

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

IA Firm Name (please print): _____

IA Master Account Number: _____ Service Team: _____

Is your firm (or a principal, employee or related person* of your firm) an owner, trustee, executor, guardian, conservator or custodian of this account?
 Yes No

If "Yes," and this is a Trust, Estate, Guardianship, Conservatorship or Custodial account, please also submit a completed Investment Advisor Account Supplemental Information Form.

*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.

1. Type of Account (Select only one.)

- Schwab One Schwab One with Margin

2. Registration (Select only one.)

- | | | |
|---|--|---|
| <input type="radio"/> Individual | <input type="radio"/> Trust (Complete Section 11.) | <input type="radio"/> Estate [§] _____ Decedent's Full Name _____ |
| <input type="radio"/> Joint Tenants with Rights of Survivorship | <input type="radio"/> Custodial (Section 10, optional) Under Laws of (State) [†] _____ | Decedent's Social Security Number _____ |
| <input type="radio"/> Tenants in Common | <input type="radio"/> Age of Termination [†] _____ | Tax ID Number of the Estate _____ |
| <input type="radio"/> Tenants by the Entirety [†] | | <input type="radio"/> Conservatorship [§] |
| <input type="radio"/> Community Property [†] | | <input type="radio"/> Guardianship [§] |
| <input type="radio"/> Community Property with Rights of Survivorship [†] | | |

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

[†]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.)

[§]Additional documents are required to open these accounts.

| | |
|---|----------------------------------|
| Non-Deposit Investment Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value | |
| For Charles Schwab Use Only | |
| Account Number _____ | Date Approved (mm/dd/yyyy) _____ |
| Print Name of Approver _____ | Signature _____ |



3. Account Holder Information (For information about Schwab's privacy policy, see the attached Schwab One® Account Application Agreement.)
As required by federal law, Schwab will use the information provided below to verify your identity.

Entity Trustee (for Trust Accounts only): If your Trustee is an entity, please enter the name and tax identification number below.

Entity Name (please supply if your Trustee is not an individual) _____ Tax ID Number _____

Individual Trustee: If your Trustee is an entity, please enter the entity agent information in the Account Holder section(s) below.

Account Holder/Trustee/Minor/Executor

First Name _____ Middle _____ Last _____ Are you known by another name? (Specify) _____

Home Street Address (no P.O. boxes, please) _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above; P.O. boxes may be used) _____ City _____ State _____ Zip Code _____

Social Security/Tax ID Number _____ Date of Birth (mm/dd/yyyy) _____ Home Telephone Number _____ Business Telephone Number _____ Cellular Telephone Number _____

USA Other Other USA Other
Country(ies) of Citizenship (Must list all. If not a U.S. citizen, please complete identification information below.) Country of Legal Residence

Passport U.S. Driver's License U.S. Gov't Issued ID
Identification Type (Complete only if not a U.S. citizen.) Identification Number Place of Issuance Issue Date Expiration Date

Employer Name/Industry (If self-employed, indicate nature of business.) Occupation/Position Employed Retired Self-Employed Non-Employed
Employment Status

Business Street Address (no P.O. boxes, please) _____ City _____ State _____ Zip Code _____

I am employed by, affiliated with, or am either a director or owner of one or more securities firms. Yes* No If yes, list _____
(Company Symbol, e.g., SCHW, or Company Name)
I am a director, 10% shareholder or policy-making officer of one or more publicly traded companies. Yes No If yes, list _____
(Company Symbol, e.g., SCHW)

*Attach a written consent from your employer if employed by a securities firm.

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

First Name _____ Middle _____ Last _____ Are you known by another name? (Specify) _____

Home Street Address (no P.O. boxes, please) _____ City _____ State _____ Zip Code _____

Social Security/Tax ID Number _____ Date of Birth (mm/dd/yyyy) _____ Home Telephone Number _____ Business Telephone Number _____ Cellular Telephone Number _____

USA Other Other USA Other
Country(ies) of Citizenship (Must list all. If not a U.S. citizen, please complete identification information below.) Country of Legal Residence

Passport U.S. Driver's License U.S. Gov't Issued ID
Identification Type (Complete only if not a U.S. citizen.) Identification Number Place of Issuance Issue Date Expiration Date

Employer Name/Industry (If self-employed, indicate nature of business.) Occupation/Position Employed Retired Self-Employed Non-Employed
Employment Status

Business Street Address (no P.O. boxes, please) _____ City _____ State _____ Zip Code _____

I am employed by, affiliated with, or am either a director or owner of one or more securities firms. Yes* No If yes, list _____
(Company Symbol, e.g., SCHW, or Company Name)
I am a director, 10% shareholder or policy-making officer of one or more publicly traded companies. Yes No If yes, list _____
(Company Symbol, e.g., SCHW)

*Attach a written consent from your employer if employed by a securities firm.

