Schwab determines that my beneficiary designation is not clear with respect to the amount of the distribution, the date on which the distribution shall be made, or the identity of the party or parties who will receive the distribution, Schwab shall have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the account, all at the expense of the account, before distributing or transferring the account.

If I live in a state with community property statutes and do not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

The percentage portions must add up to 100% per beneficiary type. All portions can be extended to the hundredths position (e.g., 33.33%). If section is left blank, portions will be evenly distributed amongst beneficiaries.

Note: Benefits cannot be expressed in dollar amounts.

If you wish to indicate additional designation options, including, but not limited to Per Stirpes or Per Capita designations, please skip this section, complete the Schwab IRA Beneficiary Designation form, and submit it with this application. For future beneficiary designations and changes, visit www.schwaballiance.com/beneficiaries.

Beneficiary 1

Type of Beneficiary
 Primary Contingent _____ Portion %

Name First _____ Middle _____ Last _____ Suffix _____

Trust/Organization/Estate (If Trust, include full Trust name.)

Relationship (Select only one.) Spouse Child Grandchild Parent
 Sibling Other Individual Trust Organization Estate

Social Security/Tax ID Number _____ **Date of Birth/Trust Date** (mm/dd/yyyy) _____

Mailing Address

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

Telephone Number _____ **Email Address** _____

Country(ies) of Citizenship USA Other: _____ | **Country of Legal Residence** (Select only one.)
 USA Other: _____

Beneficiary 2

Type of Beneficiary

Primary Contingent _____ Portion %

Name First Middle Last Suffix

Trust/Organization/Estate (If Trust, include full Trust name.)

Relationship (Select only one.) Spouse Child Grandchild Parent
 Sibling Other Individual Trust Organization Estate

Social Security/Tax ID Number _____ Date of Birth/Trust Date (mm/dd/yyyy) _____

Mailing Address

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

Telephone Number _____ Email Address _____

Country(ies) of Citizenship USA Other: _____ Country of Legal Residence (Select only one.)
 USA Other: _____

Beneficiary 3

Type of Beneficiary

Primary Contingent _____ Portion %

Name First Middle Last Suffix

Trust/Organization/Estate (If Trust, include full Trust name.)

Relationship (Select only one.) Spouse Child Grandchild Parent
 Sibling Other Individual Trust Organization Estate

Social Security/Tax ID Number _____ Date of Birth/Trust Date (mm/dd/yyyy) _____

Mailing Address

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

Telephone Number _____ Email Address _____

Country(ies) of Citizenship USA Other: _____ Country of Legal Residence (Select only one.)
 USA Other: _____

Beneficiary 4

Type of Beneficiary

Primary Contingent _____ Portion %

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

Trust/Organization/Estate (If Trust, include full Trust name.)

Relationship (Select only one.) Spouse Child Grandchild Parent
 Sibling Other Individual Trust Organization Estate

 Social Security/Tax ID Number Date of Birth/Trust Date (mm/dd/yyyy)

Mailing Address

 City State or Province Zip or Postal Code Country

 Telephone Number Email Address

Country(ies) of Citizenship | Country of Legal Residence (Select only one.)
 USA Other: _____ | USA Other: _____

If more than four Primary or Contingent Beneficiaries are designated, attach a separate sheet of paper, signed and dated as it appears on this application.

8. Authorization to Open Account(s) (Please read and sign below.)

By signing this Application, you hereby adopt the applicable Individual Retirement Plan that names Charles Schwab & Co., Inc. as custodian of this account, as further explained in the Charles Schwab & Co., Inc. Individual Retirement Plan or the SIMPLE Individual Retirement Plan, as applicable. You acknowledge that you have received and read 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 applicable Individual Retirement Plan and Disclosure Statement, the Schwab IRA and ESA 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, engaging in transactions, and transferring assets out of this account.

This account is established and effective when you receive your account number. You have the right to cancel the account within seven days from the date the account is established. The revocation will be reported to the Internal Revenue Service as a distribution. For purposes of this Account Application and the attached Application Agreement, the terms "I," "me," 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.

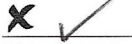
I certify, under penalties of perjury, that (1) the number shown on this Application is my correct Taxpayer Identification Number; and (2) I am not subject to backup withholding due to a failure to report interest and dividend income; and (3) I am a U.S. person (a U.S. citizen or U.S. resident alien); 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 certifications 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, pages 1 and 2, of the IRA Account Application Agreement.



Signature: Account Holder

Today's Date (mm/dd/yyyy)

Print Name

Ask your Advisor about Digital Onboarding for opening new accounts in the future.

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2023

1a First name and middle initial _____ Last name _____ **b** Social security number _____

Address _____

City or town, state, and ZIP code _____

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
 - For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.
- See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) _____ **2** _____ %

Sign Here **Your signature** (This form is not valid unless you sign it.) _____ **Date** _____

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

