

## Check and Journal Request Form

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Investment Advis	sor ("IA") Information	n (This portion to be	e completed by IA.)		
IA Firm Name (plea	ase print):				
IA Master Account	Number:		Service Team:		
Advisor Contact In	formation (if follow-up	is required):			
distributions from (		ducation Savings, IR	dentically registered CRA or IRA account comb A (excluding IRA combinations), 403(b)(7), Ind m.		
1. Standing Inst	ructions (Optional—I	A firm must be name	d above.)		
telephone instruction		e instructions of any i	nd cash journals for your Schwab account. Thi individual granted Full Power of Attorney ("FPC signate below.		
Account Holder/ Trustee	Add'l Account Holder/ Co-Trustee	Add'l Account Holder/ Co-Trustee	I authorize Schwab to accept instructions from this account, or my IA to transfer cash from this account, or my IA to transfer cash from the authority does not include requesting disburactions or other financial institution accounted by the second edge that this authority is effective regardle registration between these two accounts. It is Schwab, its affiliates, and their directors, of against all claims, actions, costs, and liability or relating to: (1) their reliance on these State execution of my IA's instructions.	om the account designat rsements to other payee ints not identified below. iss of any differences in pagree to indemnify and hificers, employees, and a ties, including attorneys'	ed in Section 2. IA's (s), Schwab I hereby acknowl- bayee(s) or old harmless gents from and fees, arising out of
2. Schwab Acco	unt Information				
	at apply: O Impleme	nt new instructions	Ochange existing instructions		
		nt additional instruct			
Schwab account nu	ımber:				
Name(s) on Schwab Acc	count (List all names on the	e account.)			
If this account has sent on margin.)	a margin feature, ca	n the distribution be	sent on margin? $\bigcirc$ Yes $\bigcirc$ No (If no sele	ction is indicated, the d	istribution cannot be
3. Distribution In	nstructions (Choose	one.)			
Cash amount: \$					
A. O Mail a check	by USPS (standard de	elivery).			
<ul><li>Send a chec</li></ul>	k by overnight delivery	v. (Optional. Fees app	oly. Contact your IA for details.)		
Address Op	otions				
○ To the ad	Idress listed on my Sc	hwab account, made	e payable to the account registration.		
O To the fo	llowing address, which	n is different from the	e one listed on my Schwab account, made pay	able to the account regis	stration:
Charact Add			Oik	Chata	7
Street Add	ress		City	State	Zip
Memo (opt	ional: 24-character limit—	applies to overnight deliv	rery)		
For Charles Schwa	·	mhor			
	Account Nu	ilibet			



	_	bution Instruction									
	$\cup$	To the name and a	address listed on my Schwab	account, made payable t	o the following third party:						
		Payee First Name		Middle	Last						
		Memo (optional: 24-c	haracter limit—applies to overnight	delivery)							
	0	Made payable to the following third party:									
		Payee First Name Middle		Middle	Last						
		Deliver to First Name		Middle	Last	Last					
		Street Address		City		State	Zip				
		Memo (optional: 24-c	haracter limit—applies to overnight	delivery)							
s. O	Jοι	ournal to Schwab account(s) specified in Section 4A or 4C. Choose only one.									
	$\bigcirc$	This is a contribution to an IRA for tax year: (For this selection, the cash option in Section 4A must be selected.)									
	$\bigcirc$	This is a contribut	(yyyy) his is a contribution to an i401(k) elected deferral.*								
			ion to an i401(k) employer co								
			401(k) plan is a type of emplo		ing must come from an ac	count designated for	business	purposes.			
			allowable registrations for fur			o .					
. Fre	qu	ency of Distribut	tion: One-Time, Periodic, o	or Total							
	-	-	o liquidate any securities in yo		istribution is issued.						
choose		•									
. 0	On	e-Time (on request	:)								
	$\bigcirc$	Distribute cash ar	nount(s) from my cash balance	e. as specified in the tab	le below.						
				•		set hasis method on th	ne accoun	+			
	Journal securities, as specified in the table below. Shares will be journaled based on the current cost basis method on the account. Journal securities against specific purchase lot(s), as specified in the attached spreadsheet. Please attach a separate spreadsheet and provide Receiving Account Number, Receiving Account Registration, Security Name, Symbol/CUSIP, Quantity, Purchase Date, and Cost Basis. This option may be used when making distributions to multiple accounts due to the splitting of an existing account due to a gift, divorce, or death.										
	A	Receiving ccount Number <sup>†</sup>	Receiving Account Registration <sup>†</sup>	Cash Amount, Share Quantity, or ALL <sup>†</sup>	Security Name	,		ndicate (With an "X") If This Is a Gift			
							_				
	<u>.                                    </u>										
			Number and Account Registrat		e if all assets are being jou	rnaled to one accoun	t.				
	†S	specific share quan	tity or "ALL" must be used for	share journals.							
. 0	Pe	riodic (on schedule	)								
	$\bigcirc$	Please distribute	cash to Schwab account numb	oer:							
	$\bigcirc$	Fixed Amount									
		Beginning	, and continuing	guntil I instruct otherwise	e, distribute \$	from my cas	sh balance	e.			
			one): O Weekly O Semi-m	nonthly $\bigcirc$ Monthly $\bigcirc$	Last business day of each						
				O Quarterly O Semi-a	nnually Annually						
For Cr	arl	les Schwab Use Oni	Account Number								