4. Choose Your Cash Feature

Please select below one eligible Cash Feature that may allow you to earn income on the free credit balances in your brokerage account (each, a "Cash Feature"). Eligibility for each Cash Feature is indicated below. For additional information on the eligibility rules for, and important disclosures about, the various alternatives to earn income on your cash, please see the Cash Features Disclosure Statement for Schwab Institutional®. If you do not select a Cash Feature, select more than one Cash Feature, or select a Cash Feature for which you are not eligible, you instruct Schwab to use the following rules to designate a Cash Feature on your account: If your account is eligible, Schwab will designate the Bank Sweep feature as the Cash Feature for your account; if your account is not eligible for the Bank Sweep feature, Schwab will designate the Schwab One® Interest feature as the Cash Feature for your account. Schwab may make these designations without providing any advance notice to you.

Select only one of the following:

Available to:

| | |
|--|---|
| <input type="radio"/> Bank Sweep feature* | Individuals Only† |
| <input type="radio"/> Schwab One Interest‡ | All Clients |
| <input type="radio"/> Schwab Municipal Money Fund—Sweep Shares™ (SWXXX) | All Clients |
| <input type="radio"/> Schwab AMT Tax-Free Money Fund™—Sweep Shares (SWFXX) | All Clients |
| <input type="radio"/> Schwab State-Specific (CA—SWCXX, MA—SWDXX, NJ—SWJXX, NY—SWNXX, PA—SWEXX) Municipal Money Fund—Sweep Shares Indicate State _____ (default is state of domicile on account) | All Clients |
| <input type="radio"/> Schwab Government Money Fund™ (SWGXX) | Clients with Household Balance§ >\$100,000 |
| <input type="radio"/> Schwab U.S. Treasury Money Fund™ (SWUXX) | Clients with Household Balance >\$100,000 |
| <input type="radio"/> Schwab Advisor Cash Reserves®—Sweep Shares (SWQXX) | Clients with Household Balance >\$500,000 |
| <input type="radio"/> Schwab Advisor Cash Reserves—Premier Sweep Shares (SWZXX) | Clients with Household Balance >\$1,000,000 |

* The Bank Sweep feature automatically makes deposits to and withdrawals from deposit accounts held at Charles Schwab Bank, an FDIC-insured depository institution affiliated with Schwab. Please see Schwab's cash feature disclosure statement for more information about FDIC insurance. We recommend that you assume that coverage of deposit accounts established under the Bank Sweep feature will be limited to FDIC insurance and that you not expect coverage from SIPC.

† The Bank Sweep feature is available only to individuals. Trusts are not eligible.

‡ The Schwab One Interest feature allows you to receive interest from Schwab on the free credit balances in your brokerage account. Credit balances held at Schwab ARE NOT FDIC-INSURED AND ARE NOT BANK-GUARANTEED. The Schwab One Interest feature is currently not available for a brokerage account linked to a Schwab Bank High Yield Investor Checking™ account.

§ Your Household Balance includes all of your accounts at Schwab that have been linked in accordance with Schwab's householding guidelines.

If you select a Sweep Money Fund, your selection is considered a request for a prospectus. It is an indication of interest only, and you are not obligated to buy any shares. Please read the prospectus carefully. Although money funds seek to preserve the value of your investments at \$1 per share, it is possible to lose money. Money funds ARE NOT FDIC-INSURED, MAY LOSE VALUE AND ARE NOT BANK-GUARANTEED.

Municipal money funds are designed for taxpayers who are seeking income that is exempt from federal income tax. Each of the state-specific funds generally provides income that is exempt from that respective state's personal income tax as well. With the exception of the Schwab AMT Tax-Free Money Fund, a portion of each of these funds' income may be subject to the federal alternative minimum tax (AMT). These funds are not appropriate for inclusion in an IRA or other retirement account, or for any investor with tax-exempt status.

5. Electronic Delivery (eDelivery) Enrollment

Schwab Institutional® offers electronic delivery of your account statements and trade confirmations. Once enrolled, you will receive notifications via email that your statements and confirmations are available via Schwab's secure website, schwaballiance.com. Enrolling in eDelivery may also qualify you for lower online equity trades. Please consult with your Investment Advisor and/or the *Charles Schwab Institutional Pricing Guide* for more pricing details. To begin enrollment in eDelivery, provide your email address below and Schwab Institutional will send you an email providing instructions on how to complete your enrollment and electronically consent to eDelivery via schwaballiance.com.

