

*Investment Manager "IM" Information (This portion to be completed by IM.)*

IM Firm Name *(please print)* \_\_\_\_\_

IM Master Account Number \_\_\_\_\_ ISG Team \_\_\_\_\_

## 1. Account Information

I authorize Charles Schwab & Co., Inc. to change my address on the following Schwab Institutional® account(s):

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

THIS CHANGE SHOULD TAKE EFFECT:  Immediately  Effective Date: \_\_\_\_\_

## 2. New Address Information

Account Holder First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Additional Account Holder First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone *(Area Code/Number)* \_\_\_\_\_ Business Telephone *(Area Code/Number)* \_\_\_\_\_

Order new address imprinted on Schwab One® and/or Schwab Access™ checks.

**Please note:** Check printing fees will automatically be deducted from the respective account.

## 3. Legal Address

You must complete this section if your new mailing address is a P.O. Box number. Please provide your legal address below.

**A P.O. Box is not acceptable as a legal address.**

Legal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 4. Authorized Signature(s)

All authorized persons of the accounts listed above must sign (e.g., primary holder, joint tenants, trustees, co-trustees):

▶ \_\_\_\_\_ Date \_\_\_\_\_  
Account Holder Signature: Account Holder/Trustee/Custodian/Executor (mm/dd/yy)

▶ \_\_\_\_\_ Date \_\_\_\_\_  
Additional Account Holder Signature: Additional Account Holder/Co-Trustee/Co-Executor (mm/dd/yy)

▶ \_\_\_\_\_ Date \_\_\_\_\_  
Additional Account Holder Signature: Additional Account Holder/Co-Trustee/Co-Executor (mm/dd/yy)

▶ \_\_\_\_\_ Date \_\_\_\_\_  
Additional Account Holder Signature: Additional Account Holder/Co-Trustee/Co-Executor (mm/dd/yy)

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