4. Frequency of Distribution. One-Time, Feriodic of	iotai (continueu)								
Income Payment									
Beginning, and continuing	until I instruct otherwise, distribute the income specified	below on the last business day of							
	1) or up to three income payment options from Option (2)								
(1) $\bigcirc$ All Income Plan (includes dividends, inter	(1)  All Income Plan (includes dividends, interest, and money market; will be consolidated into a single payment)								
(2) Flexible Income Plan									
O Dividends (includes capital gains distributions; will be consolidated into a single payment)									
<ul> <li>Interest (includes fixed income and CDs;</li> </ul>	will be consolidated into a single payment)								
Money market income (includes Schwab)	me (includes Schwab One® Interest and Schwab Bank Interest; will be consolidated into a single payment)								
Use this form for checks and journals only. For e Dividend and Interest Payment Authorization For	urnals only. For electronic payments of dividends, interest, and money market income, use the Elect Authorization Form.								
C. O Total									
O Please distribute entire account assets in kind t	o Schwab account number:								
Name(s) on Schwab Account (List all names on the account	nt.)								
O Distribute all cash equivalents and/or all securit	ties in certificate form from my Schwab account.*								
My Schwab account should (select one): O Be clo	osed (Account holder signature required.) C Remain ope	en							
is determined as of the closing price on the busin	distributions of securities in certificate form. The value of ess day the distribution is issued. Schwab charges a pernstitutional® Pricing Guide for more information. Mutual fu	-certificate fee for physical stock							
Investment Advisor Information Access (only applica	able if you are requesting to close the account)								
Complete this section if you want your IA to have ac all account holder signatures are required.	ccess to information about your account after you close it	. If IA access is being requested,							
After delinking or closing the account listed in Secti (select one or more):	ion 2, I authorize the IA to receive the information specific	ed below, at the IA's request							
$\bigcirc$ Tax reporting information produced for my ac	count while my account was under the IA's management	through the end of the calendar year							
	th that the IA began to manage my account, through the	end of the calendar month							
(mm/yyyy)									
Trade confirmations, beginning with the date	the IA began to manage my account, through	n/dd/yyyy)							
5. Please Read and Sign (Signatures and dates require	ed.)								
By signing below, I acknowledge that Schwab will not proce I understand that Schwab reserves the right to terminate a this form is correct, and Schwab may rely on my certification	automatic transfers, at its election, for any reason. I certi								
Note: At least one account holder MUST sign below if assesschwab account.	ets are moving to a party other than the account holder(s)	or when requesting to close a							
ALL account holders must sign and date if IA access is being	ng requested or if you are setting up Standing Instructions	for your IA in Section 1.							
		Data							
Signature: Account Holder/Trustee/Executor	Print Name	Date (mm/dd/yyyy)							
P		Date							
Signature: Additional Account Holder/Co-Trustee/Co-Executor	Print Name	(mm/dd/yyyy)							
		Date							
Signature: Additional Account Holder/Co-Trustee/Co-Executor	Print Name	(mm/dd/yyyy)							
<b>7</b>		D-t-							

Investment Advisor may sign to request a disbursement only if account holder has granted disbursement authority and the receiving account registration is identical to the Schwab account registration.

Print Name



(mm/dd/yyyy)

Signature: Investment Advisor (if applicable and so authorized)