Email address: _____

6. Checking Preferences

Please select one of the following:

A. Schwab One Brokerage Checks and Visa® Platinum check cards. (Complete ONLY if you have NOT applied for High Yield Investor Checking.)

Checking. If you would like to order personal checks, indicate how the name(s) and address should read.

Account Holder _____ Additional Account Holder _____

Address _____ City _____ State _____ Zip Code _____

Special Information (if any) _____

Visa. If you would like to order a Schwab One Visa Platinum check card, indicate the names that should appear on the card. Schwab One Visa Platinum check card privileges are not available for Custodial, Estate, Conservatorship, Guardianship or Testamentary Trust accounts.

Account Holder _____ Additional Account Holder _____

Number of Visa cards desired for Account Holder: 1 2 Number of Visa cards desired for Additional Account Holder: 0 1

For Charles Schwab Use Only

Account Number _____



6. Checking Preferences (Continued)

B. **Schwab Bank High Yield Investor Checking Account™*** Complete **and attach** the Add High Yield Investor Checking to Your Schwab One® Brokerage Account Application. This full-featured Schwab Bank checking account links to your Schwab One brokerage account and includes unlimited checkwriting, free Schwab Bank Bill Pay™ a Visa® Platinum check card with ATM rebates,† downloads to Microsoft® Money or Quicken®, and interest on your cash balances.‡

*You must be a U.S. resident or resident alien and have a U.S. mailing address to open a High Yield Investor Checking account.

†Refer to the Schwab Bank Deposit Account Pricing Guide for details.

‡Schwab Bank is an FDIC-insured depository institution affiliated with Schwab. Funds deposited at Schwab Bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$100,000 when aggregated with all other deposits held by you in the same capacity at Schwab Bank.

7. Authorizations (Please initial all areas that apply to this account.)

Any of these authorizations may be revoked by providing notice to Schwab. Schwab may require that such notice be provided in writing. If more than one person is listed on the account, each Account Holder must initial the authorizations granted below. (An X is not sufficient.)

| | | | |
|---|---|---|---|
| Account Holder/ Trustee/Custodian | Add'l Account Holder/ Co-Trustee | Add'l Account Holder/ Co-Trustee | Trading and Disbursement Authorization. I authorize Schwab (1) to execute trades in my account at the direction of IA as provided under the Trading Authorization heading in the attached Schwab One Account Application Agreement; (2) to disburse assets for investment purposes or to me personally, as instructed by IA; (3) to remit checks, wire funds and otherwise make disbursements of funds held in the account (i) to banks, broker-dealers, investment companies or other financial institutions for credit to an account of identical registration, or (ii) to me at my address of record. (Note: This option is not available for Estate, Guardianship or Conservatorship accounts.) |
| Account Holder/Trustee/ Custodian/Executor | Add'l Account Holder/ Co-Trustee/Co-Executor | Add'l Account Holder/ Co-Trustee/Co-Executor | Trading Authorization. I authorize Schwab to execute trades in my account at the direction of IA as provided under the Trading Authorization heading in the attached Schwab One Account Application Agreement. |
| Account Holder/Trustee/ Custodian/Executor | Add'l Account Holder/ Co-Trustee/Executor | Add'l Account Holder/ Co-Trustee/Executor | Fee Payment Authorization. I authorize Schwab to pay investment advisory and related fees to IA from my account in the amount of IA's instructions. |

8. Issuer Communications and Related Actions

If you have granted your 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 (proxies, 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 below, your IA will, regarding only those voting decisions 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. In these cases, you will be authorizing your IA to make all voting decisions and take all actions on your behalf. You will not be sent informational copies of these communications.

Even if you appoint your IA 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 Schwab any applicable instructions or directions on those items.

Please select only one:

- Yes. I appoint my IA, and I will fulfill my responsibilities, as described above. I instruct Schwab not to disclose my name, address and securities positions to any issuer of securities held in my account.
- No. I do not appoint my IA as described above. I wish to be sent all issuer and issuer-related communications, make all voting decisions and take all actions described above. I understand that any issuer of securities held in my account may request that Schwab disclose to it my name, address and securities positions in that issuer.

If you selected "No" above, please select one:

My IA should / should not be sent informational copies of any issuer or issuer-related communications.

If you do not select either "Yes" or "No" above, Schwab will deem you to have indicated "No," but informational copies of issuer and issuer-related communications may be sent to your IA.

9. 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 Charles Schwab

Institutional® 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.

I certify under penalty of perjury that (1) the number shown on this Application is my correct taxpayer number; (2) I am not subject to back-up withholding because (a) I am exempt from back-up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to back-up withholding; and (3) I am a U.S. person (including a U.S. resident alien). (I understand that if I have been notified by the IRS that I am subject to back-up withholding as a result of dividend or interest underreporting and I have not received a notice from the IRS advising me that back-up withholding is terminated, I must strike or cross out the information contained in item 2 above.) The IRS does not require my consent to any provision of this document other than the certification required to avoid back-up 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 Schwab One Account Application Agreement.

All Account Holders must sign. Your signature(s) below will also serve as a signature card for checks and Visa® check card(s).

| | | |
|---|------------|-------------------------------------|
| Signature: Account Holder/Trustee/Custodian/Executor | Print Name | Date <small>(mm/dd/yyyy)</small> |
| Signature: Additional Account Holder/Trustee/Custodian/Executor | Print Name | Date <small>(mm/dd/yyyy)</small> |
| Signature: Additional Account Holder/Trustee/Custodian/Executor | Print Name | Date <small>(mm/dd/yyyy)</small> |

10. 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.

| | | | |
|---|---|-------|----------|
| Name of Successor Custodian | Social Security Number of Successor Custodian | | |
| Home Street Address (no P.O. boxes, please) | City | State | Zip 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.

Print Name _____

Signature: Current Custodian _____ Date _____
(mm/dd/yyyy)

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

Print Name _____

Signature: Witness _____ Date _____
(mm/dd/yyyy)

For Charles Schwab Use Only _____
Account Number



11. Certification of Trustee—Trust Accounts Only (Continued)

A. Trust Information (Select only one.)

- Revocable Living Trust where the Trustor(s), Trustee(s) and current Beneficiary(ies) are all the same individual(s). (Notarization not required.)
- Other Revocable Living Trust Irrevocable Living Trust Testamentary Trust (Created through probated Will only.)
- Business Trust Foreign Trust (non-U.S. Trustors only) Fiduciary Trust

Trust Name (Decedent's Name if a Testamentary Trust) _____ Date of Trust _____

Trust Tax ID Number (If Revocable Living Trust, you may use Trustor's Social Security/Tax ID number.) _____ By Whom Is It Revocable and Amendable? _____

Trustor/Grantor/Settlor Name _____ This Trust Is Governed by the Laws of the State of _____
 USA Other (please specify): _____ USA Other (please specify): _____
 Trustor/Grantor/Settlor Country of Citizenship _____ Trustor/Grantor/Settlor Country of Legal Residence _____

Only if the Trust Beneficiaries are to be listed in the account registration, please list them here:

Trust Beneficiary _____ Additional Trust Beneficiary _____
 Has the original Trust Agreement been amended or restated? Yes No

 Date(s) of Amendment(s)/Date(s) of Restatement(s) _____

B. Certification of Trust

By signing this Application, each Trustee signing below (the "Trustees") certifies that the representations and warranties in the attached Certification of Trust are true and complete.

All Trustees must sign here.

▶ _____ Date _____
 Signature: Trustee (if applicable) Print Name (mm/dd/yyyy)

▶ _____ Date _____
 Signature: Co-Trustee (if applicable) Print Name (mm/dd/yyyy)

▶ _____ Date _____
 Signature: Co-Trustee (if applicable) Print Name (mm/dd/yyyy)

| | |
|--|---------------|
| State of _____, County of _____, On _____ (mm/dd/yyyy) before me, _____ (Name and Title of the Notarizing Officer), personally appeared _____ (Name of Person[s] Signing Instrument), personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.* WITNESS my hand and official seal. Notary Public _____ Expiration Date _____ (Signature of Notarizing Officer) (mm/dd/yyyy) | (NOTARY SEAL) |
|--|---------------|

*Notaries outside of California may attach the appropriate notarizing declaration in lieu of the above.

| | |
|--|---------------|
| State of _____, County of _____, On _____ (mm/dd/yyyy) before me, _____ (Name and Title of the Notarizing Officer), personally appeared _____ (Name of Person[s] Signing Instrument), personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.* WITNESS my hand and official seal. Notary Public _____ Expiration Date _____ (Signature of Notarizing Officer) (mm/dd/yyyy) | (NOTARY SEAL) |
|--|---------------|

*Notaries outside of California may attach the appropriate notarizing declaration in lieu of the above.